

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:

- | | | | |
|---|---|---|--|
| <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. _____) |
| <input type="checkbox"/> Fresh Frozen Tissue | <input type="checkbox"/> Saliva | <input type="checkbox"/> Other sample type (specify site) _____ | <input type="checkbox"/> 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*: **Mrs. N M V Rani Fernando**
 (In Capital Letters) D.O.B. **DD MM YY** Age*: **68Y/F** Gender*: **M / F**
 Address: _____
 Phone: _____ E-mail ID: _____

Clinician Details

Clinician's Name*: **Dr. Mahendra Perera**
 Address: _____ Hospital Affiliation: **Aegle Omics Pvt Ltd**
 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 (UCL), 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.

Patient/Guardian Name **Mrs. N M V Rani Fernando**

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.



Comprehensive Cancer Care Centre

1 SEP 2017

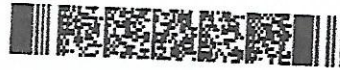
Geo Arin Ranu

Ball / Fr

OPC Combo

~~for~~ HSI

Dr. MAHENDRA PERERA
MBBS, Cey. MD (Med. Oncol)
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

PATIENT ID : LHC1.0001119531

AGE : 68 Years

SEX : Female

DATE OF BIRTH :
COLLECTED : 18/08/2025 08:31

REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA

RECEIVED : 18/08/2025 08:31

CLINICAL INFORMATION :
REPORTED : 27/08/2025 18:24

OP2500002575/IPC1.0317271 IPD-OPERATION THEATRE 8023

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

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Test Report Status	Final	Results
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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 in to 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

See reverse for list of ISO 15189 accredited tests

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



**LANKA
HOSPITALS**

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Product Name: Disposable Circular Staplers

REF DHT29

LOT AEV124



2023.05.25



2028.05.26

COVIDIEN



REF TA6048L

LOT P2H0520

Use by 2027-07-31

OPERATION NOTE

Name : Mrs. N M V Rani Fernando
Age : 68 years
IPC1. 0317271/ LHC1. 0001119531
Date of Admission : 17/08/2025
Date of Discharge : 21/08/2025

OPEN SIGMOID COLECTOMY under GA on 17/08/2025

Surgeon : Dr. Randima Nanayakkara (VS)
: Dr. Sanjeev Samaranyake (VS)
Anaesthetist : Dr. Chandanie Sooriyarachchi (CA)

PROCEDURE :

Low midline laparotomy excising previous scar, deepened down to peritoneal cavity.
Tumour identified in mid sigmoid colon. Sigmoid colon mobilized, preserving bilateral ureters and left gonadal vessels.

Inferior mesenteric artery divided after left colic branch with ligasure. Sigmoid colectomy done with sigmoid mesocolon. Proximal rectum divided with 60mm TA stapler. Proximal sigmoid colon anastomosed to the upper rectum using 29mm circular stapler. Both doughnuts complete – discarded. Post-anastomotic leak test – negative. 24Fr drain in pelvis.
No. 1 loop PDS to rectus sheath. Skin - staplers

Specimen sent to Dr. Priyangi Amarabandu (Consultant Histopathologist)

POST OP :

Monitor PR, BP and RR hourly till 6am, thereafter 4 hourly
Keep NBM
Epidural analgesia
IV. Fluids to maintain 0.5-1ml/kg/hour UOP
IV. Cefuroxime 750mg 8 hourly
IV. Metronidazole 500mg 8 hourly

Dr. Randima Nanayakkara
MBBS MD FRCS FMAFI FCSSL
Consultant Surgeon and Surgical Oncologist

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Dr. Randima Nanayakkara
MBBS, MD, FRCS, FMAFI, FCSSL
Consultant Surgeon and Surgical Oncologist

THE LANKA HOSPITALS CORPORATION PLC (PQ 180)



Organization Accredited by

II/LETTERHEAD/MED-ADM/003

DIAGNOSTIC SUMMARY

Reg. No : LHC1.0001119531
 Patient Name : Mrs. N M V RANI FERNANDO
 Age : 68 Year(s)
 Gender : Female
 Consultant : Dr. RANDIMA NANAYAKKARA ()

I.P No. : IPC1.0317271
 Date of Admitted : 17-08-2025
 Date of Discharge : 21-08-2025
 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
Pulse	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
CNS	Soft and non tender
Other	No abnormalities detected

Significant Investigation

DIAGNOSTIC SUMMARY

Original

Reg. No : LHC1.0001119531
Patient Name : Mrs. N M V RANI FERNANDO
Age : 68 Year(s)
Gender : Female
Consultant : Dr. RANDIMA NANAYAKKARA ()

I.P No. : IPC1.0317271
Date of Admitted : 17-08-2025
Date of Dischargec : 21-08-2025
Bed Number : 8023
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

1-08- 1-08-2025

36832 | Page 2 of 4

LH/FM/MED/0

DIAGNOSTIC SUMMARY

Original

Reg. No : LHC1.0001119531
 Patient Name : Mrs. N M V RANI FERNANDO
 Age : 68 Year(s)
 Gender : Female
 Consultant : Dr. RANDIMA NANAYAKKARA ()

I.P No. : IPC1.0317271
 Date of Admitted : 17-08-2025
 Date of Discharge: 21-08-2025
 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

DIAGNOSTIC SUMMARY

Reg. No : LHC1.0001119531
Patient Name : Mrs. N M V RANI FERNANDO
Age : 68 Year(s)
Gender : Female
Consultant : Dr. RANDIMA NANAYAKKARA ()

I.P No. : IPC1.0317271
Date of Admitted : 17-08-2025
Date of Discharge : 21-08-2025
Bed Number : 8023

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

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විශේෂ වෛද්‍ය උපදේශක
Dr. Randima Nanayakkara
MBBS, MD, FRCS, FMSI, FCSSL
Consultant Surgeon and Surgical Oncologist