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

Comprehensive Tumor Panel (SNVs, InDels, CNVs & Fusions) + TMB + MSI
PD-L1 Dako 22C3 IHC PharmDx

Test Name:* _____ Test Code:* MGM1785 MGM1789

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. YJ13252A YJ13252B)
- ☐ 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:* Mr. JUDE NIROSHAN ANTON JEEWARAJ (In Capital Letters) D.O.B. DD MM YY Age:* 37Y/M 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 10/10/2025

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 (Col), Dip RT
Consultant 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: _____

MEDGENOME
258/A, 3rd Floor, Narayana Nethralaya Building, Narayana Health City,
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www.medgenome.com

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: Mr. JUDE NIROSHAN ANTON JEEWARAJ

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

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

9 JAN 2023

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

ASIRI SURGICAL HOSPITAL LIVE MORE

Department of Nuclear Medicine

Patient's Name	: Mr. T. N. A. Jeewaraj
Age	: 37Y
Sex	: Male
Ref. No.	: RC01450135
Referred by	: Dr. Mahendra Perera
Date	: 13.01.2026

Study No: BS/35/2026

Tc^{99m}-MDP WHOLE BODY BONE SCAN

Technique : Tc ^{99m} MDP Bone scan done following IV injection of Tc ^{99m} 18mCi, using Siemens Symbia Evo Excel DUAL HEAD SPECT system.

Indication : Naso Palpillary CA

Findings:

Tc^{99m} MDP Bone scan shows local tracer uptake in left posterior 10th rib.

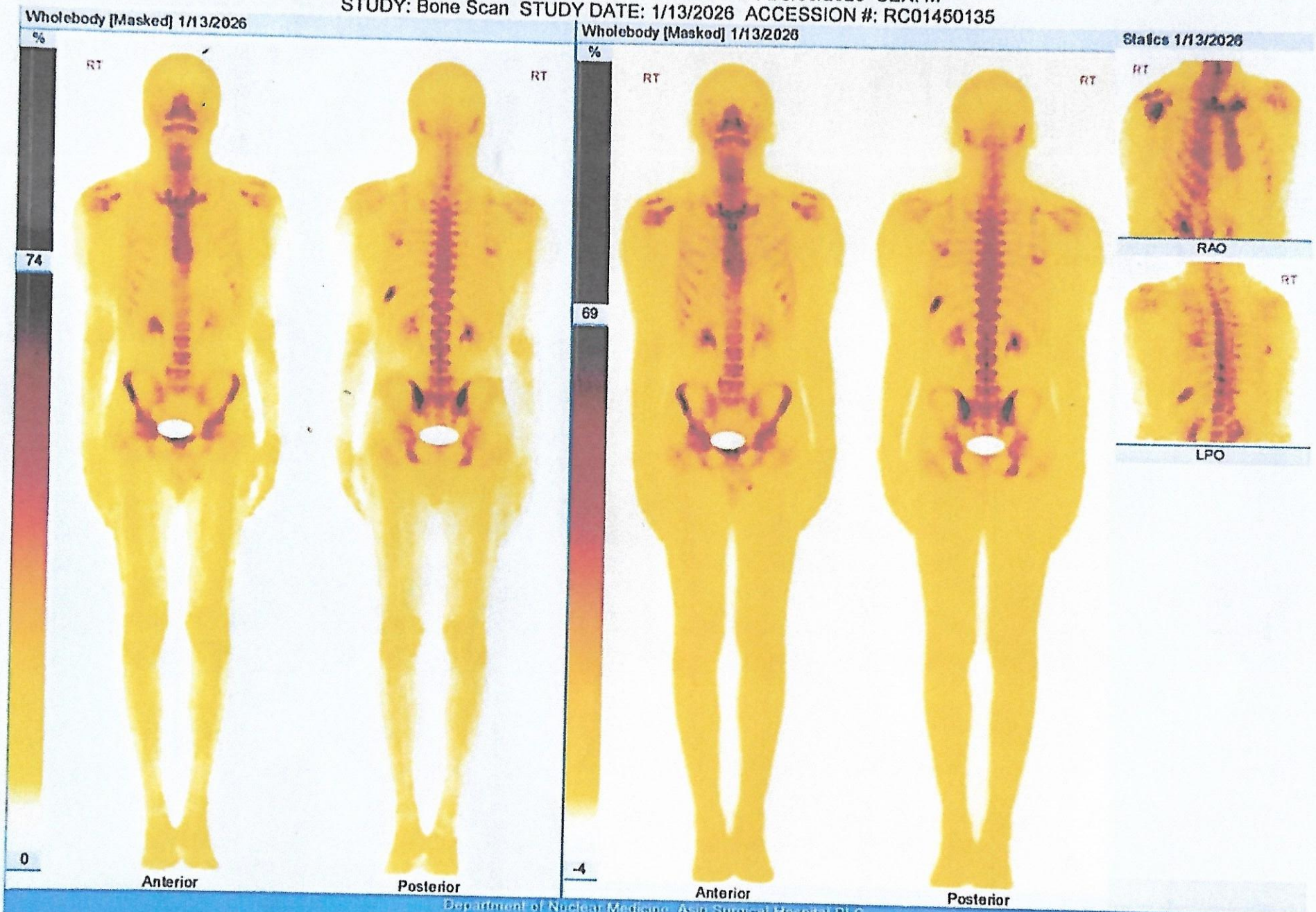
No scintigraphic evidence of abnormal uptake of tracer noted in rest of the skeleton.

Impression :

1. **Focal uptake in left posteror 10th rib could be a metastasis or it could be a primary bone lesion.**

Dr. (Mrs.) Eranga Perera
M.B.B.S. MD (Radiology)
Consultant Radiologist

Nuclear Medicine Department -Asiri Surgical Hospital PLC.
JEEWARAJ G N A MR DOB: 9/9/1988 ID: BS/35/2026 SEX: M
STUDY: Bone Scan STUDY DATE: 1/13/2026 ACCESSION #: RC01450135



Department of Nuclear Medicine Asiri Surgical Hospital PLC
21, Kirimandala Mawatha, Narahenpita, Colombo 05, Sri Lanka
Tele: 011-4524422/Hot Line 0773576749 0771323288
E Mail: nuclearmedicine@asiri.lk

Technologist-WC

LABORATORY REPORT

PRIVATE AND CONFIDENTIAL

CLIENT CODE : C000000208

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

LANKA HOSPITALS DIAGNOSTICS PVT LTD.
LHD REFERENCE LAB - COLOMBO
7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWAT
NARAHENPITA, COLOMBO 5
Tel : +94 11 5430000 , **Fax :** +94 11 5439032
Email : info@lhd.lk **Web :** www.lhd.lk

PATIENT NAME : Mr J NIROSHAN ANTON JEEWARAJ
ACCESSION NO : **6001YJ013252**
AGE : 37 Years SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : Dr DEVANAND JHA
CLINICAL INFORMATION :
OP2500003194/IPC1.0320987 IPD-OPERATION THEATRE 2003

PATIENT ID : **LHC1.0001121653**
COLLECTED : 10/10/2025 15:04
RECEIVED : 10/10/2025 15:04
REPORTED : 13/10/2025 16:54

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

HISTOPATHOLOGY

SMALL SPECIMEN OTHER BIOPSIES

INTERPRETATION

Specimen **SPECIMEN (01) - BIOPSY OF NASOPHARYNGEAL MASS**

Macroscopy Multiple, small whitish pieces of tissues largest 5 x 5mm, and smallest 2 x 2mm.
MP x 2B - AE

Microscopy Sections show a malignant neoplasm. There are sheets and clusters of large, atypical epithelial cells. Nuclei are large, irregular and pleomorphic nucleoli are prominent.
Mitotic activity is increased.
Tumour cells shows squamous diffferentiation with a moderate amount of pale cytoplasm. Tumour shows an invasive growth pattern with stromal desmoplasia.Crush artefact is seen.

Conclusion **SPECIMEN (01) - BIOPSY OF NASOPHARYNGEAL MASS**

* Histological findings are suggestive of **Poorly - differentiated nasopharyngeal carcinoma**.

* Histological grade - High grade.

* Recommend - Following IHC markers for confirmation.
Pan cytokeratin , p16
Paraffin block - YJ013252 / A
contact the lab / 7th floor. Final report will follow.

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

****End Of Report****

Prof.Bimalka Seneviratne
(MBBS, Dip. Path, MD, FCPSL)
Consultant Pathologist
Dept.Of Pathology

LABORATORY REPORT

PRIVATE AND CONFIDENTIAL

Lanka Hospit
Laboratori
Accurate, Reliable and Fa

CLIENT CODE : C000000209

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - OPD
578, ELVITIGALA MAWATHA
NARAHENPITA
OPD
COLOMBO SRI LANKA
0

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 : Mr J NIROSHAN ANTON JEEWARAJ
ACCESSION NO : 6001YJ004012
AGE : 37 Years 24 Days SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : Dr DEVANAND JHA
CLINICAL INFORMATION :
BI2500078295/CS25719417 OPD-BILLING 3RDFL

PATIENT ID : **LHC1.0001121653**
COLLECTED : 03/10/2025 18:47
RECEIVED : 03/10/2025 18:47
REPORTED : 06/10/2025 11:42

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

CYTOLOGY

CYTOLOGY F N A C

INTERPRETATION

Specimen U/S GUIDED FNAC - RIGHT CERVICAL LYMPH NODE

Microscopy Smears are cellular. There are sheets of atypical cells mixed with karyorrhectic debris. Nuclei are large and show clumped chromatin with nucleoli. There is a moderate amount of pale cytoplasm. Background consists of lymphoid cells.

Conclusion **U/S GUIDED FNAC - RIGHT CERVICAL LYMPH NODE**

* **U/S guided FNAC** - 04 smears received.
* **Cellularity** - High.
* Diagnostic category - C4 / suspicious cells
* **Cytological impression** - Atypical cells seen.
  Suspicious of malignancy (? metastasis)
  Recommend - Excision biopsy for confirmation.

Note-
Specimen - 95% Alcohol fixed smears

****End Of Report****

Prof.Bimalka Seneviratne
(MBBS, Dip. Path, MD, FCPSL)
Consultant Pathologist
Dept.Of Pathology

DURDANS
HOSPITAL

RADIOLOGY REPORT

MRI STUDY					
NAME	**Mr. J N A Jeewaraj**			**AGE**	36 Years
MRI No.	50881	**UHID No.**	150119028	**STUDY DATE**	12/07/2025
REFERRED BY	Dr. Rizny Sakkaff MBBS MD MRCS				
INDICATION	Left ear pain				
SEQUENCES	*T1, T2, SWI, DWI, ADC map and FLAIR axial sections; T2 coronal and sagittal*				

MRI STUDY OF THE BRAIN

- There is no facilitated diffusion restriction.
- The grey white matter interface is preserved.
- No intra-or-extra axial haemorrhages, masses or abnormal fluid collections identified.
- Ventricular caliber and sulcal-gyral pattern are age appropriate.
- There is no midline shift. The basal cisterns are not effaced.
- Posterior fossa appears unremarkable. 7th and 8th nerve complexes are normal.
- No sellar or para-sellar masses.
- The normal vascular flow voids are preserved.
- Very mild, insignificant mucosal disease of bilateral sphenoid sinuses noted. No air fluid levels. Rest of the para nasal sinuses and the right mastoid air cells are clear. Extensive fluid signal intensities are present in the left mastoid air cells.
- Visualized parts of the orbits look normal.
- Normal clival signal is seen.
- Visualized upper cervical spine appears normal.

IMPRESSION:

- **Unremarkable MRI study of the Brain.**
- **Significant left mastoid effusion noted. No intra cranial extension of inflammatory changes.**

Dr. M N W A Y Salgado
Consultant Radiologist

DR. M.N.W.A.Y. SALGADO
MBBS, MD (RADIOLOGY)
CONSULTANT RADIOLOGIST
DURDANS HOSPITAL
COLOMBO 03

15 July 2025

DURDANS
HOSPITAL

RADIOLOGY REPORT

CT STUDY					
NAME	**Mr. J N A Jeewaraj**			**AGE**	36 Years
CT No.	72498	**UHID No.**	160004955	**STUDY DATE**	29/07/2025
REFERRED BY	Dr. Rizny Sakkaff MBBS MD MRCS				
INDICATION	Left mastoid effusion				

UNENHANCED CT STUDY OF THE MASTOID REGIONS / TEMPORAL BONES

- Pneumatized petrous apices noted bilaterally. There are fluid densities within the left mastoid air cells, left middle ear cavity and the pneumatized left petrous apex. No bony expansion, cortical disruption or trabecular erosions. However (bony cortex at the) left tegmen mastoideum appear very thin. No adjacent inflammatory changes in this unenhanced study.
- No soft tissue density material seen within the middle ear.
- The lateral epitympanic walls scuta appear unremarkable.
- No erosions of the auditory ossicles, tegmen tympani or bony cortex over the lateral semi circular canal evident.
- No dehiscence of the facial canal.
- The external auditory canals are clear.
- Bilateral cochleae and semi circular canals are also normal.
- No fluid densities are present within the right mastoid air cells. Right tegmen mastoideum is intact.
- IAM's are symmetrical and are normal in diameter. No related bony erosions.

IMPRESSION

- **Pneumatized petrous apices bilaterally.**
- **Effusions within the left mastoid air cells, left middle ear cavity and the pneumatized left petrous apex.**
- **Very thin tegmen mastoideum.**
- **No adjacent inflammatory changes in this unenhanced study.**

Dr. M N W A Y Salgado
Consultant Radiologist

2 August 2025

DR. M.N.W.A.Y. SALGADO
MBBS, MD (RADIOLOGY)
CONSULTANT RADIOLOGIST
DURDANS HOSPITAL
COLOMBO 03

LANKA HOSPITALS

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RADIOLOGY CT

UHID	: LHSP.0002630800	**Order Date**	: 03-Oct-2025 15:16
Name	: Mr JUDE JEEWARAJ	**Report Date**	: 4-Oct-2025 9:03 am
Age/gender	: 37 Year(s) / Male	**Bill NO\OrderNO**	: CS25719471
Prescribed DR	: Dr DEVANAND JHA	**Room**	:
IPNO	:	**NIC**	:

Report

Ref No: OP/6175/2025

CECT SCAN OF THE NECK

Indication : Bilateral cervical lymphnodes

Findings :

Large, heterogeneously enhancing mass in relation to nasopharynx, towards left side, 37 x 24 x 43mm, which protrudes into the air way. It is shown to be extending into para pharyngeal and prevertebral spaces with erosion of left sphenoid floor and petrous apex, causing intra cranial extension. Irregular mucosal thickening within the sphenoid and left maxillary sinuses.

There are multiple bilateral cervical lymphnodes at levels III, IV, V-A and V-B, ranging from 6 to 34mm. Largest is in right side 34 x 22mm. Some of the nodes show marginal peripheral enhancement. No calcification.
No evidence of early abscess formation.

Thyroid gland is normal in size and show uniform contrast enhancement.
No focal lesions or cysts.

Submandibular and parotid glands are normal in size and attenuation pattern.

Great vessels of the neck are normal in caliber and outline.
Vocal cords are symmetrical.
Epiglottis is normal in size and position.

IMPRESSION :

Appearances are compatible with extensive naso-pharyngeal carcinoma complicated with -

a) Erosion of left sphenoid and petrous apex, with intra cranial extension.

b) Multiple bilateral cervical lymphnodes, R>L.

Dr. Prasanna Jayasekara
MD (Lvov), MD(Radiology), FSLCR
Resident Consultant Radiologist
Lanka Hospitals Corporation PLC

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Dr.Prasanna Jayasekara,(MD)
Consultant Radiologist
-ih

LABORATORY REPORT

PRIVATE AND CONFIDENTIAL

CLIENT CODE : C000000208

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

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 : Mr J NIROSHAN ANTON JEEWARAJ
ACCESSION NO : **6001YJ013254**
AGE : 37 Years SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : Dr DEVANAND JHA
CLINICAL INFORMATION :
OP2500003195/IPC1.0320987 IPD-OPERATION THEATRE 2003

PATIENT ID : **LHC1.0001121653**
COLLECTED : 10/10/2025 15:04
RECEIVED : 10/10/2025 15:04
REPORTED : 13/10/2025 16:47

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

HISTOPATHOLOGY

SMALL SPECIMEN OTHER BIOPSIES

INTERPRETATION

Specimen SPECIMEN (02) - LEFT NECK NODE

Macroscopy Multiple pieces of small friable whitish piece of tissues largest 5 x 5 mm and smallest 3 x3 mm.
MP x 2B. AE.

Microscopy Sections show a fragmented lymph node with effacement of the architecture.
There are cohesive sheets of atypical epithelial cells.
Nuclei are large, irregular and pleomorphic. Nucleoli are prominent.
Background consists of residual lymphoid cells.

Conclusion SPECIMEN (02) - LEFT NECK NODE

* Fragmented lymph node with **metastatic deposits of a poorly-differentiated carcinoma.**

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

****End Of Report****

Prof.Bimalka Seneviratne
(MBBS, Dip. Path, MD, FCPSL)
Consultant Pathologist
Dept.Of Pathology

LANKA HOSPITALS

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RADIOLOGY CT

UHID	: LHSP.0002514124	**Order Date**	: 16-Feb-2025 14:16
Name	: Mr JUDE JEEWARAJ	**Report Date**	: 17-Feb-2025 9:00 am
Age/gender	: 36 Year(s) / Male	**Bill NO\OrderNO**	: CS25528747
Prescribed DR	: Dr DEVANAND JHA	**Room**	:
IPNO	:	**NIC**	:

Report

Ref No: OP/908/2025

CT STUDY OF THE PETROUS TEMPORAL BONE

Indication : Left ear block

Findings:

Volume of the middle ear cavities, including the ossicles are within normal.

No evidence of a cholesteatoma.

Semicircular canals, cochlear and vestibular are normal.

Scattered mucosal thickening in left mastoid air cells.

IAMs measure 6mm in AP diameter, bilaterally. No bone erosions.

External auditory canals on either side is normal in diameter and appear symmetrical.

IMPRESSION :

1. Appearances are more in favour of left mastoiditis.

2. Inner and middle ear structures are normal.

.....

Dr. Prasanna Jayasekara, (MD)
Resident Consultant Radiologist

Dr. Prasanna Jayasekara
MD (Lvov), MD(Radiology), FSLCR
Resident Consultant Radiologist
Lanka Hospitals Corporation PLC

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