

Sample Receipt Details:

POD : _____

Temp : _____

Date & Time : _____

 Sample Type : **FFPE**

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 mandatory

Test Details
Colorectal advanced panel by NGS & Microsatellite Instability (MSI) by fragment analysis
Test Name:* _____

Test Code:* _____

MGM2529
Sample type:
 Blood (in EDTA tube)

 Blood (in strecth tube)

 Buccal swab

 Amniotic Fluid

 CVS

 Cultured amniocytes

 Fetal Blood (PUBS)

 Maternal blood for MCC
(please send for
prenatal studies)

 FFPE tissue Block
(Block no.)

 Fresh Frozen Tissue

 Saliva

 DBS/FTA **YH23627C**
 YH23627D
 YH23627E
 YH23627F

 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:*
(In Capital Letters)

Mrs. N M V Rani Fernando
D.O.B.
DD MM YY
Age:* **68Y/F**
Gender:* **M / F**
Address: _____

Phone: _____

E-mail I.D: _____

Clinician Details
Clinician's Name:* _____

Dr. Mahendra Perera
Aegle Omics Pvt Ltd
Address: _____

Hospital Affiliation: _____

Phone : _____

Email id : _____

Date of sample collection:* **DD MM 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 (Ccl), 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: _____

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.

Mrs. N M V Rani Fernando

Patient/Guardian Name

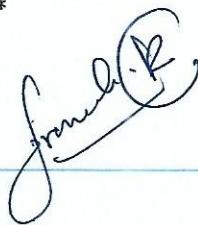
First Name

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.

MedGenome 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.

1 SEP 2017

Geethiv Rani'

Bladder

ERCC Combo

NSI

Dr. MAHENDRA PERERA
MBBS (Cey) MD (Jadavpur)
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials



CLIENT CODE : C000000208

CLIENT'S NAME AND ADDRESS :
 LANKA HOSPITALS - IPD
 COLOMBO - 05
 SRI LANKA
 IPD
LANKA HOSPITALS DIAGNOSTICS PVT LTD.**LHD REFERENCE LAB - COLOMBO**7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA
NARAHENPITA, COLOMBO 5

Tel : +94 11 5430000 , Fax : +94 11 5439032

Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mrs. N M V RANI FERNANDO

ACCESSION NO : 6001YH023627

AGE : 68 Years

SEX : Female

DATE OF BIRTH :

REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA

CLINICAL INFORMATION :

OP2500002575/IPC1.0317271 IPD-OPERATION THEATRE 8023

PATIENT ID : LHC1.0001119531

COLLECTED : 18/08/2025 08:31

RECEIVED : 18/08/2025 08:31

REPORTED : 27/08/2025 18:24

Test Report Status	Final	Results

HISTOPATHOLOGY**LARGE SPECIMEN OTHERS****LARGE SPECIMEN OTHERS****Specimen****SIGMOID COLON****Macroscopy**

Segment of sigmoid colon with the mesentery and stitch at the proximal end and rectum received.

The entire specimen is 162 mm in length.

16mm in open circumference at the distal end and 38 at the proximal end.

Mesenteric width 9 mm.

Proximal margin - blue.

Distal margin / circumference margin - green.

Cut surface reveals non circumferential polypoidal tumour occupying 80% of the lumen measuring 28 x 30 x 20 mm in the mesenteric and anti mesenteric border. Tumour appears to infiltrate the muscle. Tumour is 64 mm away from the proximal margin, 100 mm away from distal margin and 90 mm away from the circumferential resection margin.

No satellite lesions. 24 lymph nodes retrieved ranging 10-2 mm.

A - Proximal margin

B - Distal margin

C,D - Tumour infiltrate muscle

E - Tumour with the serosa

F - Tumour with the mesocolic fat

G - Circumference margin

H - Tumour with the normal mucosa

I - Apical lymph node

J - Uninvolved bowel

K,L - Possible lymph node within 10 mm from the circumferential margin

M - 03 lymph nodes

N - 01 lymph node (Bisected)

O - 02 lymph nodes

P - 01 lymph node (Bisected)

Q - 02 lymph nodes (Bisected)

R - 02 lymph nodes

S - 03 lymph nodes

T - 02 lymph nodes

U - 01 lymph node

V - 02 lymph nodes

W - 03 lymph nodes

X - 03 lymph nodes

MP x 24B - PE

- PTO -



CLIENT CODE : C000000208

CLIENT'S NAME AND ADDRESS :
 LANKA HOSPITALS - IPD
 COLOMBO - 05
 SRI LANKA
 IPD

LANKA HOSPITALS DIAGNOSTICS PVT LTD.

LHD REFERENCE LAB - COLOMBO

7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA,
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Microscopy

Sections from the tumour reveal an adenocarcinoma. The tumour is composed of complex, crowded neoplastic glands lined by moderately pleomorphic columnar epithelium. The tumour infiltrates the muscularis propria and reaches meso colic fat. No infiltration into serosa. No perforation. Tumour infiltrating lymphocytes score is 02. (Increased infiltrating lymphocytes). Lymphovascular tumour emboli present. (Both intratumoural and extratumoural). Tumour budding is minimal. No necrosis. Circumferential resection margin is more than 30 mm clear. Both proximal and distal resection margins are well away from the tumour (> 40 mm). Sections also reveal metastatic deposits of adenocarcinoma in 5 out of 24 lymph nodes. Perinodal extension present.

Conclusion**SIGMOID COLON**

Features are compatible with moderately differentiated adenocarcinoma of the sigmoid colon. Tumour size is 30 x 28 x 20 mm. Tumour infiltrates the muscularis propria and extends to mesocolic fat. Lymphovascular tumour emboli present (Intra tumoural and extra tumoural). Tumour infiltrating lymphocyte score - 02. Tumour budding score - BD I (0-4 buds). 05 lymph nodes contain metastatic deposits. Perinodal extension present. Circumferential margin - more than 30 mm clear. TNM stage - T3 N2 Mx

Note -

Specimen -10% neutral buffered formal saline fixed and paraffin embedded

****End Of Report****

Dr. (Mrs) P. N. Amarabandu
 MBBS(Col),D. Path,MD
 (Histopathology)
 Consultant Histopathologist

COMMENTS

1. Circumferential annular growth in mid sigmoid colon concerning for a malignant neoplasm.
2. No extra serosal infiltration.
3. Multiple infiltrated locoregional lymphnodes along the mesenteric vessels.
4. No liver metastasis or para aortic lymphadenopathy.

DR(MRS) ERANGA RERERA
CONSULTANT RADIOLOGIST

Reg. No : LHC1.0001119531

Original

Patient Name : Mrs. N M V RANI FERNANDO

I.P No. : IPC1.0317271

Age : 68 Year(s)

Date of Admit : 17-08-2025

Gender : Female

Date of Discharge : 21-08-2025

Consultant : Dr. RANDIMA NANAYAKKARA ()

Bed Number : 8023

SDN/2508/24629

Diagnosis

INTRAMUCOSAL ADENOCARCINOMA IN SIGMOID COLON

Surgery

OPEN SIGMOID COLECTOMY

Chief Complaints

Melena for 1 month
Per rectal bleeding for 1 day
On and off right side abdominal pain

Allergy

BEEF
PORK

Comorbidities

Hypertension
Diabetes
Dyslipidemia

Right side mastectomy
Partial thyroidectomy
LSCS X 1

Physical Examination On Admission

Temp	98.4 °F
Pluse	70 per min
RR	18 per min
BP	130/70 mmHg
CVS	Dual rhythm and no murmurs
RS	Lungs clear and bilateral air entry equal
Abdomen	Vesicular breathing Soft and non tender
CNS	No abnormalities detected
Other	

Significant Investigation

Original

Reg. No. : LHC1.0001119531

I.P No. : IPC1.0317271

Patient Name : Mrs. N M V RANI FERNANDO

Date of Admited : 17-08-2025

Age : 68 Year(s)

Date of Dischargec : 21-08-2025

Gender : Female

Bed Number : 8023

Consultant : Dr. RANDIMA NANAYAKKARA ()

SDN/2508/24629

Investigation

Full blood count

WBC: 11.22

Hb: 11.3

PLT: 272

ABO & Rh Grouping: O +

Serum Creatinine: 0.75

Serum Electrolytes:

Na: 136 -> 143

K: 4.6-> 4.2

Cl: 103-> 108

Albumin: 37.5

-

Imaging

Surgical Procedures and Notes

OPEN SIGMOID COLECTOMY

DONE BY DR. RANDIMA NANAYAKKARA (CONSULTANT ONCOLOGICAL SURGEON)

UNDER GENERAL ANAESTHESIA
GIVEN BY DR. CHANDANI SOORIYARACHCHI (CONSULTANT ANAESTHETIST)

ON 17/08/2025

- Post operative vitals monitoring was done at SICU (17/08/2025 --> 18/08/2025)
- Uneventful post operative period

Discussion and ward management

Reg. No : LHC1.0001119531

Original

Patient Name : Mrs. N M V RANI FERNANDO

I.P No. : IPC1.0317271

Age : 68 Year(s)

Date of Admit : 17-08-2025

Gender : Female

Date of Discharge : 21-08-2025

Consultant : Dr. RANDIMA NANAYAKKARA ()

Bed Number : 8023

SDN/2508/24629

Discussion

Upon admission:

Preoperative assessment done by DR. CHANDANEI SOORIYARACHCHI (CONSULTANT ANAESTHETIST)
Post operative care given at ward
Observations were done for post operative complications, which was uneventful
Drain removed on 21/08/2025
Bowel opened

INWARD MEDICATIONS:

IV CEFUROXIME 750mg 8H (3 DAYS)
IV METRONIDAZOLE 500mg 8H (3 DAYS)
IV PANTOPRAZOLE 40mg DAILY
IV MAGNESIUM SULFATE 1g DAILY
IV CALCIUM GLUCONATE 10ml DAILY
S/C ENOXAPARIN 20mg DAILY
TAB ZINCOVIT 1 TAB DAILY
TAB VITAMIN D 2000IU DAILY
IV MAXALON 10mg 8H
S/C ACTRAPID 6U 2 STATS
IV EMESET 4mg STAT

ROUTINE MEDICATIONS:

TAB GLICLAZIDE 30mg 12H
TAB SITAGLIPTIN 100mg MANE
TAB CLINIDIPINE 10mg 12H
TAB TEL OD 40mg 12H
TAB ATORLIP 10MG NOCTE
TAB ASPIRIN 100mg NOCTE--> Withheld on 06/08/2025

Consultant Referrals

Clinical Status On Discharge

Clinical Status On Discharge

Haemodynamically stable
Afebrile
Not in pain
No oozing from surgical site
Abdomen: Soft & Non tender

Discharge Plan

Original

Reg. No : LHC1.0001119531

I.P No. : IPC1.0317271

Patient Name : Mrs. N M V RANI FERNANDO

Date of Admit : 17-08-2025

Age : 68 Year(s)

Date of Discharge : 21-08-2025

Gender : Female

Bed Number : 8023

Consultant : Dr. RANDIMA NANAYAKKARA ()

SDN/2508/24629

Medication

PARACETAMOL 1g 6H/8H FOR 5 DAYS
CELOX R 200mg 12H FOR 1 DAY

VITAMIN D 2000IU DAILY FOR 1 WEEK
ZINCOVIT 1 DAILY FOR 1 WEEK

CONTINUE REGULAR MEDICATION:

TAB GLICLAZIDE 30mg 12H - AFTER CHECKING CBS
TAB SITAGLIPTIN 100mg MANE - AFTER CHECKING CBS
TAB CLINIDIPINE 10mg 12H - AFTER CHECKING BP
TAB TEL OD 40mg 12H - AFTER CHECKING BP
TAB ATORLIP 10MG NOCTE

RESTART TAB ASPIRIN 100mg NOCTE

Diet

Low fiber
Soft diet -> Normal

Physical Activity

As tolerated

Follow Up & Special Instructions

Review with Dr. Randima Nanayakkara on Monday (01/09/2025)

Signs to look for, to obtain urgent Care

Discharge from surgical site + high spiking fever
Severe pain
Constipation

Name of MO/SMO/CMO/Consultant

Signature of MO/SMO/CMO/Consultant

21-08-2025