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

Tumor BRCA1 & BRCA2 Gene Analysis

Test Name:* _____ Test Code:* MGM537

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), specify tissue: _____
- ☒ FFPE tissue Block (Block no. .....)
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) _____
- ☐ DBS/FTA

4K312N

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. Amarasinghhe S D P Thilina K Jayawardana (In Capital Letters) D.O.B. DD MM YY Age:* 43Y/F Gender:* M / F

Address: .....

Phone:..... E-mail I.D: .....

Clinician Details

Clinician's Name:* Dr.Mahilal Wijekoon Hospital Affiliation: Aegle Omics Pvt Ltd

Address: .....

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 (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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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. Amarasinghhe S D P Thilina K Jayawardana

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

DURDANS
HOSPITAL

For Doctors Use Only

Date 11/12/2025

A.S.D.P Rukman Jayawardena
43 yrs

F/u
BRCA 1 and BRCA 2 mutations

FO- CA Breast
Pre assessment

MED 0044

1st Joint Commission International (JCI) Accredited Hospital in Sri Lanka

DURDANS HOSPITAL
3 Alfred Place Colombo 3 Sri Lanka
T +94 (0) 11 2 140 000 F +94 (0) 11 2 575 302 E contactus@durdans.com W durdans.com

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CLIENT CODE : C000000673

CLIENT'S NAME AND ADDRESS :
AMARASINGHE S D P THILINA JAYAWARDANE

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. AMARASINGHE S D P THILINA JAYAWARDANE**
ACCESSION NO : **6001YK040608**
AGE : 43 Years 17 Days SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : DR MAHILAL WIJEKOON

PATIENT ID : **AMARM1311826001**
COLLECTED : 30/11/2025 11:15
RECEIVED : 30/11/2025 11:18
REPORTED : 08/12/2025 18:56

Test Report Status **Final** **Results**

HISTOPATHOLOGY

IHC - HER 2

INTERPRETATION

IMMUNOHISTOCHEMISTRY REPORT

Specimen	**Left breast WLE (Lesion 2)**
IHC Block No	**6001YK000312 (N)**
Immunohistochemistry	**Her 2 - Negative (0)**

Note-

IHC marker	- Her2
IHC clone	- c-erbB-2 Oncoprotein
IHC method	- Manual
Detection system	- Envision two step polymer based (Non Avidin-Biotin) system
Specimen	- 10% neutral buffered formal saline fixed and paraffin embedded
Fixation time	- Within 6 – 72 hours
Cold ischemis time	- Specimen was placed in fixative within an hour of removal
Scoring Guidelines	- ASCOP/CAP GUIDELINES FOR HER-2/NEU
	Negative (Score 0) - No staining observed or Incomplete, faint/barely perceptible membrane staining in ≤10% of invasive tumor cells
	Negative (Score 1+) - Incomplete, faint/barely perceptible membrane staining in >10% of invasive tumor cells
	Equivocal (Score 2+) - Incomplete and/or weak to moderate circumferential membrane staining in >10% of invasive tumor cells or Complete, intense, circumferential membrane staining in ≤10% of invasive tumor cells
	Positive (Score 3+) - Complete, intense, circumferential membrane staining in >10% of invasive tumor cells*

QUALITY CONTROL RESULTS (INTERNAL OR EXTERNAL AS APPROPRIATE)
Positive controls show appropriate positive immunostaining
Negative controls do not show immunostaining

ASR DISCLAIMER
This test was developed and its performance characteristics were determined by LHD. It has not been cleared or approved by the US Food and Drug Administration. This test is used for clinical purposes. It should not be regarded as investigational or for research.

...TORY REPORT

...D CONFIDENTIAL

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PATIENT NAME : **MRS. AMARASINGHE S D P THILINA JAYAWARDANE**
ACCESSION NO : **6001YK040608**
AGE : 43 Years 17 Days SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : DR MAHILAL WIJEKOON

PATIENT ID : **AMARM1311826001**
COLLECTED : 30/11/2025 11:15
RECEIVED : 30/11/2025 11:18
REPORTED : 08/12/2025 18:56

Test Report Status	**Final**	**Results**

****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

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Needle Biopsy

(2)

Alberta Health Services

Surgical Pathology

Time Collected:	Oct 7, 2025 3:05 PM	**Name:**	Jayawardana, Amarasinghe
Time Received:	Oct 8, 2025 5:34 PM	**Date of Birth:**	Oct 6, 1982
Time Reported:	Oct 15, 2025 6:36 PM	**Sex:**	Female
Status:	Corrected		
Ordering Provider:	HURDLE, CAROLYN		
Patient Location:	CGY Diagnostic and Scientific Centre		
Clinicians Copied:	OSMAN, HEBA		
Accession Number:	DSS25-105714		

Specimen Type/Source: Surgical Pathology / Breast, Left

Order Comment:

Case Report

Surgical Pathology — Case: DSS25-105714
Authorizing Provider: Hurdle, Carolyn Wendy, MD — Collected: 07/10/2025 15:05
Ordering Location: Calgary Diagnostic and Scientific Centre Laboratory — Received: 08/10/2025 17:34
Pathologist: Gorecki, Margaret Anna, MD
Specimen: Breast, Left, Left Breast

Biomarker, Addendum

Test: Immunohistochemical staining for breast biomarkers

Diagnosis: Invasive breast carcinoma
Test block: A1

Test Results:

Estrogen Receptor (ER): POSITIVE
Proportion of cells staining: >66% (5)
Average staining intensity: Strong (3)

Progesterone Receptor (PR): POSITIVE
Proportion of cells staining: >66% (5)
Average staining intensity: Strong (3)

HER2: NEGATIVE
(1+) Incomplete membrane staining that is faint/barely perceptible and in greater than 10% of tumor cells.

COMMENT:

Refer to the original report for fixation times.

Controls for ER/PR are satisfactory; the sample is adequate for ER/PR evaluation.

Immunohistochemical detection of ER and PR protein expression in cancer tissue was performed with a rabbit monoclonal antibody against ER (clone SP1, Ventana) and mouse monoclonal antibody against PR (clone 1294, Dako) using the Dako EnVision FLEX DAB detection system on the Dako Omnis platform. ER and PR interpretation is based on the current ASCO/CAP and provincial consensus guideline recommendations for ER/PR testing in breast cancer, which state that any nuclear staining in 1% or more of tumour cells is considered positive. The proportion score (0-5) is based on the percentage of tumour cells staining. The intensity score (0-3) is based on the average staining intensity. An Allred score may be derived by adding the proportion and intensity scores.

Controls for HER2 are satisfactory; the sample is adequate for HER2 evaluation.

Immunohistochemical detection of HER2 protein expression in breast cancer tissue was performed with a rabbit monoclonal antibody (clone A0485, Dako) using the Dako EnVision FLEX detection system on the Dako Omnis platform. The HER2 test results were interpreted and reported in accordance with the current ASCO/CAP consensus guideline recommendations for HER2 testing in breast cancer.
Addendum electronically signed by Arjumand Riyaz Husain, MD on 15/10/2025 at 18:36 MDT

Clinical Information

Clinical information/history: Left breast mass at 5 o'c. ?IDC. BIRAD 5.
Report attached.

Final Diagnosis

A. Left breast core biopsy:
- Invasive carcinoma of no special type [ductal carcinoma NST]
Electronically signed by Margaret Anna Gorecki, MD on 10/10/2025 at 14:32 MDT

Comment

This case has been reviewed at the DSC Breast Pathology Consensus Rounds

Surgical Pathology

Synoptic Checklist

INVASIVE CARCINOMA OF THE BREAST: Biopsy
INVASIVE CARCINOMA OF THE BREAST: BIOPSY - A
Protocol posted: 22/03/2023

SPECIMEN
Procedure: Needle biopsy
Specimen Laterality: Left

TUMOR
Tumor Site: Not specified
Histologic Type: Invasive carcinoma of no special type (ductal)
Histologic Grade (Nottingham Histologic Score):
Glandular (Acinar) / Tubular Differentiation: Score 3
Nuclear Pleomorphism: Score 3
Mitotic Rate: Score 1
Overall Grade: Grade 2 (scores of 6 or 7)
Largest Invasive Focus in this Limited Biopsy Sample: At least: 9 mm
Ductal Carcinoma In Situ (DCIS): Not identified
Lymphatic and / or Vascular Invasion: Not identified
Microcalcifications: Not identified

Breast Biomarker Studies (pending): Yes

Synoptic Report

Yes

Ancillary Testing

SMM/p63,e-cadherin

Gross Description

A. Container labeled as: Jayawardana, Amarasinghe Senadeerage and LT BR BX.

Devitalization - Fixation Times.

Devitalization Time and Date: 1505 2025-10-07
Time and Date into Formalin: 1505 2025-10-07
Time and Date out of Formalin: 1945 2025-10-08
Total Fixation Time: 28h 40m

The specimen is received in formalin and consists of six cores ranging from 1.2 cm up to 2.1 cm in maximum dimension. The cores are marked with yellow dye and are submitted in toto in one cassette.

A1: In toto.

Disclaimer

This report may include the results of Laboratory Developed Tests which have been validated by Alberta Precision Laboratories for clinical diagnostic purposes. These should not be regarded as investigational or research.

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15

CLIENT CODE : C000000673

CLIENT'S NAME AND ADDRESS :
A S D P THILINA JAYAWARDENA

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Tel : +94 11 5430000 , **Fax :** +94 11 5439032
Email : info@lhd.lk **Web :** www.lhd.lk

PATIENT NAME : MRS. A S D P THILINA JAYAWARDENA
ACCESSION NO : **6001YK018814**
AGE : 43 Years SEX : Female
DATE OF BIRTH :
REFERRING DOCTOR : DR MAHILAL WIJEKOON
CLINICAL INFORMATION :
FULL NAME = AMARASINGHE S D P THILINA JAYAWARDENA

PATIENT ID : **AMARM1311826001**
COLLECTED : 13/11/2025 17:06
RECEIVED : 13/11/2025 17:07
REPORTED : 21/11/2025 15:42

Test Report Status **Final**	Results

HISTOPATHOLOGY

IHC - ER

INTERPRETATION

Specimen LEFT BREAST WLE

IHC Block No 6001YK000312 *

IHC

ER - Intensity score - 2/3
Percentage score - 5/5
Total score - 7/8

PR - Intensity score - 3/3
Percentage score - 5/5
Total score - 8/8

Her 2 - Negative

Ki67 - 28 %.

Note-

IHC marker	- ER, PR, Her2, Ki-67
IHC clone	- ID5, PGR636, c-erbB-2 Oncoprotein, MIB-1
IHC method	- Manual
Detection system	- Envision two step polymer based (Non Avidin-Biotin) system
Specimen	- 10% neutral buffered formal saline fixed and paraffin embedded
Fixation time	- Within 6 - 72 hours
Cold ischemis time	- Specimen was placed in fixative within an hour of removal
Scoring method	- Allred scoring system / ASCO/CAP guidelines
Scoring Guidelines	- ALLRED SCORING SYSTEM FOR ER & PR

Score for Proportion of Staining (PS)		Score for Staining Intensity (IS)	
0 =	No nuclear Staining	0 =	No staining
1 =	< 1% Nuclear Staining	1 =	Weak Staining
2 =	1 - 10% Nuclear Staining	2 =	Moderate Staining
3 =	11 - 33% Nuclear Staining	3 =	Strong Staining
4 =	34 - 66% Nuclear Staining		
5 =	67 - 100% Nuclear Staining		

A total score of 3 or more is taken as Positive

- ASCOP/CAP GUIDELINES FOR ER

Positive	- ≥ 10% of the tumour cells are immunoreactive
Low positive	- 1-10% of tumour cells are immunoreactive
Negative	- < 1% of the tumour cells are immunoreactive in the presence of positive internal control
Uninterpretable	- If the sample is inadequate, if external and internal controls do not stain appropriately or if pre-analytical variables interfered with assay's accuracy.

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ACCESSION NO : **6001YK018814**
AGE : 43 Years SEX : Female
DATE OF BIRTH :
REFERRING DOCTOR : DR MAHILAL WIJEKOON
CLINICAL INFORMATION :
FULL NAME = AMARASINGHE S D P THILINA JAYAWARDENA

PATIENT ID : **AMARM1311826001**
COLLECTED : 13/11/2025 17:06
RECEIVED : 13/11/2025 17:07
REPORTED : 21/11/2025 15:42

Test Report Status **Final** **Results**

- ASCOP/CAP GUIDELINES FOR PR

Positive - ≥ 1% of the tumour cells are immunoreactive
Negative - < 1% of the tumour cells are immunoreactive in the presence of positive internal control
Uninterpretable - If the sample is inadequate, if external and internal controls do not stain appropriately or if pre-analytical variables interfered with assay's accuracy.

- ASCOP/CAP GUIDELINES FOR HER-2/NEU

Negative (Score 0) - No staining observed or Incomplete, faint/barely perceptible membrane staining in ≤10% of invasive tumor cells
Negative (Score 1+) - Incomplete, faint/barely perceptible membrane staining in >10% of invasive tumor cells
Equivocal (Score 2+) - Incomplete and/or weak to moderate circumferential membrane staining in >10% of invasive tumor cells or Complete, intense, circumferential membrane staining in ≤10% of invasive tumor cells
Positive (Score 3+) - Complete, intense, circumferential membrane staining in >10% of invasive tumor cells*

QUALITY CONTROL RESULTS (INTERNAL OR EXTERNAL AS APPROPRIATE)
Positive controls show appropriate positive immunostaining
Negative controls do not show immunostaining

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IHC - HER 2

INTERPRETATION

See above

IHC - KI 67

INTERPRETATION

See above

IHC - PR

INTERPRETATION

See above

****End Of Report****

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

LABORATORY REPORT

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CLIENT CODE : C000000208

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

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

PATIENT NAME : Mrs AMARASINGHE S D P THILINA K JAYAWARDANA
ACCESSION NO : **6001YK000310**
AGE : 43 Years 25 Days SEX : Female
DATE OF BIRTH :
REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA
CLINICAL INFORMATION :
OP2500003450/IPC1.0322579 IPD-OPERATION THEATRE 2007

PATIENT ID : **LHC1.0001125736**
COLLECTED : 01/11/2025 09:39
RECEIVED : 01/11/2025 09:39
REPORTED : 11/11/2025 18:01

Test Report Status Final **Results**

HISTOPATHOLOGY

SMALL SPECIMEN OTHER BIOPSIES

INTERPRETATION

Specimen FROZEN REMAINING

Macroscopy
A - Largest black
B - Small orange
C - Large green
D - Small red
E -Small blue
5B

Microscopy

Conclusion FROZEN REMAINING

Sections from the deeper levels of the remaining frozen sections reveal asingle cluster of pleomorphic epithelial cells in the subcapsular cortex.
It is less than 1mm size (But more than 200 cells i.e: micrometatasis and not isolated tumour cells). (1/5).

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

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CLIENT'S NAME AND ADDRESS :
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PATIENT NAME : Mrs AMARASINGHE S D P THILINA K JAYAWARDANA
PATIENT ID : **LHC1.0001125736**
ACCESSION NO : **6001YK000307**
AGE : 43 Years 25 Days SEX : Female
DATE OF BIRTH :
COLLECTED : 01/11/2025 09:38
RECEIVED : 01/11/2025 09:38
REPORTED : 11/11/2025 18:02
REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA
CLINICAL INFORMATION :
OP2500003449/IPC1.0322579 IPD-OPERATION THEATRE 2007

Test Report Status Final **Results**

HISTOPATHOLOGY

FROZEN SECTION (1 SPECIMEN)

INTERPRETATION

Specimen AXILLARY LYMPH NODES FOR FROZEN SECTION

Macroscopy
Fibro fatty tissue measuring 45 x 25 x 20 mm.
Five sentinel lymph nodes retrieved.
02 contain blue dye.
Large with blue dye 10 mm.
Small blue dye 6 mm.
Non blue largest 14 mm.
2nd non blue node 7 mm.
3rd non blue node 6 mm.

Microscopy & Conclusion

AXILLARY LYMPH NODES FOR FROZEN SECTION

All 5 nodes are negative for tumour deposits (Smears and frozen sections).

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

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PATIENT NAME : Mrs AMARASINGHE S D P THILINA K JAYAWARDANA
PATIENT ID : **LHC1.0001125736**
ACCESSION NO : **6001YK000312**
AGE : 43 Years 25 Days SEX : Female
DATE OF BIRTH :
COLLECTED : 01/11/2025 09:39
RECEIVED : 01/11/2025 09:39
REPORTED : 09/11/2025 15:47
REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA
CLINICAL INFORMATION :
OP2500003451/IPC1.0322579 IPD-OPERATION THEATRE 2007

Test Report Status Final **Results**

HISTOPATHOLOGY

LARGE SPECIMEN OTHERS

LARGE SPECIMEN OTHERS

Specimen LEFT BREAST WLE

Macroscopy

Oriented wife local excision specimen with sutures as per in the form received. Specimen is 70 x 60 x 40 mm. Posterior (deep) margin inked blue. Superior margin inked black. Anterior (superficial) margin inked yellow. Specimen was serial sectioned from medial to lateral across deep to superficial planes. Cut surface revealed a tumour(Lesion 1) with infiltrative margin is 25 x 22 x 15 mm. It's macrscopically 17 mm from deep, 7 mm from the anterior, 12 mm from inferior, 29 mm from superior, 17 mm from medial and 43 mm from lateral.
A separate nodule 20 mm lateral to the main tumour measuring 12 x 5 x 7 mm noted. It's macroscopically 3 mm from deep, 10 mm from anterior, 5 mm from inferior, 20 mm from lateral and well away from other margins.
A - Tumour with deep resection margin
B - Tumour with anterior(superficial) resection margin
C,D - Tumour with superior margin
E - Inferior margin
F - Medial margin
G,H - Lateral margin
I,J - Tumour
K - Lesion 2 with deep resection margin
L - Lesion 2 with anterior margin
M - Lesion 2 with inferior margin
N - Rest of the lesion 2
O - Background 15P x 15B - PE

Microscopy

Sections reveal 2 foci of invasive carcinoma showing similar histology. Tubule formation is less than 15% (3/3). Nuclei show moderate pleomorphism (2/3). Mitosis is 12/10 HPF (2/3). Intramural and peripheral intermediate grade cribriform and solid DCIS noted accounting 5% of the tumour in the lesion I (larger lesion).
Lesion 2 also shows similar DCIS accounting 1% of the tumour.
No tumour necrosis.No lymphovascular tumour emboli.
Tumour infiltrating lymphocytes are 5% of stromal cells.
Backgroubd shows

-PTO-

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LANKA HOSPITALS DIAGNOSTICS PVT LTD.
LHD REFERENCE LAB - COLOMBO
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Tel : +94 11 5430000 , **Fax :** +94 11 5439032
Email : info@lhd.lk **Web :** www.lhd.lk

PATIENT NAME : Mrs AMARASINGHE S D P THILINA K JAYAWARDANA
PATIENT ID : **LHC1.0001125736**
ACCESSION NO : **6001YK000312**
AGE : 43 Years 25 Days SEX : Female
DATE OF BIRTH :
COLLECTED : 01/11/2025 09:39
RECEIVED : 01/11/2025 09:39
REPORTED : 09/11/2025 15:47
REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA
CLINICAL INFORMATION :
OP2500003451/IPC1.0322579 IPD-OPERATION THEATRE 2007

Test Report Status Final **Results**

Margin clearance
DCIS
Deep margin - 5 mm (small lesion 2)
Superficial (anterior) - 7 mm (lesion 1)
Medial - 8 mm (large lesion 1)
Lateral - > 10 mm (large lesion 1)
Superior - > 10 mm (large lesion 1)
Inferior - 5 mm (smaller lesion 2)

Invasive carcinoma
Deep - 7 mm (lesion 2)
Superficial - 7 mm (lesion 1)
Medial - > 10 mm
Lateral - > 10 mm
Superior - > 10 mm
Inferior - 5 (lesion 2)

Conclusion **LEFT BREAST WLE**

* Two foci of invasive carcinoma of left breast with similar histology.
* Nottingham grade II.
* Tumour size - Larger: 25 x 22 x 15 mm
  - Smaller: 12 x 7 x 5 mm
* DCIS - Intermediate grade
  - Cribriform and solid
  - Accounting 5% of the tumour in the lesion 1 (larger lesion).
  - Accounting 1% of the tumour in the lesion 2(Smaller lesion)
* No lymphovascular tumour emboli
* Tumour infiltrating lymphocytes - 5 % of the stromal cells.
* Block C and A are selected for molecular studies if warranted.

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

RATORY REPORT

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Test Report Status **Final**	Results

****End Of Report****

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(Histopathology)
Consultant Histopathologist