MEDGENOME
CAP ACCREDITED
258/A, 3rd Floor, Narayana Nethralaya Building, Narayana Health City,
Hosur Road, Bommasandra, Bangalore, Karnataka, India – 560 099
(Toll Free) 1800 103 3691 techsupport@medgenome.com
www.medgenome.com customersupport@medgenome.com

Sample Receipt Details:

POD :_____ Temp :_____

Date & Time :_____ Sample Type :_____

CS Name & Sign: _____ Logistics 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 mandatory

Test Details

Microsatellite Instability (MSI) by fragment analysis
DPYD mutation analysis

Test Name:* Test Code:* MGM340 , MGM527

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), specifiy tissue:_____
- ✱ FFPE tissue Block (Block no. .....)
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) _____
- ☐ DBS/FTA

EDTA Blood 4 Tubs (Each 2 ml)

EH MC 252033
SK320A3, SK320A4
SK320A7, SK320A6

4 Wax Blocks

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. P.W.B. Renuka Vithana (In Capital Letters) D.O.B. 9/10/2024 DD/MM/YY Age:* 59Y/F 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* 17/9/2024 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), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Medical Professional Signature* Date: Place:

Clinical notes/diagnosis:

Disease affection status Yes NO Parental consanguinity present Yes NO Age of manifestation:_____

Affected Siblings Yes NO Details:_____

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techsupport@medgenome.com
customersupport@medgenome.com
www.medgenome.com
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COLLEGE of AMERICAN PATHOLOGISTS

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 Mrs. P.W.B. Renuka Vithana

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

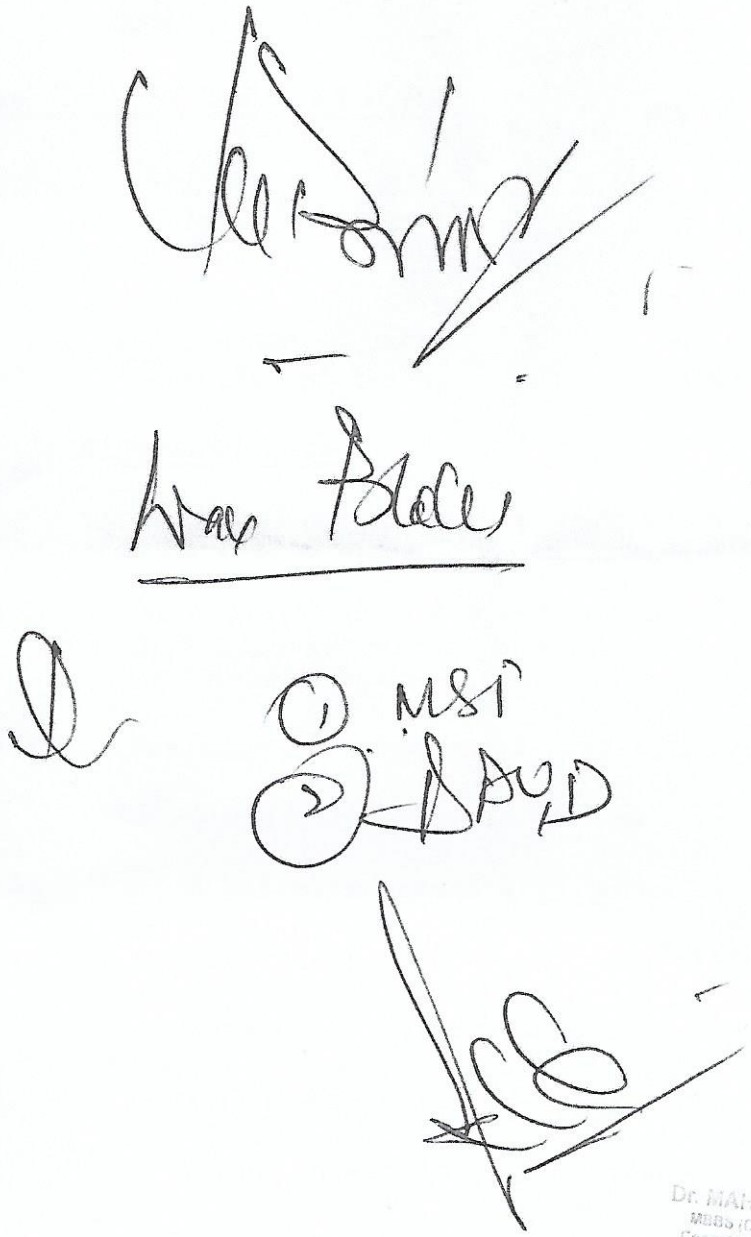
Note :

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.

MeGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

*Fields are mandatory



Dr. MAHENDRA PERERA
MBBS (Cey), MD (Coll), Dip PT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

Asiri AOI Cancer Centre (Private) Limited.
No.21, Kirimandala Mw, Colombo 5 T. +94 11 452 4400 E. asiriaoi@asiri.lk

765 - Oct 9th.

ISO 9001 QUALITY MANAGEMENT | UKAS MANAGEMENT SYSTEMS 015

BIO-RAD

king HOSPITAL COLOMBO

CONFIDENTIAL LABORATORY REPORT

PATIENT NAME	: MRS. P. W. B. RENUKA VITHANA	BILL NO	: EH_MC_252033
AGE	: 58 YEARS	LAB REF NO	: 24KH 0051287
GENDER	: FEMALE	OPD / IP	: IP
REFERRED BY	: PROF. BAWANTHA GAMAGE	MRD	:
COLLECTED TIME	: 17-09-2024 08:49	REPORTED TIME	: 02-10-2024 10:00

TEST : HISTOPATHOLOGY

Clinical history : Upper rectal tumour with pelvic abscess
Open Hartman's procedure was done

Specimens : A) Sigmoid colon & upper rectum
B) Bilateral ovaries and tubes
C) Subtotal hysterectomy

Macroscopy : A) Specimen of large bowel with attached mesocolon

- Length of the bowel : 300 mm

(A yellowish exudate is noted on the surface)

- Diameter of the proximal resection margin : 40mm

- Diameter of the distal resection margin : 40mm

- Site of the tumour : Upper rectum

- Tumour appearance : Ulcerated circumferential lesion

- Tumour measurement : Length : 40mm
Width : 30mm
Depth : 15mm

- Distance from tumour from proximal resection margin : 170mm

- Distance from tumour from distal resection margin : 40mm

- Distance from tumour to the circumferential margin : 2mm

- Tumour perforation(pT4) : Absent.

- Number of lymph nodes : 16

- Size of the largest lymph node : 30mm x 20mm x 15mm

18/A, Evergreen Park Road, Narahenpita, Colombo 05. 011 7 743 779 lab@kingshospital.lk kingshospital.lk

CONFIDENTIAL LABORATORY REPORT

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TEST : **HISTOPATHOLOGY**

B) Two cystic masses. The larger cyst measures 90x30x20 mm and the smaller cyst measures 30x20x10 mm.A separate piece of fibrofatty tissue measuring 50x10x10m also received . The larger cyst contains brownish thick material.Inner surface shows small whitish areas .The smaller cyst contained yellowish thick material

C) Uterus measuring 60x60x40mm. The cut surface shows multiple intramural fibroids the largest measuring 40x40x30mm

Block key :
A1 - Proximal margin of the bowel
A2 - Distal margin of the bowel A3-A9 - Tumour with circumferential margin
A10-A19- Lymph nodes
B1- B3 Cyst wall (larger cyst)
B4 - Adjacent connective tissue
B5-B6 Cyst wall (smaller cyst)
B7 - Tube
C1 - Endometrium
C2,C3 - Fibroids

Microscopy & conclusion :

A) **Specimen type: Sigmoid colon & upper rectum**

- **Histological type : Moderately differentiated adenocarcinoma With extensive necrosis**
- **Depth of invasion : Invade the full thickness of the bowel wall into the pericolic fat** — T3
- **Proximal resection margin : Not involved.Clearance : 170 mm**
- **Distal resection margin : Not involved . Clearance : 40 mm**

18/A, Evergreen Park Road, Narahenpita, Colombo 05. 011 7 743 779 lab@kingshospital.lk kingshospital.lk

kings HOSPITAL COLOMBO

CONFIDENTIAL LABORATORY REPORT

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REFERRED BY	: PROF. BAWANTHA GAMAGE	MRD	:
COLLECTED TIME	: 17-09-2024 08:49	REPORTED TIME	: 02-10-2024 10:00

TEST : **HISTOPATHOLOGY**

- **Circumferential margin : Involved**
- **Lymphovascular invasion : Present (many foci)**
- **Perineural invasion : Absent**
- **Neoadjuvant therapy : Not given**
- **Non neoplastic bowel mucosa : Marked serosal inflammation with inflammatory debris and granulation tissue formation**
- **Lymph nodes : Number examined : 18**

  Number positive for tumour deposits : 04 4/18
- **Tumour nodules - Present**
- **Pathological stage : pT3 N2a Mx (Stage group 111b)**

B) Sections show ovarian tissue containing two cystic lesions .The larger cyst contains a fibrous cyst wall lined by simple cuboidal epithelium .Foci of calcification forming nodules are noted .The cyst is surrounded by ovarian stroma.

The smaller cyst is an abscess containing neutrophils ,necrotic material and inflammatory debris and surrounded by granulation tissue and fibrous tissue .

The intervening fibro-fatty tissue contains foci of adenocarcinoma with central necrosis.The fallopian tube shows oedema and a heavy infiltrate of neutrophils

(03/04)

kings HOSPITAL COLOMBO

CONFIDENTIAL LABORATORY REPORT

PATIENT NAME	: MRS. P. W. B. RENUKA VITHANA	BILL NO	: EH_MC_252033
AGE	: 58 YEARS	LAB REF NO	: 24KH 0051287
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COLLECTED TIME	: 17-09-2024 08:49	REPORTED TIME	: 02-10-2024 10:00

TEST : **HISTOPATHOLOGY**

Conclusion : **Bilateral ovaries and tubes**

Larger cyst : Serous cystadenoma with foci of calcification
Smaller cyst : An organising abscess
Fallopian tubes : Suppuraive salpingitis
(Intervening fibrofatty tissue : Deposits of adenocarcinoma)

C) Sections show simple endometrial hyperplasia without atypia . Myometrium shows Multipe intramural leiomyomata with no evidence of nuclear atypia,increased mitosis or coagulative necrosis.

Conclusion : **Subtotal hysterectomy**

Simple endometrial hyperplasia without atypia

Multiple intramural leiomyomata

Suggest : **ER,PR and CK 20 immunostains on block A3 to exclude the rare possibility of the primary in the female genital tract**

SK - 3020/24

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* ****.

(04/04)

NAWALOKA HOSPITAL

NAWALOKA RADIOLOGY UNIT

Name of Patient	Mrs. P. W. B. R. Vithana	Age	58Y
Requested by	Prof. Bawantha Gamage – *Consultant Surgeon*		
Exam Date	08.09.2024		
CT Number	7448/24		
UPIN No	NH2409352160		
Indication	CA colon.		

CT SCAN OF THE ABDOMEN & COLONOGRAM

Non-contrast Abdomen , supine and prone imaging after rectal air insufflations followed by post contrast venous phases of abdomen and pelvis were acquired with reconstructed images was reviewed for reporting. Air insufflations was done for Colonogram.

There is circumferential thickening of the distal sigmoid colon and it extends up to the upper rectal level. Mucosal thickening is approximately 10 – 15mm in size. The length is approximately 8.2cm. There is extension beyond the muscularis propria. There is evidence of perforation around recto sigmoid junction with small localized collection measuring 3.7 x 2.3cm which communicated with a large pelvic collection measuring 6.6 x 4.1cm with significant localized inflammatory changes. No active contrast extravasation in to the collection to suggest persistent communication through the defect. Distensibility of the involves segment is significantly less compared to rest of the bowel loops. There are few enlarged localized lymph nodes ranging from 5 – 12mm. No evidence of synchronous lesions in the rest of the large bowel. Uterus is seen anteriorly displaced and the pelvic abscess is seen posterior to the uterus.

There are few prominent para aortic lymph nodes with preserved fatty hilar largest measuring 12 x 7mm.

Liver is normal in size, is smooth in outline and shows uniformly reduced attenuation and enhancement pattern. There are no focal lesions. Main portal vein and its divisions are patent.

Gall bladder is distended well. Wall is not thickened. **There are multiple calculi of 5 – 8mm.**

Pancreas is normal and maintains its shape and attenuation pattern. There are no focal lesions or duct dilatation present.

Spleen is normal in size, shape and attenuation pattern. There are no focal lesions within.

Both kidneys are normal in size, shape and show normal concentration and excretion of contrast. There are no calculi. Pelvicalyceal systems are not dilated bilaterally. No mass lesions.
There are no suprarenal masses.

Bladder is well distended with normal wall thickness. No masses or calculi within.

COMMENT:-

- **Appearances are of a diffuse thickening of distal sigmoid extending up to the upper rectum with evidence of concealed perforation and pelvic abscess formation.**
- **Few localized lymphadenopathy with marked inflammatory changes in the pelvis is noted.**
- **No other large bowel thickening or mass lesions.**
- **Few reactive para aortic lymphadenopathy with preserved fatty hilum.**
- **Diffuse fatty liver changes without liver metastasis.**

Due to long segment involvement together with pelvic abscess and marked inflammatory changes it is difficult to determine the wall thickening is due to inflammatory process or malignancy, Hence suggest histological correlation

Dr. Eranga Ganewatte
CONSULTANT RADIOLOGIST

Dr. Eranga Ganewatte
MBBS (Colombo), FRCR, MD (Radiology)
Fellowship of Interventional radiology (EBIR)
Consultant Radiologist - Interventional
Radiologist of Sri Lanka

No. 23, Deshamanya H.K. Dharmadasa Mawatha, Colombo 02
Tel : 011 577 7777 | WhatsApp : MRI/CT 076 500 2104
E-mail : radiology@nawaloka.com | Web : www.nawaloka.com

NAWALOKA HOSPITALS PLC

NAWALOKA RADIOLOGY UNIT

Name of Patient	: Mrs. P. W. B. R. Vithana	Age	: 58Y
Requested by	: Prof. Bawantha Gamage – *Consultant Surgeon*		
Exam Date	: 08.09.2024		
CT Number	: 7448/24		
UPIN No	: NH2409352160		
Indication	: CA colon.		

HRCT SCAN OF THE CHEST

Report:

Both lungs show normal aeration and broncho vascular pattern.

No evidence of bronchiectasis, cavitation, fibrosis or pulmonary nodules.

No mediastinal or hila lymphadenopathy seen.

The trachea, main bronchi and the segmental branches are patent.

The cardiac chambers and the aorta are normal

The chest wall is normal.

DIAGNOSIS:

- **Normal HRCT scan of chest**
- **No evidence of lung metastasis.**

Dr. Eranga Ganewatte
CONSULTANT RADIOLOGIST

Dr. Eranga Ganewatte
MBBS (Col), MD (Radiology)
European Board of Interventional Radiology (EBIR)
Consultant Radiologist - Interventional
National Cancer Institute of Sri Lanka
SLMC - 20735

No. 23, Deshamanya H.K. Dharmadasa Mawatha, Colombo 02
Tel : 011 577 7777 | WhatsApp : MRI/CT 076 500 2104
E-mail : radiology@nawaloka.com | Web : www.nawaloka.com

kings HOSPITAL COLOMBO

DISCHARGE TREATMENT SUMMARY

Patient Name:Mrs.P.W.B Renuka Vithana		Date of Admission: 16.09.2024
Age: 58 years	Gender: Female	Date of Discharge: 22.09.2024
BHT: IP/KH/24/013417	Ward: 03	Consultant: Prof Bawantha Gamage

DIAGNOSIS: Tumor of Recto Sigmoid Junction

Clinical Summary:

P/C: Presented with long standing altered bowel habits associated with abdominal pain followed by purulent PR discharge and incontinence.

PMHx: DM
PSHx: NAD
Allergy: No known allergies for food/drugs/plasters

O/E:

Alert, Afebrile
BP: 120/90mmHg,**PR**:70 bpm, **RR**:13 breaths/min
CVS: Dual rhythm S1,S2 heard, no added sounds/murmurs
Respi: bilateral air entry equal, vesicular breathing, no added sounds
Abdomen: not distended, soft and non tender, no palpable organomegaly, bowel sounds heard
No **neurological findings** on examination

Investigations:

FBC	**16.09**	**17.09**	**21.09**
WBC	17.6	12.0	11.3
N%	80.2	81.2	77.5
L%	9.9	9.6	15.4
Hb	11.5	11.9	10.3
Platelets	105	83	360
CRP	299.4	184.7	66.3

Liver Profile	**16.09**
Total protein	6.2
Albumin	2.0
Globulin	4.2
A/G ratio	0.5
T. Bilirubin	0.8
D. Bilirubin	0.4
IN. Bilirubin	0.4
ALP	198
ALT	65
AST	106
GGT	49

Renal Profile	16.09	17.09	18.09	19.09	21.09	22.09
Na	128	136	140	137	132	132
K	3.9	5.3	4.9	4.2	4.0	4.5
Cl	90	104	105	103	97	98
Urea	146.0	114.2	-	-		
BUN	68.2	53.4	-	-		
S. Creatinine	1.6	1.2	-	-		
T.Calcium	8.0	8.0	-	-		
Phosphorous	3.7	-	-	-		
Uric Acid	10.4	-	-	-		
Mg	-	2.4	-	-		

PT- 12.9sec

INR-1.03

Blood culture aerobic & ABST - No growth after 24 hours. No growth after 48 hours. (Collected on 16/09/2024)

Blood group & RH- AB positive

CT abdomen & colonogram- Appearanes are of a diffuse thickening of distal sigmoid extending up to the upper rectum with evidence of concealed perforation and pelvic abscess formation.Few localized lymphadenopathy with marked inflammatory changes in the pelvis is noted. No other large bowel thickening or mass lesions.Few reactive para aortic Lymphadenopathy with preserved fatty hilum.Diffuse fatty liver changes without liver metastasis.

2DE- Rapid AF. LA LV normal size. No LVH. No wall motion defect. RA RV normal. No pericardial disease. V good LV function. EF >60%

ECG- AF

Pus from pelvic abscess- Yielded mixed growth of 2 types of E coli(Collected on 16/09/2024)

Course in Hospital

ICU care given from 16.09.2024 to 18.09.2024

AF managed with amiadorone infusion.

Transfused 2 units of RCC

Exploratory Laparotomy + Drainage of Pelvic abscess + Subtotal Hysterectomy + BSO & Hartmann's Procedure ↓ GA done by Prof Bawantha Gamage(Consultant Surgeon), Assisted by Prof Madura Jayewardene(Consultant Obstetrician & Gynaecologist) and Dr.S.H.R Sanjeewa(Consultant Surgeon), GA given by Dr(Mrs)Neelangani Lamahewage(Consultant Anesthetist) on 16.09.2024

Indication-Obstructing tumor in the Recto-Sigmoid Junction extending to upper rectum.

Findings-Obstructed- perforated tumour in the upper rectum.Pelvic abscess.Tubo-ovarian mass +?Pyometron.

Prof Bawantha Gamage
MBBS, Dip in Lap Surgery(Stra...)
FAMASI MS, ...
Consultant Surgeon
Professor in ...

.....
Medical Officer Name & Signature

.....
Consultant Name/Seal

In War Medications:

IV Meropenem 1g 8 hourly for 4 days and omitted
IV Ciprofloxacin 400mg bd for 4 days and omitted
PO Dalacin C 600mg STAT x 2
PO Flagyl 800mg STAT x 2
IV Amiodorone 150mg infusion x 2
PO Diabeta SR 500mg bd
PO Glivic MR 30mg bd
IV Pantodac 40mg daily
IV/PO Paracetamol 1g 6 hourly
IV Metoclopramide 10mg 8 hourly
S/C Clexane 30mg nocte
S/C Morphine 5mg 6 hourly
O Ciprofloxacin 500mg bd 3 doses given
O Klamox 1g bd 3 doses given

Discharge medication and instructions

To be transferred to TH Kalubowila for further monitoring as per instructions by Prof Bawantha Gamage

Low fiber diet with high protein (egg albumin 3 times daily).

Liberal oral feeds.

Medications to be continued at the ward

O Ciprofloxacin 500mg bd
O Klamox 1g bd
Vitamin C 500mg bd
Becozinc 1 cap daily

Condition on discharge:

BP: 130/70 mmHg, PR: 91 bpm
Hemodynamically stable

Kings Hospital Colombo

.....

Medical Officer Name & Signature

Prof Bawantha Gamage
MBBS, Dip in LapSurgery(Strasbourg)
FAMASI MS, FCSSL,FRCS(Eng)
Consultant Surgeon

.....

Consultant Name/Seal