CÖRE DIAGNOSTICS™

Case ID	: 24010022470
Patient Name	: Mr. R SUSIL WEDDIKKARA
Age/DOB/Sex	: 78 Years / / Male
Hospital Name	: Aegle Omics (Private) Limited, Colombo
Physician Name	: Dr. Wasantha Rathnayake
Regn Date	: 02-Aug-2024 17:43
Collection On	: 01-Aug-2024 00:00
Reported On	: 07-Aug-2024 17:13
Process AT	: CORE-Gurugram
Ref no	:
Sample Type	: FFPE Block
Report Status	: Interim

MC-2256

UNIQUE PATIENT ID: 135552

TEST NAME

1p/19q Co-deletion (1p/19q) YB1104

SPECIMEN INFORMATION

Labelled as GJ4788A,d

CLINICAL HISTORY

? High grade oligo.

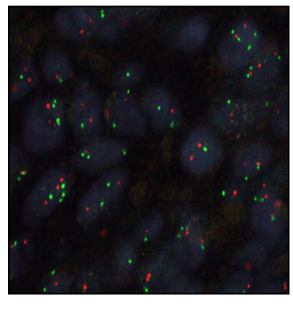
METHODOLOGY

Fluorescence In Situ Hybridization

DIAGNOSIS

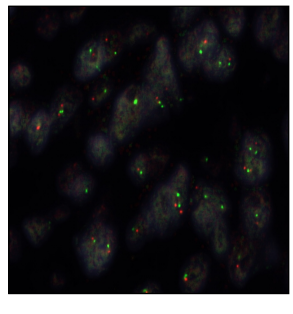
FISH MARKER	INTERPRETATION
1p deletion	**Negative**
19q Deletion	**Negative**

1p Deletion	
Total number of cells scored	100
Total number of 1p signals	190
Total number of 1q signals	220
Ratio of 1p/1q	0.86



Probe used: HEALTHCARE 1p36/1q25 dual color probe. 1p36: Orange, 1q25: Green

19q Deletion	
Total number of cells scored	100
Total number of 19q signals	220
Total number of 19p signals	240
Ratio of 19q/19p	0.92



Probe used: HEALTHCARE 19q13/19p13 dual color probe. 19q13: Orange, 19p13: Green

Overall Result:	**Negative for Co-Deletion**

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COLLEGE of AMERICAN PATHOLOGISTS
AU-ID-2010258

Dr. Shivani Sharma
DCP, DNB, DipRCPath.
Reg. No. 1906

Dr.Sonika
Ph.D

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COMMENTS

1. A tumor is considered to have 1p or 19q deletion when the 1p probe to 1q probe ratio (1p/1q) or the 19q probe to 19p probe ratio (19q/19p) is 1.30. A tumor is considered to have chromosome 1 or 19 gain when the percentage of nuclei with > or =3 signals is >20%. A normal 1p/1q ratio is 0.9-1.05 and a normal 19q/19 p ratio is 0.93-1.02.

2. Deletions of the short arm of chromosome 1(1p) and long arm of chromosome 19 (19q), are strongly correlated with gliomas of oligodendroglial morphology. Approximately 70%, 50%, and 50% of oligodendrogliomas have deletions of 19q, 1p, and of both 19q and 1p, respectively.

3. Combined 1p and 19q loss is infrequent in gliomas of astrocytic origin. Thus, the presence of combined 1p/19q loss is strongly suggestive that a glioma is of oligodendroglioma lineage. The presence of gain of chromosome 19 supports a diagnosis of highgrade astrocytoma (glioblastoma multiforme). A negative result does not exclude a diagnosis of oligodendroglioma or highgrade astrocytoma. Clinico-radiological correlation is recommended.

4. Additionally it has been reported that chromosomal polysomy in anaplastic oligodendrogliomas with 1p/19q loss identifies tumors with a high risk potential for recurrence. Polysomy does not correlate with Ki-67 staining, and thus appears independent of proliferation activity.

Disclaimer:

- Testing only validated for FFPE specimens; specimens fixed in other than 10% neutral buffered formalin have not been validated using this method. Fixation time should not be less than 6 hours and not more than 72 hours for FISH testing.
- Specimens placed in decalcifying solution may have a false-negative result.
- This test is not FDA approved / cleared for specific uses.
- Repeat testing is recommended for discordant results.

Pending Services
IDH 1 & 2 Mutation Analysis

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Scan to Connect

If you have any questions about this report or would like to have a conversation about the test results, please feel free to reach out to us at

+91 88828 99999 or **info@corediagnostics.in**

CONDITIONS OF REPORTING

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
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C-13, 1st Floor, Green Park Extension, New Delhi - 110016
67, Hargobind Enclave, New Delhi - 110092
H64, Block H, Bali Nagar, New Delhi - 110015

CŌRE Diagnostics Satellite Lab - Bhubaneswar
Plot No. - 249, Near Police Academy, AIIMS Nagar, Patrapada, Bhubaneswar - 751019

CŌRE Diagnostics Satellite Lab - Bangalore
1st Floor, KMK Tower, 142 KH Road, Bangalore - 560027

CŌRE Diagnostics Satellite Lab - Lucknow
J.S. Tower, Plot No. - K-702, Sector K, Ashiyana, Near Raj Luxmi Sweets, Lucknow, Uttar Pradesh - 226012

CŌRE Diagnostics Satellite Lab - Guwahati
Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan, Guwahati, Assam - 781005

CŌRE Diagnostics Satellite Lab -Hyderabad
S. No.155, Mahalakshmi Trade Center, 2nd Floor, Thokatta -Village, Diamond Point Road, Bowenpally, Secunderabad,Telangana-500009