

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS Name & Sign: _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No **Bill type**

TEST REQUISITION FORM

Disease Segment* _____

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

Test Details

DPYD mutation analysis

Test Name:* _____ Test Code:* **MGM340**

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

Blood in EDTA Tube 5 ml 3 Tubs

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:* **Mr. K.L.D. Dayasagara** (In Capital Letters) D.O.B. **DD MM YY** Age:* **66Y/M** Gender:* **M / F**
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name:* **Dr. Mahendra Perera** Hospital Affiliation: **Aegle Omics Pvt Ltd**
 Address: _____ Phone : _____
 _____ Email id : _____

Date of sample collection* **14/7/2025** YY

I understand that the current analysis is limited to variants which co-relate with disease phenotype/symptoms/terms as mentioned in the clinical details provided 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: MedGenome 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 an 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 case of minors) has been provided complete information regarding the test, including its limitations in a language of their understanding.

Dr. MAHENDRA PERERA
 MBBS (Cey), MRCP (UK), Dip RT
 Consultant in **Clinical Oncology**
 & Radiotherapy

Medical Professional Signature* _____ Date: _____ Place: _____

Clinical notes/diagnosis:

Disease affection status Parental consanguinity present Age of manifestation: _____
 Affected Siblings Details: _____

GOVERNING LAW, JURISDICTION AND DISPUTE RESOLUTION

These Terms and Conditions and this Test Requisition Form shall be governed by and construed in accordance with Indian law and the courts in Bangalore shall have exclusive injunctive jurisdiction. In the event of any dispute, controversy or claim whatsoever arising from these Terms and Conditions and/or this Test Requisition Form, the parties shall undertake to make every effort to reach an amicable settlement within fifteen (15) days upon reference of the dispute by any party through discussions among the concerned representatives of parties, failing which the dispute, controversy or claim shall be settled by Arbitration by a Sole Arbitrator appointed by the 'President-Arbitration Centre-Karnataka', Bangalore as per Indian Arbitration and Conciliation Act, 1996 as amended from time to time. The venue of arbitration shall be Bangalore and it shall be conducted in English language. The award passed by the Sole Arbitrator shall be final and binding upon the parties.

NOTICE

All notices, statements or other communication required or permitted to be given or made shall be in writing and in English language. Such notices will deliver by hand or sent by prepaid post with recorded delivery, or facsimile transmission addressed to the intended recipient at the address mentioned in this Test Requisition Form.

INDEPENDENT PARTIES

All parties effected hereunder are independent entities and neither of the parties are an agent, employee or joint venture of the other and they shall not represent themselves as such to any third parties.

REFUND

Refund of fees for any reason has to be claimed by the Patient or the guardians of the Patients within 90 days from the date of delivery of report.

Patient/Guardian Authorization

By my signature below I attest to the following:

I have read and I understand the information provided on this form.

Patient Consent (sign here or on the consent document)

I have read the Informed Consent document and I give permission to MedGenome to perform genetic testing as described. I also give permission for my specimen / genetic data to be used in (de-identified) studies at MedGenome to improve genetic testing for other patients.

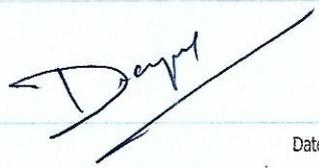
By agreeing to this informed consent below, I am confirming that I understand the benefits, risks and limitations associated with genetic testing. Furthermore, I am affirming that I recognize the seriousness of conditions for which {I am/my child} being tested, and that disease descriptions, prognoses, and treatment options have been made available to me by {my/my child's} health care provider. Finally, if I have the legal authorization to provide this informed consent on behalf of another person, I am attesting that the sample provided belongs to that person.

Patient/Guardian Name Mr. K.L.D. Dayasagara

First Name _____ Middle Name _____ Last Name _____ Date of Birth: mm/dd/yyyy _____

Patient/Guardian Signature* _____ Date: _____ Place: _____

Father Name _____ Mother Name _____

Signature*  _____ Date and time _____ Signature* _____ Date and time _____

Relationship with the proband _____

Note :

Signature of both parents is requested for prenatal testing.

For trio testing, each parent should provide separate informed consent for the sequencing of his or her sample.



BIO-RAD

CONFIDENTIAL LABORATORY REPORT

PATIENT NAME : MR. K. L. D. DAYASAGARA
AGE : 64 YEARS GENDER : MALE
BILL NO : EH229426 LAB REF NO : 24KH 0036156
OPD / IP : IP WARD : Ward 03
REFERRED BY : PROF. BAWANTHA GAMAGE
COLLECTED TIME : 2024-07-04 08:33 REPORTED TIME : 2024-07-12 17:33

TEST : **HISTOPATHOLOGY**

Clinical history : Vomiting LOA, LOW, and abdominal distension
CECT (20/5/2024)-evidence of small bowel obstruction
with distal jejunal loop with wall thickening

Specimen : Omental biopsy

Macroscopy : Two pieces of tissue measuring 20 x 12 x 5mm.

Microscopy : Sections show two pieces of omental tissue extensively
infiltrated with sheets and singly scattered malignant cells
showing intracellular and extracellular mucin production.
Many signet ring-type cells are seen.

Conclusion : **Omental biopsy**

High-grade mucinous adenocarcinoma with signet ring cells.

D/D :- 1. Metastatic deposits from primary in the small
bowel/ stomach/ovary/appendix
2. Primary peritoneal mucinous carcinoma.

Suggest CK 7 and CK 20 immunostains as the preliminary panel

SK - 2858/24

Kamani

Prof. Kamani Samarasinghe
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist

**** Blocks and slides of this specimen will be retained as follows;
Slides - Five years, Blocks - Ten years & Specimen - Three months from
the date of the report issued ****.





BIO-RAD

CONFIDENTIAL LABORATORY REPORT

kings
HOSPITAL
COLOMBO

PATIENT NAME : MR. K. L. D. DAYASAGARA BILL NO : EH233818
AGE : 64 YEARS LAB REF NO : 74KH 0039470
GENDER : MALE OPD / IP : OPD
REFERRED BY : PROF. BAWANTHA GAMAGE MRD :
COLLECTED TIME : 19-07-2024 17:40 REPORTED TIME : 07-08-2024 16:50

TEST : **IMMUNOHISTOCHEMISTRY**

Previous report number : SK 2858/24

Specimen : Omental biopsy

Immunohistochemistry : CK 7 : Positive
CK 20 : Positive

Comment : Tumours show CK 7 and CK 20 positivity include;
1. Small intestinal adenocarcinoma
2. Extrahepatic carcinoma of the bile duct
3. Gastric adenocarcinoma
4. Pulmonary invasive mucinous adenocarcinoma
5. Urothelial carcinoma

Conclusion : Clinical , radiological and IHC findings favour a small intestinal adenocarcinoma

SKI - 54/24

Kaw
Prof. Kamani Samarasinghe
MBBS, D. Path, MD (Histopathology)
Consultant Histopathologist

**** Blocks and slides of this specimen will be retained as follows
Slides - Five years, Blocks - Ten years & Specimen - Three months from
the date of the report issued ****.



18/A, Evergreen Park Road, Narahenpita, Colombo 05.



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CT Abdomen (20/03/24) (Dr Eranqa Ganewatte (Consultant Radiologist):

Evidence of small bowel obstruction with transition in distal jejunal loop with wall thickening and narrowing in the transitional zone ?inflammatory stricture ?neoplastic stricture

No significant localised lymphadenopathy

Mild ascites without evidence of perforation

Large hiatus hernia

Enhancing midline anterior abdominal wall nodule superior to the umbilicus

Cystic lesion involving the right suprarenal gland.

Course in Hospital

Diagnostic Laparoscopy & Peritoneal Biopsy done by Prof Bawantha Gamage (Consultant Surgeon), assisted by Dr S. H. Rukman Sanjeewa (Consultant Surgeon), GA by Dr Nilanganie Lamahewage (Consultant Anaesthesiologist)

Findings: Free fluid in the abdomen. Multiple peritoneal deposits in the anterior abdominal wall, small bowel mesentery and wall of the small bowel causing segmental narrowing.

Multiple biopsies done and sent for histopathology & TB PCR.

In Ward Medications:

PO Dalacin-C 600mg STAT (Preop)

PO. Flagyl 800mg STAT (preop)

Kleen enema suppository STAT (Preop)

IV Pantodac 40mg daily

PO Klamoks 1g BD

PO Paracetamol 1g 6H

Sup. Voltaren 100mg BD (SOS)

S/C Morphine 5mg 6H(SOS)

IV Maxolon 10mg SOS

Discharge medication and instructions

PO Paracetamol 1g 6H x 3 days

PO Pantodac 40mg BD x 1 week

PO. Klamoks 1g x 3 days

Reports to be traced- Histopathology and TB PCR

Review by **Dr S. H. R. Sanjeewa (Consultant Surgeon) in 1 week**

Review by **Prof. Bawantha Gamage (Consultant Surgeon) with Histoathology report & TB PCR**

Kings Hospital Colombo

.....
Medical Officer Name & Signature

.....
Consultant Name/Seal

RADIOLOGY REPORT

CT STUDY			
NAME	Mr. K L D Dayasagara		AGE 64 Years
CT NO.	67670	UHID No. 230707438	STUDY DATE 14/02/2024
REFERRED BY	Prof. Janaka De Silva MD FRCP DPhil (Oxon)		
INDICATION	Episodes of upper abdominal pain and vomiting		
TECHNIQUE	Oral, rectal (Mannitol as negative contrast) and IV contrast enhanced spiral CT study of the abdomen and pelvis (Pre contrast, Arterial phase and delayed images)		

CT STUDY OF THE ABDOMEN / ENTEROGRAM

- Significantly distended and fluid filled jejunal loops noted. Large bowel loops are of normal calibre. No bowel masses or wall thickening identified. No mesenteric fat stranding, mesenteric vascular engorgement or enlarged mesenteric lymph nodes. Aorto mesenteric angle and aorto mesenteric distance are normal.
- There is a 18 x 11 x 19 mm enhancing soft tissue nodule in the supra umbilical anterior abdominal wall at the midline.
- Normal homogenous liver density is seen. No focal liver lesions identified. There is no abnormal contrast enhancing regions within the liver. Liver surface is smooth. There is no intra- or extra-hepatic biliary duct dilatation.
- Gall bladder is distended. Normal gall bladder wall thickness is seen. No calculi are present within the gall bladder or CBD. No peri-cholecystic fluid collections seen. Calibre of the CBD and the portal vein are within normal limits.
- Normal pancreatic density patterns and outline is seen. No pancreatic masses, cysts or calcifications identified. The pancreatic duct is not dilated. No peri-pancreatic fluid collections seen.
- The kidneys are normal in size and shape and are in normal position. Renal outlines are smooth. There is 42 x 46 x 46 mm exophytic cyst arising from the upper pole of the right kidney. No renal masses or complex cysts identified. There are no renal or ureteric calculi. No hydrocalycosis, hydronephrosis or hydroureter seen.
- There are no supra renal masses.
- There is no splenomegaly.
- The abdominal aorta is not aneurysmal. No pathologically enlarged intra abdominal or pelvic lymph nodes seen.
- The bladder has a smooth regular outline. No masses or calculi related to the bladder seen. Prostate appears enlarged.
- There is mild ascites.
- No sinister bony lesions identified.

IMPRESSION :

- Significantly distended and fluid filled jejunal loops suggestive of proximal partial small bowel obstruction. No definitive cause evident.
- Small enhancing soft tissue nodule of doubtful origin and significance in the supra umbilical anterior abdominal wall at the midline.
- Mild ascites.
- Enlarged prostate.

Dr. M/N W.A Y Salgado
Consultant Radiologist

DR. M.N.W.A.Y. SALGADO
MBBS, MD (RADIOLOGY)
CONSULTANT RADIOLOGIST
DURDANS HOSPITAL
COLOMBO 03



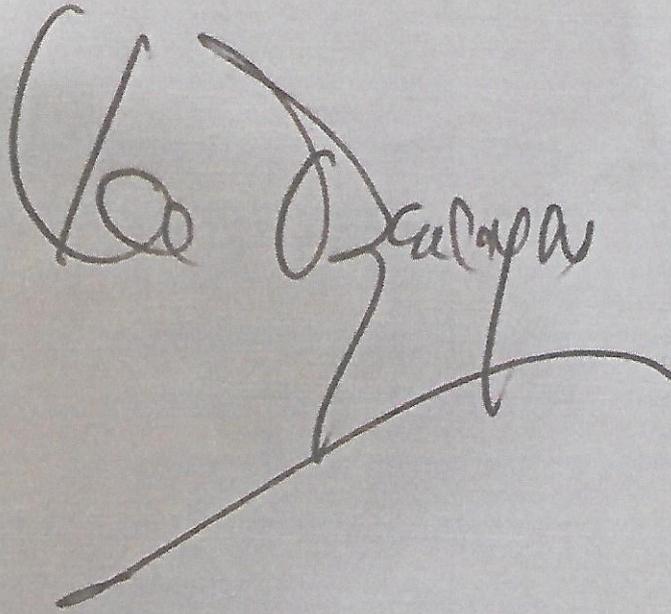
1st Joint Commission International (JCI)
Accredited Hospital in Sri Lanka

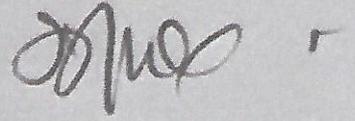
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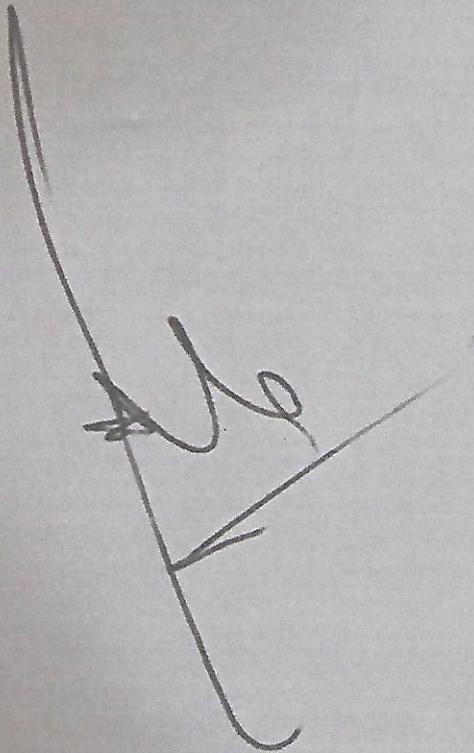
Dedicated to you

17 February 2024





DOPD - Bw



Dr. MAHENDRA PERERA
MBBS (Gen), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials