

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : FFPE
 CS Name & Sign: _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No Bill type

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
 DPYD mutation analysis

Test Name:* _____ Test Code:* **MGM2529 MGM340**

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 **JH 1932**

-Peripheral blood (5 ml in EDTA) _____

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. Kumari Jayasena** D.O.B. **DD MM YY** Age:* **68Y/F** Gender:* **M / F**
(In Capital Letters)
 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 2025.11.18 - Vax block 15.12.25 - Blood**

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 (Gen), MD (Col), Dip RT
 Senior Consultant, Clinical Oncology

Medical Professional Signature* _____ Date: _____ Place: _____

Clinical notes/diagnosis:

Disease affection status Parental consanguinity present Age of manifestation: _____
 Affected Siblings 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.

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.

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.

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. Kumari Jayasena
 First Name Middle Name Last Name Date of Birth: mm/dd/yyyy

Patient/Guardian Signature* _____ Date: _____ Place: _____

Father Name _____ Mother Name _____

Signature* Jayasena 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.



CONFIDENTIAL LABORATORY REPORT

PATIENT NAME : MRS. KUMARI JAYASENA
 AGE : 68 Years GENDER : FEMALE
 BILL NO : EH_MC_410993 LAB REF NO : 25KH 0072050
 OPD / IP : OPD WARD :
 REFERRED BY : PROF. THAMARA PERERA
 COLLECTED TIME : 2025-11-18 13:16 REPORTED TIME : 2025-11-25 18:42

Histopathology

Specimen : Recto-sigmoid tumour
Macroscopy : Multiple pieces of tissue together measuring 13 x 8 x 3mm.
Microscopy : These are sections of colonic mucosa which are infiltrated by small pleomorphic glands and single cells. There is invasion of the muscularis mucosae.
 Hence the histological features are compatible with a moderately differentiated adenocarcinoma.

Conclusion : Recto-sigmoid tumour

 Moderately differentiated adenocarcinoma.

JH - 1932/25

11/2/2025
Jul Kings lab,
Per all issue workbooks

- End of Report -

Thanks
[Signature]
KIDAN

Prof. Janaki F
 MBBS, D.Path, MD
 Consultant Histopathologist

To **Department of Histopathology**

Please be kind enough to release the most representative FFPE tissue blocks for advanced molecular testing, as clinically indicated. This may include, but not limited to:

- 1) NGS Seq. ✓
- 2) DNA Seq. ✓
- 3) RNA Seq. ✓
- 4) IHC with Molecular Correlation

Appreciate very much

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

**** Blocks and slides of this specimen will be retained as follows
 Slides - Five years, Blocks - Ten years & Specimen - Three months
 Report issued ****.



ISO 15189:2022 Scope of Accreditation

LABORATORY CONSULTANT PANEL

Chemical Pathologist	Dr. B K T P Dayanath MBBS, D Path MD (Chem.Path) MAACB, FAACC Consultant Chemical Pathologist	Haematologist	Page Dr. Visaka Ratnamalala MBBS, D Path MD (Haematology) Consultant Haematologist
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Name of the Patient :-Mrs. K Jayasena
Age/Gender :-68Yrs/F
TGID :-PAT03499183
Reference Number :-0032248
Referred By :-Prof. Thamara Perera (Consultant Surgeon)
Thank you for referring,

NON CONTRAST HIGH RESOLUTION MRI SCAN OF PELVIS

TECHNIQUE: T2w sagittal, coronal sequences of pelvis and high resolution T2w axial and coronal images of rectum and anal canal was performed.

P/H: TAH + BSO. Endometroid adenocarcinoma of uterus.

FINDINGS

- Semi annular polypoidal mass with an infiltrating border noted involving lower / adjacent mid rectum involving the right lateral wall.
The distal edge of the luminal tumour is at the level of the anorectal junction, 3cm from the anal verge.
The tumour extends craniocaudally over a distance of 5.6cm.
The proximal edge of the tumour is below the peritoneal reflection.
Invading edges of the tumour extends from 4 - 12 O'clock position.
Extra mural spread - 5mm.

Lesion is 0mm from the vaginal vault on right side.
Right puborectalis muscle appear involved.
Possible subtle obliteration of intersphincteric space on right side at the anorectal junction.
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- **mrT stage:** T4 visceral
- **Extra mural venous invasion (EMVI):** Positive. Multiple areas of EMVI bilaterally and Posteriorly. Most prominent EMVI observed at 9 O'clock position, which traverses through the MRF to right lateral side wall.
- **Local lymph node assessment:** N2
- **CRM (MRF):** Involved by primary tumor (5-12 O'clock position) and EMVI (9 O'clock position).
- **Lateral pelvic side wall deposits (PSW):** Present bilaterally (R>L),
Largest on right side - 3.5cm (AP) x 1.8cm (Trans).
- Bladder is intact.
- Evidence of hysterectomy

IMPRESSION:

- MRI overall staging of known rectal tumor.
T4 visceral N2 Mx CRM Involved EMVI Positive PSW Positive bilaterally

Date: 21.11.2025

Dr. Mrs. Anuja Ponnampereuma
MBBS, MD (Radiology)
SLMC No 15925
Resident Consultant Radiologist
Hemas Capital Hospital (Pvt) Ltd
Thalawathugoda.

.....
Dr. (Mrs). Anuja Ponnampereuma
Resident Consultant Radiologist

Patient Name :- Mrs. Kumari Jayasena

Age :- 68Y

Reference No :- 000310424

Region :- Abdomen

Referred by :- Prof. Thamara Perera

Date :- 19.11.2025

CT ABDOMEN & PELVIS

Findings:

Included sections of chest reveals multiple focal lung lesions in both sides. At least six lesions on right side and four lesions on left side.
No pleural effusions.

No evidence of liver lesions to suggest metastasis. A micro cyst of 2mm noted in segment VII.

Lower rectal neoplasm noted with its lower end about 3.2cm above the anus (Exact lower end is uncertain due to poor distension of rectum).

Lesion extends at least 6-7cm proximally.

At lower levels involvement is from 5 O'clock to 12 O'clock with irregular wall thickening. Superiorly smooth circumferential thickening noted up to mid sacral level.

Irregular peri serosal excursions noted mostly on the right wall.

Coarse stranding within mesorectal space and similar stranding is noted attached to the posterior surface of vaginal stump. Uterus and ovaries surgically absent.

Multiple lymphnodes in mesorectal space. Largest is 8.4mm on right side and 7mm on left side.

Multiple enlarged obturator nodes and internal iliac nodes in right side. Largest nodes in right side pelvis, 2.5 x 1.6cm and 1.6 x 1.2cm with central necrotic change.

A chain of small nodes are seen across the mesorectal fascia attached to a right side periserosal extension.

Small internal iliac nodes in left side pelvis, largest 6mm.

Visible round ligament in upper pelvis is appears normal.

No evidence of significant para aortic lymphadenopathy.

Gall bladder is normal. No calculi.

Pancreas appear normal with no focal lesions or peri pancreatic changes.

Spleen is normal with no focal changes.

No supra renal masses.

Both kidneys are normal in size, shape & position.

Both pelvicalyceal systems & ureter are normal. No renal calculi.

Normal concentration of contrast with normal excretory pattern noted.

No hydronephrosis or hydroureter.

Bladder appear normal.

Proximal colon and the small bowel loops are normal.

No free fluid in abdomen.

Abdominal wall soft tissues are normal.

No abdominal wall hernias.

Collapsed D12 vertebra is noted with irregular superior end plate and anterior osteophyte, likely traumatic. No posterior bulging. No focal bony lesions in the visualized region to suggest metastatic changes.

Patient Name :- Mrs. Kumari Jayasena.	Age :- 65Y
Reference No :- 000310424	Region :- Chest
Referred by :- Prof. Kemal I Deen.	Date :- 25/11/2025

CECT CHEST

FINDINGS:

Bilateral scattered lung nodules suggestive of metastases.

Right lower lobe - at least 6 nodules, largest measuring 9.3mm x 8.0mm in posterior basal segment.

Right middle lobe - nodule over the oblique fissure, 8.6mm x 6.3mm.

Right upper lobe - anterior segment nodule of 5.5mm

Left lower lobe - at least five nodules, largest is 6.2mm in posterior basal segment.

Subpleural and fissural less than 5mm nodules.

Left upper lobe - largest 8.5mm x 6.8mm in anterior segment and one more sub-millimeter nodule in the same segment.

Few anterior (12mm x 8mm) and middle mediastinal (9mm x 5mm) nodes more likely reactive. No hilar nodes.

No pleural effusions. Bronchial passages are normal.

Cardiac contour and great vessels are normal. No pericardial effusions.

Posterior mediastinum is normal.

No significant supra clavicular nodes

Thyroid is unremarkable.

Two sclerotic foci in right side 9th rib laterally and posteriorly could be sclerotic metastases.

D12 collapsed vertebra noted with no para vertebral changes.

IMPRESSION :

Bilateral scattered lung nodules suggestive of metastases from diagnosed rectal carcinoma.

Sclerotic foci in right side 9th rib also could be metastatic.

Collapsed D12 is more likely traumatic.


Dr (Mrs) Kantha Samarawickrama
CONSULTANT RADIOLOGIST

30th of November 2025



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