

Sample Receipt Details:

POD : \_\_\_\_\_ Temp : \_\_\_\_\_  
Date & Time : \_\_\_\_\_ Sample Type : \_\_\_\_\_  
CS \_\_\_\_\_ Logistics \_\_\_\_\_  
Name & Sign: \_\_\_\_\_ Name & Sign : \_\_\_\_\_  
Prenatal Sample  Yes  No Bill type  MOU  Retail  Research

**TEST REQUISITION FORM**

Disease Segment\* \_\_\_\_\_

Each sample must be accompanied by this completed requisition. \* Fields are mandat

Test Details

Test Name:\* **Endometrial Cancer Basic NGS Panel**  
**PD-L1 Dako 22C3 IHC Pharm Dx** Test Code:\* **MGM3239 , MGM1789**

Sample type:

<input type="checkbox"/> Blood (in EDTA tube)	<input type="checkbox"/> Blood (in Streck tube)	<input type="checkbox"/> DNA, Specify Source: _____	<input type="checkbox"/> Buccal swab
<input type="checkbox"/> Amniotic Fluid	<input type="checkbox"/> CVS	<input type="checkbox"/> Cultured CV	<input type="checkbox"/> Cultured amniocytes
<input type="checkbox"/> Fetal Blood (PUBS)	<input type="checkbox"/> Maternal blood for MCC (please send for prenatal studies)	<input type="checkbox"/> Products of Conception (POC), specify tissue: _____	<input checked="" type="checkbox"/> FFPE tissue Block (Block no <b>L8568</b> .....)
<input type="checkbox"/> Fresh Frozen Tissue	<input type="checkbox"/> Saliva	<input type="checkbox"/> Other sample type (specify site) _____	<input type="checkbox"/> DBS/FTA

Patient had a blood transfusion  Yes  No Date of last transfusion \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (minimum 3 days of wait time is required for genetic testing)  
Has he/she undergone allogenic bone marrow transplant:  Yes  No.

Patient Details

Name:\* **Mrs. C. Nilmini Thenuwara**  
(In Capital Letters) D.O.B. **DD MM YY** Age:\* **63Y/F** Gender:\* **M /**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail I.D: \_\_\_\_\_

Clinician Details

Clinician's Name:\* **Prof. Jayantha Balawardana** Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_

\_\_\_\_\_ Email id : \_\_\_\_\_

Date of sample collection\* **27 06 2024**

I understand that the current analysis is limited to variants which co-relate with disease phenotype/symptoms/terms as mentioned in the clinical details provide by me. Incidental findings which may or may not be actionable are not routinely reported. They can however be provided on request after informed consent from the patient/guardian. As disease phenotype may evolve over time, the appearance of new symptoms/signs may alter test results or their significance. MedGenom laboratories cannot be held responsible for this. A re-analysis or a re-test may be required due to the former; this will be performed (if deemed necessary) at a additional cost. I am authorised to order the above tests as I am the treating physician/consulting physician in this case. I confirm that the patient/guardian (in cas of minors) has been provided complete information regarding the test, including its limitations in a language of their understanding.

**Medical Professional Signature** \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Consultant in Clinical Oncology & Radiotherapy  
Principal Investigator - Clinical Trials

Disease affection status  Yes  NO Parental consanguinity present  Yes  NO Age of manifestation: \_\_\_\_\_  
Affected Siblings  Yes  NO Details: \_\_\_\_\_

Dr. Raji

077 736 1457

Dr. Theenaras - 63y  
1 Endometrial CA  
Not able to go for surgery  
or chemothrap due to co-morbid  
factors.

Have to look for  
targets for immunotherapy  
Needs PD-L1 - MSI - TMB  
etc

**Prof. Jayantha Balawardane**  
MBBS, MD(Col), FRCP(Edin), FRCP (Lond), FSLCO, FSLCPM  
Professor in Oncology

Head of the Department of Oncology  
Faculty of Medicine  
THE LANKA HOSPITALS CORPORATION PLC (P.O. 1807) S. Chandragata Mawatha, Narahenpita, Colombo - 05.  
Tel : 0115 43000115 / 43000116 EMERGENCY : 5431066 PHARMACY : (24 Hours) 5431043  
University Hospital  
General Sir John Kotelawala Defence University



1<sup>st</sup> Joint Commission International (JCI)  
Accredited Hospital in Sri Lanka



**HISTOPATHOLOGY REPORT**

Patient Name: **MRS C NILMINI THENUWARA**  
Location : **MAIN LAB-IN PATIENT**

Age / Gender : **63 Y / F**  
Invoice Date : **27/06/2024** Time: **1:49PM**  
Specimen Type : **TISSUE**  
Specimen Collect Date : **2024/06/27** Time: **1:30PM**  
Referred By : **R.COLONNE**

Specimen No: **AAIN4289160-270624** UHID: **REG240136883**  
Testing Unit : **HISTOPATHOLOGY & CYTOLOGY**  
Patient Code : **BHT514169**  
Test Method :

Ward : **WARD 9A (DMSH) /** RoomNo: **9A-903**

**HISTOPATHOLOGY REPORT**

SPECIMEN : Endometrial biopsy.

MACROSCOPY : Profuse haemorrhagic curettings.

MICROSCOPY : Sections show a tumour comprising crowded focally confluent tubular glands lined by columnar epithelium with crowded pleomorphic nuclei with scattered mitoses and eosinophilic cytoplasm. Focal tumour necrosis and squamous metaplasia are also seen.

CONCLUSION : Appearances are consistent with a well differentiated endometrioid adenocarcinoma of uterus.

IL 8568

\*\* Blocks and slides of this specimen will be retained as follows -  
Slides - Five years / Blocks - Ten years from the date of issue of this report. Specimen will be kept for one month only.

**Dr. A. Illeperuma**  
D. Path. - MD (histopath) *Ab*  
Consultant histopathologist

Dr. A. Illeperuma

D Path MD (Histopath) Consultant Pathologist  
DURDANS LAB - COLOMBO 3

Printed on: 01/07/2024 1:20:44PM

Prof L R Amarasekera  
MBBS Ph D (Lond)  
Consultant Pathologist

Prof Janaki Hemawanthini  
MBBS D Path  
MD (Histopathology)  
Consultant Pathologist  
University of Kelaniya

Prof Dilini Lakshetty  
MBBS D Path MD  
Consultant Pathologist

Dr Janaki Fernando  
MBBS Dip Path  
MD (Histopathology)  
Consultant Pathologist  
North Col Gen Hospital

Dr A Illeperuma  
D Path MD (Histopath)  
Consultant Histopathologist

Dr Renuka Goonesinghe  
MBBS D Path MD (Histopath)  
Consultant Histopathologist

Dr Bandula Perera  
MBBS D Path MD (Anator)  
Consultant Pathologist

Dr Modini Jayawickrama  
MBBS D Path M D Path (Histo)  
Consultant Pathologist

Dr Kewana Disanayake  
MBBS D Path  
MD (Histopathology)  
Consultant Histopathologist

Dr Shanika Fernando  
MBBS (Colombo) D Path  
MD (Histopathology)  
Consultant Pathologist

Dr Sriyani Nanayakkara  
MBBS D Path MD (Histopath)  
Consultant Pathologist

Dr Eshwaramani Ramasinghe  
MBBS, D. Path, MD (Histopathology)  
SLMC Reg. No. - 13553  
Consultant Histopathologist

Dr Nilum Ganige  
MBBS D Path  
MD (Histopathology)  
Consultant Histopathologist

Dr Inesha Jayasinghe  
MBBS D Path  
MD (Histopathology)  
Consultant Histopathologist

21<sup>st</sup> August 2024

Mrs. C. Nilmini Thenuwara  
Age 63 Y/F  
Kandy

Dear Madam,

**QUOTATION FOR CONDUCTING GENETIC TESTING**

As requested by Prof. Jayantha Balawardana Oncologist, we are pleased to offer you the following services for Diagnostic purpose through MedGenime Labs Limited, Bangalore India.

**Financial Offer**

Assess Cord	Test Name	Cost for the Toal Package (LKR)
MGM3239	Endometrial Cancer Basic NGS Panel	Rs. 453,225 /-
MGM1789	PD-L1 Dako 22C3 IHC Pharm Dx	

- **Terms & Conditions**
- Diagnose results, reports will be given after 27 working days.
- Full payments should be transferred before the execution of the process.

**Account Details.**

Aegle Omics (Private) Limited  
Bank - Commercial Bank  
Branch- Narahenpita  
Acc No- 1000756928  
Swift Cord- CCEYLKLX

Thank you!



.....  
Amila Herath  
Manager Operations