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 : FFPE

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

Hereditary Breast and Ovarian Cancer (HBOC) gene panel

Test Name:* _____ Test Code:* MGM1517

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

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. S M P Wille (In Capital Letters) 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 Hospital Affiliation: Aegle Omics Pvt Ltd

Address: .....

Phone : .....

Email id : .....

Date of sample collection* DD MM YY 15/12/2025

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 (Ceyl), 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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CAP ACCREDITED
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. S M P Wille

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

Ca. lung

I. CA 15-3

*BREAST

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

CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.

CLSI Member ID # 383029 | Member of AACC Member Number: 4790

ASIRI LABORATORIES
LIVE MORE
A Softlogic Group Company

Central Hospital Limited. No. 114, Norris Canal Road, Colombo 10.
T. +94 11 466 5500 F. +94 11 466 5599 chllab@asiri.lk

UHID	: 120032390		
REFERENCE No.	: 91 0025 06/12/25		
SAMPLE DATE & TIME	: 06/12/2025 09:05	AGE : 68 Y/F	15/04/1957
REPORT DATE & TIME	: 06/12/2025 17:58	AHH2000952 / AHH2008705	
PATIENT	: MRS. S M P WILLE		
REFERRED BY	: DR MAHENDRA PERERA		

TEST	RESULT		FLAG	REFERENCE VALUE
CA 125 II (2nd Generation)	524.00	U/ml	H	2.00 - 30.20

*** Repeated and confirmed. ***

Comment :-

Analatical sensitivity : 2 U/ml

*** Human Epididymis Protein 4 (HE4) has been proposed for improving the specificity of laboratory identification of (OC).
(Test code : TM3)

MLT

DO NOT USE ABBREVIATIONS!

DIAGNOSIS CARD

CHL/MDO/FOR/51/01

ASIRI CENTRAL HOSPITAL LIVE MORE

Ward : 12

Unit :

PN : MRS P.S.M. WILLE
UHID : 10018877 IP : CHL0167352
AGE : Y: 68 M: 6 D: 5 SEX : F D.O.B:15-Apr-1957
CONSULTANT : DR T N ATTYGALLA

CONSULTANT'S NAME: Dr-T-N-Attygalle
DATE OF ADMISSION: 20 10 2025
DATE OF DISCHARGE: 24 10 2025

U-culture

No growth.

U.Na - 58.9

U.Crechnine - 25-

U.Al/cr - 128

LFT

Albumin - 24
ALP - 141
ALT - 435-
AST - 643
γGT - 448
S.bilurubn - 1.68

HBA1C - 5.2%

WBC - 4.2 → 2.1 → 2 → 25-
Hb - 11.1 → 8.4 → 11.1 → 10.
Plt - 87 → 50 → 45 → 51

S.ammonic - 86.5-

SN- - 128 → 136 → 140 → 13
K - 3.97 → 3.77 → 3.1 → 3.
Cl - 93 → 101 → 104 → 10

CONSULTANT'S SEAL & SIGNATURE

Dr. .....
Reg. No: .....
Central Hospital Limited
No.114, Norris Canal Road,
Colombo 10.

DO NOT USE ABBREVIATION SI

RESULTS OF INVESTIGATIONS

PMHx- DDM, HTN, DL, Chirrhosis
PSHx: CA breast - L/S mastectomy
R/S mastectomy.
TAH + BSO.

Allrx: H/O severe Anaphylactic reaction following Transfusion of FFP 14yrs back

Inward Mx

Peritoneal tap done on 2025/10/22
→ AW ~~Fluid report~~ culture.
2U PRC giving.
D/C Dr. Nilesh Fernando
→ omit terlipressin
add carvedilol

D/C E Dr. Eranga Abeywickrama
→ R/V on 28/10/25 E S.cr / SE

USS Abdomen.
Cirrhosis of liver
Gross ascitis.
Mod splenomegaly

Ix

Endoscopy Done 2025/10/22.
Esophagus - Decompressed
Esophageal varices
C red sign E/O
EVL Scars.
Severe portal HT gastropathy without gastric varices.

WBC - 4.2 → 2.1 → 2.0
N: 63% → 57.4%
Hb - 11.1 → 8.4 → 10.5
INR - 2.55
S.cr - 4.17 → 2.91
S.albumin - 2 4 2.73
CRP - 51.5 → 48.8.
Alkaline phosphatase - 53

DISCHARGE INSTRUCTIONS:

Signs I should look for and whom I should call

Ciprobid 500mg bd.
Aldactone 25mg am (1)
Pantodac 40mg am (1)

Medications I have been prescribed

Carvedilol 2.125mg bd
Diamicron MR 60mg
Pabanamin 550mg bd
lactulose 10ml tds
Haloperidol 1.5mg bd

Review Date: 27/10/25 for V P

Investigations for follow up - N/A ☐

C FBC — FBC.
RWL
S'W
S'E
R/V C Dr. Eranga Abeywickrama on 2025/10/27 C S.cr, SE
Diet: Cul
Activity: Trace peritoneal tap fro
Post Discharge hotline As below ward

THIS CARD CONTAINS VITAL INFORMATION ABOUT YOUR HEALTH.
PLEASE BRING IT WITH YOU FOR FOLLOW UP VISITS.

(Hospital Telephone number & E-mail address)
TELE : (011) 4 665 500 FAX: (011) 4 66 55 55
EMAIL : infochl@asiri.lk WEB : www.asiri.lk

DO NOT USE ABBREVIATIONS!

DIAGNOSIS CARD

CHL/MDO/FOR/51/01

ASIRI CENTRAL HOSPITAL LIVE MORE

Ward : 12th .

Unit : 1219

PN : MRS P.S.M. WILLE

UHID : 10018877 IP : CHL016735

AGE :Y: 68 M: 6 D: 5 SEX: F D.O.B: 15-Apr-195

CONSULTANT : DR T N ATTYGALLA

ER

CONSULTANT'S NAME: Dr. T. N Attygalla.

DATE OF ADMISSION: 20 10 2025

DATE OF DISCHARGE: 23 10 2025

AKI - ATN

Upper GI bleed

Severe postural HTN

Sarcopenia

LLCD

OE

BP - 90/65

PR - 92

SpO2 - 98%

2L prazosin

C/O :- generalized weakness

LOA

abdominal distension & bloating

Constipation x 1 day.

Distended Abd

CONSULTANT'S SEAL & SIGNATURE

Dr. Thurul Attygalle
MBBS (Colombo), MRCP (London) MSc, (Surrey)
Consultant Physician
Specialist in Stroke medicine
Internal Medicine & Geriatric Medicine

Patient Name	**:- Mrs. P. S. M. Wille**	**Age**	**:- 68 Y**
Reference No	**:- 000375940**	**Region**	**:- Abdomen**
Referred By	**:- Dr. Mahendra Perera**	**Date**	**:- 08.12.2025**

ULTRASOUND ABDOMEN & PELVIS

Mild to moderate ascites.

Liver : Grossly cirrhotic and contracted liver. Portal venous velocity 9.5cm/sec. No focal lesion detected. Bile ducts not dilated.

Gall bladder: Partially distended with multiple calculi. Pericholic oedema due to ascites.

Pancreas : Visualized area of the pancreas is normal in echotexture. No focal lesions.

Spleen : Enlarged. 17 x 10.5cm with peri hilar prominent collateral.

Kidneys : Normal in size, outline and echopattern. No calculi / hydronephrosis/SOL.

No supra renal masses.

Aorta : Normal.

Bladder : Normal. Mucosa is normal. No masses or calculi.

Uterus : Surgically absent.

No pelvic masses.

No abnormal lymphadenopathy or masses.

Impression :

Grossly contracted cirrhotic liver with portal hypertension, splenomegaly and mild to moderate ascites.
No focal lesions in the liver.

Dr. (Mrs) Kantha Samarawickrama
Consultant Radiologist

CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.

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ASIRI LABORATORIES
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ENZYME IMMUNOASSAY

REFERENCE No. : 01 0493 08/12/25
SAMPLE DATE & TIME : 08/12/2025 13:46
REPORT DATE & TIME : 12/12/2025 17:30
PATIENT : MRS. S M P WILLE
REFERRED BY : DR MAHENDRA PERERA

AGE : 68 Y/F

AHH2002546 / ASH2106099

TEST	RESULT	FLAG	REFERENCE VALUE
CA 15-3	13.40	u/ml	

Comment :-

Expected value :

< or = 35.0 U/mL

MLT

CT SCAN REPORT

Name of the patient:- Mrs. P. S. M. Wille

Requested by :- Prof. H. Janaka De Silva

Scan Region :-Abdomen - CT No: RC 1354338/2025

Pre contrast 5mm axial scans followed by oral, rectal & intravenous contrast enhanced four phase 5mm axial scans of the abdomen & pelvis were performed. Water with Manitol was given as negative bowel contrast.

There is diffuse coarsening of the parenchymal attenuation pattern and diffuse reduction in degree of parenchymal enhancement following intravenous contrast of the liver which shows loss of it's smooth regular contour, loss of volume of the right lobe with relative hypertrophy of caudate lobe and left lobe. Caudate lobe index is 0.72. There are no mass lesions with arterial phase hyperenhancement and early wash off to suggest a hepatoma. Few foci of calcifications are identified in subcapsular region of segment VI of the right lobe. No other focal parenchymal lesions are identified in the liver. Intrahepatic and extrahepatic ducts are not dilated. Main portal vein is dilated measures 15.9mm in diameter and no filling defects are present within it. Gall bladder is distended well and the wall is not thickened. Few small calculi measuring upto 11.2mm in diameter are identified within it.

Spleen is enlarged (17.8 x 13.6 x 9.7cm in size) but, maintains its smooth contour, normal uniform attenuation pattern and normal uniform parenchymal enhancement following intravenous contrast. No focal lesions are identified within. There are few dilated tortuous vessels at the splenic hilum. A non enhancing low attenuated thrombus measuring 2.01 x 0.82cm in size is identified in the middle third of the splenic vein.

Pancreas is normal in size, shape, maintains it's normal distinct margins, normal parenchymal attenuation pattern and normal parenchymal enhancement. There are no focal lesions present. Pancreatic duct is not dilated.

Both kidneys are normal in size, shape and show normal parenchymal attenuation pattern, normal concentration and excretion of contrast. No focal lesions are identified in the kidneys. No parenchymal calcifications or calculi identified in the kidneys. There is no hydronephrosis or hydroureter. No perirenal mass lesions or fluid collections are present. There are no mass lesions within or in relation to supra renal glands which maintain it's normal size, shape and attenuation pattern bilaterally.

Urinary bladder is partially filled. No intravesical mass lesions or calculi are present.

Uterus and ovaries are absent and are in keeping with history of surgery. No adnexial mass lesions or fluid collections are evident.

There are few small and prominent lymphnodes with loss of its normal fatty hila in the para aortic, aorto caval, common iliac and mesenteric groups. Relatively larger lymphnodes in the para aortic, aorto caval and mesenteric groups measure 9.9, 9.8 and 7.2mm in diameters respectively. Relatively larger lymphnodes in right and left common iliac groups measure 9.2 and 7.9mm in diameters respectively.

Asiri Surgical Hospital PLC, No 21, Kirimandala Mawatha, Colombo 05, Sri Lanka
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Gamma Camera Studies / Scintigraphy and PET CT

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T: +94 77 132 3288

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E: ashctmri@asiri.lk
E: nuclearmedicine@asiri.lk

Additionally there are few prominent and enlarged lymphnodes with preservation of its normal fatty hila in the external iliac and inguinal groups bilaterally. Relatively larger lymphnodes in right and left external iliac groups measure 1.67 and 1.49cm in diameters respectively. Relatively larger lymphnodes in right and left inguinal groups measure 1.77 and 1.35cm in diameters respectively.

There is an area with mesenteric infiltrates and few small lymphnodes producing "misty mesentery appearance" in the lower abdomen and upper pelvis particularly in relation to inferior mesenteric vessels.

No abnormal mass lesions are identified in the abdomen or pelvis. Small amount of free peritoneal fluid is present.

Evidence of left mastectomy is noted. No focal parenchymal lesions are identified in the visualized lung bases.

Degenerative changes of the spine and type III anteversion of the coccyx are observed. No sclerotic or lytic osseous lesions are identified in the scanned region.

Comment:- The appearances are in keeping with chronic hepatic parenchymal disease, most likely hepatic cirrhosis with portal hypertension which is decompensated. There is no evidence of a hepatoma.

Few small and prominent lymphnodes with loss of its normal fatty hila in the para aortic, aorto caval, common iliac and mesenteric groups. Considering the given history, the possibility of metastatic adenopathy has to be excluded. PET CT scan would be helpful in further evaluation.

The area with mesenteric infiltrates and few small lymphnodes producing "misty mesentery appearance" in the lower abdomen and upper pelvis particularly in relation to inferior mesenteric vessels are more in favour of mesenteric panniculitis.

Few prominent and enlarged lymphnodes with preservation of its normal fatty hila in the external iliac and inguinal groups bilaterally, most likely representing reactive hyperplasia.

Cholelithiasis with no evidence of cholecystitis.

10.04.2025

Dr. S. H. Munasinghe
Consultant Radiologist

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