

Genomic Test Enrollment and Informed Consent*

*Please fill in BLOCK letters only

Test Name **TarGT First Liquid-72 gene panel identifies gene variants (SNV's, Indels, CNVs and gene fusions) provides insights on actionable Mutations**

PDL-1 YES NO If applicable, choose the clone:-
 Ventana SP142 SP263
 Dako 22C3

SPECIMEN DETAILS

Specimen Type and Nos. : Type - FFPE Blood Slides Tissue in RNA later Formalin Fixed Tissue
 No. - *

Collection Date **13/10/2025** Specimen Block ID **2 vial Streck tube**

PATIENT INFORMATION

First Name	Middle Name	Last Name
Mr. M.C.S Perera		
DOB/Age 80Y/M	Address	
Gender Male		
Height		
Weight (kg)		
Aadhaar Number/Health ID		
Contact Number	Email ID	
Primary Cancer Site	Cancer Stage	Date of First Diagnosis

CAREGIVER INFORMATION

Name	Contact No.
Relationship with the Patient	Email ID

DOCTOR INFORMATION

Name Dr. Mahendra Perera	Contact No.
Email ID mahenp3@gmail.com	Alternative Email ID veranjaaegleomics@gmail.com
Hospital/Clinic Name and Location Aegle Omics Pvt Ltd Sri Lanka	
Hospital/Clinic Patient ID	

*Signing this consent form, allows us to automatically enroll you in the OncoBuddy Platform

THE 4BASECARE WORKFLOW SOLUTION USED TO GENERATE THE TEST REPORT HAS NOT BEEN APPROVED BY ANY REGULATORY AUTHORITY OR MEDICAL AUTHORITY. 4BASECARE GENERATED INFORMATION IS ADJUNCTIVE INFORMATION TO PHYSICIANS AND MOLECULAR TUMOR BOARDS. 4BASECARE DOES NOT ASSURE OR GUARANTEE THE SUCCESS OF ANY THERAPEUTIC OPTION IDENTIFIED IN THE TEST. THE USER OF OUR TEST REPORT REMAINS RESPONSIBLE FOR THE CONDUCT OF PATIENT CARE AND FOR EVALUATING THE CLINICAL RELEVANCE OF INFORMATION PROVIDED. 4BASECARE IS NOT AN ENTITY LICENSED TO PRACTICE MEDICINE OR CLINICAL ACTIVITY AND THE REPORT GENERATED BY 4BASECARE DOES NOT AMOUNT TO, OR SUBSTITUTE, QUALIFIED PROFESSIONAL MEDICAL ADVICE.

DECLARATION:

I represent and warrant that I have the right, authority and capacity to consent to testing and I am at least 18 years old.

In case you have not completed 18 years of age on the date of signing of this consent form, your legal guardian will consent to your enrollment and all the clauses mentioned herein, shall be applicable to your guardian.

In addition, I represent and warrant that (1) all information that I have submitted or that is submitted on my behalf is complete, accurate and truthful, and

(2) in the event that I have allowed a third party to assist me in providing any information, I have reviewed and confirmed that all such information is complete, accurate and truthful prior to its submission to 4baseCare.

I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE PURPOSE, PROCEDURE, RISKS, BENEFITS AND LIMITATIONS OF ENROLLING TO THE ONCOBUDDY PLATFORM & SERVICES. I HAVE DECIDED TO ENROLL TO THE ONCOBUDDY PLATFORM AND SERVICES and to be bound by the terms of this Consent and any policies referenced herein.

I am 18 years and above

I am below 18 years

I am the Patient

Name: **Mr.M.C.S Perera**

Signature:

I am the patient's Guardian

Name:

Signature:

I am the patient's Care Giver

Name:

Signature:

Date: DD/MM/YYYY

CONSULTING DOCTOR DECLARATION:

I hereby declare that the patient OR the legal guardian of the patient has given the consent willingly and have been explained about the services offered along with the terms and conditions of the services under OncoBuddy Platform.

Name: **Dr. Mahendra Perera**

Signature:

Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Date: DD/MM/YYYY



For any further information on 4baseCare Solutions and Services, please contact:

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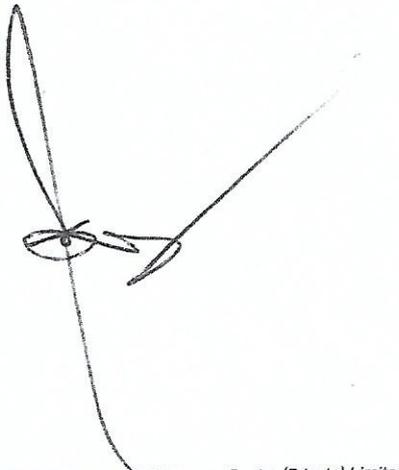
4baseCare (Genomics Tarang ODC), SJP2-S1-1F- C wing, Wipro Limited, SEZ, Sarjapur 2, Sy.No.69(P), Doddakannelli, Sarjapura Road, Bengaluru 560035, KA, India

03 OCT 2027

Dr. Perera Ed

Dr. Perera Ed
Col +

Target RT
higher



Dr. MAHENDRA PERERA
MBBS (Cey), FRCR (Col), Dip RT
Consultant in Charge of Oncology
& Radiotherapy

I#

S. uric acid - 3.9 ← 10.3 ← 11.2

NCS - findings suggested a sensory and
motor axonal polyneuropathy

WBC - 5.2

Hb - 11.3

pH - 50

Currently on

Allopurinol 100 mg tds

Colchicine ~~500~~ 0.5 mg bd

Still c/o mild pain on (L) lower limb. & (L) knee

- P colchicine 0.5 mg tds

- Allopurinol 100 mg tds

- Celecoxib 100 mg bd/ss

- R/v E S. uric acid & Sca

ASIRI

No.

Date

2025/10/10

Dr J (SR)

504r.

Multiple myeloma - was on tx

↳ currently on PVT followup

awaiting to restart treatment

Seen during hospital stay - 25/08/2025 -

10/09/2025

Presented with B/L LL swelling

B/L knee joint pain & swelling - 5/12.

NO fever

NO erythema

NO skin rash

NO hx of Sx or IA injection

tx as Gout -

Ⓜ KJUSS - minimal
effusion

↓

Ⓜ knee IA injection

ESR - 140

given

Ⓜ KJ Xray - OA change

2025/09

ESR - 140

allopurinol 100mg tds

SCR - 1.2

Started by

hemat team

ASPI

NAME : M. C. S. Perera
 AGE & SEX: 82 yrs, M
 BHT : 40496
 DATE : 01/09/2025

WARD: 15

ULTRASOUND SCAN OF THE ABDOMEN & PELVIS

History : *A Multiple myeloma*
 Comparison : *c/o - back pain*

Liver : is ~~not~~ *enlarged* ✓ *CCL - 18 cm*
 Echogenicity is normal
 No focal lesions
 No intra hepatic duct dilatation
 No CBD *dilatation*

Gall Bladder : Normal. Wall is not thickened
 No calculi *partially distended*

Spleen : Not enlarged *8 cm*
 Normal echotexture and no focal lesions

Right Kidney : Normal in size *- 12.6 cm*
 Echogenicity is normal
 No calculi or hydronephrosis

Left Kidney : Normal in size *- 10.3 cm*
 Echogenicity is normal
 No calculi or hydronephrosis

Pancreas : appears normal. No focal lesions or duct dilatation
 Normal abdominal aorta and no para aortic nodes
 Urinary bladder: *Distended normally/empty*
 No calculi or wall thickening

Prostate : Not enlarged
 Uterus : Normal in size. No focal lesions. Adnexa clear.

Free fluid : Yes/No
 No ultrasonically detectable intra-abdominal mass.

Impression:

1. Hepatomegaly.
2. Spleen appears normal in size. Rest of the study is sonographically unremarkable