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

OncoTrack - Liquid Biopsy NGS test (EGFR, KRAS, NRAS, BRAF)
Microsatellite Instability (MSI) by fragment analysis

Test Name:* Test Code:* MGM403 MGM527

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. .....)
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site)

-2* 10ml of Peripheral blood in Streck tube

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 Jayasinghe (In Capital Letters) D.O.B. DD MM YY Age:* 63Y/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 :.....

Please note,

Email id :.....

Date of sample collection* DD MM YY 15.12.2025 - Blood

For MGM527 the FFPE will be send on end of this month untill such time please procedure with other testing.

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 (Col), MD (Col), DNB RT
Fellow 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 Jayasinghe

First Name | Middle Name | Last Name | Date of Birth: mm/dd/yyyy

Patient/Guardian Signature* | Date: | Place:

Father Name | Mother Name

Jayasinghe.

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

Mrs. S. Jayasinghe. K/1138
2021

① 2021.03.15

Surgery Ovarian

Chemo - 06

② 2022.01.23

Surgery - Colon Tumour Size 50x25 m.m.

Chemo - 12.

③

Date	CEA	CA 125
2022.12.08	90	11.8
23.2.09	14.9	
23-3-14	16.9	
23.07.05	69.16	67
23.08.09	68.00	
23.10.06	125.00	
23.12.11	233.00	
24.01.28		36.6.

Date	CEA
2024.04.24	143.00
2024.07.15	89.00
2024.09 18	90.90
2024-10-18	197.00
2024-11-29	212.00
2025-02 05	191.00
2025-03-12	140.00
2025-04-30	234.00
2025-07-16	313.00

2025/09/17 580

Chemo - 03 - 700 mg.

After 3 chemo

24.04.24 CEA 143.00

Chemo - 03 - 500 mg.

After 3 chemo - 15.06.2024.

24.07.15 CEA 89.00.

1.08.2024 started 7th chemo

3-08-2024.

8th chemo hs given

15.08.2024

9th chemo hs given

28-08-2024.

After 3 chemo

2024.09.16. C.E.A. 90.90

Department of Pathology

Faculty of Medicine
University of Peradeniya

Laboratory Report – Confidential
Pathologist Report

Our Ref 711/T/21 **Name:** Ms.Jayasinghe **Wd:** 03

Specimen Bilateral salphingo-ooporectomy + ovarian cystectomy + omentectomy

Hospital THP **BHT:** 10814 **Age:** 59Y **Sex:** F

Referring Clinician

Macroscopy: Separately sent cystic mass, An ovary with attached fallopian tube, an omental fragment and multiple other greyish tissue fragments. Ovary measured 2.5x1.5x0.6 cm in size and attached fallopian tube measured 3 cm in length. Omental fragment measuring 30x14x0.5 cm in size. No focal lesions were seen. Separately sent tissue fragments altogether measured 4.5x2x1 cm in size. Cystic lesion was globular greyish and measured 14.5x12x0.5 cm in size. Cut opened cyst showed multiple solid nodules, and friable soft masses. Macroscopically the capsule was intact.

Microscopy: Sections through the cystic lesions show a tumour composed of atypical glands with back to back arrangement, cribriforming and papillary structures. There are lined by stratified columnar cells with round to oval nuclei with coarse chromatin pattern and moderate eosinophilic cytoplasm. The mitotic activity is brisk.
Large areas of tumour necrosis are present.
The stroma is desmoplastic.

Appearances are those of moderately differentiated endometrioid carcinoma of ovary.

Tumour infiltrates the ovarian stroma. But capsular invasion is not seen. Tumour is 1mm clear of the ovarian capsule.
Separately sent tissue fragments represent the fallopian tubal tissue which are clear of tumour.
The other ovary and fallopian tubes are clear of tumour and are unremarkable.
The omental fragment is clear of tumour.

Date: 26/03/2021 **Pathologist:** Dr. S. Wijetunge (MBBS. D.path. MD

M or NM M **Registrar:** Dr. S.S.Hegoda

Department of Pathology

Faculty of Medicine
University of Peradeniya

Laboratory Report – Confidential
Pathologist Report

Our Ref 711/T/21 **Name:** Ms.Jayasinghe **Wd:** 03

Specimen Bilateral salphingo-ooporectomy + ovarian cystectomy + omentectomy

Hospital THP **BHT:** 10814 **Age:** 59Y **Sex:** F

Referring Clinician

Microscopy: Conclusion:
Bilateral salpingo-oophorectomy + ovarian cystectomy + omentectomy
Moderately differentiated endometrioid carcinoma of ovary.

pTNM - pT1ANxMx
Tumour infiltrates the ovarian stroma but capsule is 1 mm clear of tumour.
Bilateral fallopian tubes and the other ovary are clear of tumour. Omentum is clear of tumour.

Date: 26/03/2021 **Pathologist:** Dr. S. Wijetunge (MBBS. D.path. MD

M or NM M **Registrar:** Dr. S.S.Hegoda

66

FOR URGENT ATTENTION

TEACHING HOSPITAL
KANDY
HISTOLOGY REPORT

Name: Srimathi Jayasinghe
Age: 64 Years Sex: Female
Ward/ Clinic: 19 BHT/ Clinic Number: 13034/22
Our Reference number: 761/KN/22

Specimen/ Site:

1. Left hemicolectomy for sigmoid tumour 2. Metastatic deposit from peritoneum

Macroscopy:

1. An unoriented left hemicolectomy 290 mm in length and 60 mm in diameter. Sectioning shows an ulcerated, polypoidal growth measuring 50x25 mm located from 150 mm and 90 mm from the two resection ends. The tumour occludes the entire bowel lumen and appears to infiltrate the full thickness of bowel wall macroscopically. Rest of the bowel appears normal.
   Twelve lymph nodes are dissected from peri colic adipose tissue.
2. A piece of tissue 8x6 mm.

Microscopy:
Sections reveal a moderately differentiated invasive adenocarcinoma infiltrating the full thickness of bowel wall into serosa. The tumour comprises irregular glandular structures lined by a pleomorphic epithelium. Areas of necrosis and lymphovascular emboli are seen. The tumour involves the serosal resection margin focally.
Distal and proximal resection margins are free of tumour.
Three out of twelve peri colic lymph nodes show tumour deposits.
Peritoneal tissue also shows tumour deposits.

Conclusion:

- *Moderately differentiated adenocarcinoma of sigmoid colon.*
- *Tumour size 50x25 mm.*
- *Tumour infiltrates through the bowel wall into serosa involving serosal resection margin.*
- *Distal and proximal margins are free of tumour.*
- *Three pericolic lymph nodes and omentum shows tumour deposits.*
- *pTNM Stage: pT4aN1bM1c*

Date 02.02.2022

Dr. (Mrs.) Anoma Vithanage
Cons. Pathologist

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

Department of Nuclear Medicine

Whole body PET-CT Report

Name : **Mrs. S. Jayasinghe.** Age/Sex : 62Y/F. PET CT No: 914/24.

Referred By: Dr. S. L. kandegedara. Date : 06.11.2024.

Clinical Details : **Diagnosed patient with moderately differentiated endometrial adenocarcinoma of ovary - Staging laparotomy done in march 2021 and confirmed moderate differentiate endometrial carcinoma. Followed up TAH and BSO with omentectomy.**

Chemotherapy 6 cycles completed in September, 2024.

Colonoscopy done in January, 2022 showed a mid sigmoid colon growth- moderately differentiated adenocarcinoma.

Followed up with left hemicolectomy.

Chemotherapy 12 cycles completed in July, 2022 and follow up PET CT showed non FDG avid multiple liver lesions compatible with benign haemagnoma.

Recent CECT done in May, 2024 showed multiple intra abdominal lymphadenopathy and a local recurrence.

Indication : **PET CT STUDY for further evaluation.**

Technique : Patient's serum glucose level was 106mg/dl at the time of the study patient was injected with 5.30mCi of F-18 FDG in right anticabital fosse

PET CT scan was performed from vertex to mid thigh after resting for 60minutes.

Corresponding low dose contrast enhanced spiral CT of the body was acquired. PET, CT and Fused PET CT were review at the work station.

REPORT

Head & Neck

- Enlarged left supra clavicular lymphnode measuring 2.5cm and SUV of 3.3.
- There are no abnormal attenuating or enhancing foci in the cerebral hemispheres, cerebellum or in the brain stem.
- No FDG avid foci in the skull vault or base of the skull.
- Normal physiological distribution of FDG uptake and is noted in brain parenchyma

- Soft tissues of the neck shows normal FDG activity.
- No FDG avid foci in the neck.
- Bilateral orbits, pharynx, para pharyngeal soft tissues and soft tissues of the neck are normal.
- Thyroid gland is normal and shows normal enhancement.

Chest

- There are no focal parenchymal nodules or air space opacifications in the lungs.
- No FDG avid foci in the lung fields.
- The chest wall, soft tissues of the chest and mediastinum appear normal.
- No prominent or enlarged FDG avid lymphnode in the axillae, mediastinum or hilar.
- No pleural or pericardial effusions.

Abdomen & Pelvis

- Liver has fatty infiltration and multiple fluid density focal lesions compatible with known haemangioma and cystic lesions. Largest cyst in right lobe of liver measuring 6.0 x 5.0cm and a smaller cyst in caudate lobe measuring 3.0 x 2.8cm.
- Low density focal lesion in segment VIII favoring for a previously diagnosed haemangioma.
- Left kidney has moderate degree hydronephrosis and hydroureter extending to pelvic cavity.
- Multiple enlarged lymphnodes with moderate to low FDG avidity, largest in right aorto caval window measuring 3.0cm in LAD with SUV 2.4.
- Left mid para aortic lymphnode 1.5cm and SUV 3.0.
- RIF mesentery has an lobulated lymphnode measuring 1.6cm and SUV 3.5.
- Multiple enlarged left internal iliac and common iliac lymphnodes measuring 1.5 - 2.0cm and SUV max 3.5.
- Left inguinal lymphnode with low FDG avidity favours for infiltration which measures 3.2cm.
- Soft tissue density mass in vaginal stump infiltrating the meso rectum which measures 3.0 x 2.8cm and SUV 4.0.
- Anterior abdominal wall in mid line has large soft tissue deposit measuring 6.5 x 3.0cm and SUV of 4.0.
- Multiple bowel loops seen adherent to the anterior abdominal deposit.

Caution: Whole body PET CT includes skull base to mid-thigh scanning. CT scan used only for attenuation correction and anatomical localization. For brain metastasis MRI has higher sensitivity than PET CT. This is a professional opinion, findings must be correlated clinically.

- No FDG avid lesions in the Liver, spleen, pancreas, right kidney or adrenal glands.
- They show normal parenchymal attenuation and enhancement pattern in CT.

Muscular skeletal and miscellaneous

- Non FDG avid sclerotic lesion in right iliac wing favours for an exostosis.
- No FDG avid lesions in visualized bones from skull base to the pelvis and upper thigh.

IMPRESSION :

1. **Evidence of metabolically active local recurrence in vaginal stump infiltrating the mesorectum.**
2. **Multiple infiltrated moderate to low FDG avid lymphnodes in para aortic, left common iliac, left inguinal and mesenteric groups.**
3. **Large anterior abdominal wall deposit with underlying bowel adhesions.**
4. **Multiple non FDG avid cysts and low density focal lesion compatible with previously diagnosed liver cysts and haemangioma.**
5. **Benign bone exostosis in right iliac wing.**

Dr. (Mrs.) Eranga Perera

M.B.B.S. MD (Radiology)

Consultant Radiologist

NUCLEAR MEDICINE UNIT
FACULTY OF MEDICINE, UNIVERSITY OF PERADENIYA
CLINIC HOURS - 8.00 AM - 12 NOON, Monday - Friday
(EXCEPT PUBLIC HOLIDAYS)

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Tc-99m Di-Mercapto-Succinic Acid (DMSA) Scan

Name:S.Jayasinghe **Age:63 y** **Sex: F**

Ref.By:Dr.Manjula Herath(MS) **Clinic: NHK** **Date: 22.10.2025**

NMU NO: 25DM000167

Procedure:
Tc-99m **di-mercapto-succinic acid** (DMSA) 60mbq was injected intravenously. Both anterior and posterior planar images of the kidneys were acquired using low energy parallel hole collimator after 2-3 hours of radiopharmaceutical administration

Indication: Nonfunctioning left kidney with stent instu.

Findings:
Right kidney is identified in the normal size, shape and position. There is homogenous tracer uptake by renal parenchyma. Renal contour is smooth. No cortical abnormalities noted.

There is no functioning renal tissue in left renal bed or pelvis.

The differential cortical uptake is 7.9% for left kidney and 92.1 % for the right kidney.

Impression:

Normal right kidney. No scarring.

Nonfunctioning left kidney.

22/10/2025

Dr.Damayanthi Nanayakkara MBBS, MPhil, PhD, FANMB
Nuclear physician & Senior Lecturer, / Head, Nuclear Medicine Unit
Faculty of Medicine

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