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 :_____

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

IDH1 and IDH2 Gene Analysis
Microsatellite Instability (MSI) by fragment analysis
FGFR2 gene sequencing

Test Name:* Test Code:* MGM1341 , MGM527 , MGM1183

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

Blood (in EDTA tube (3 Tubs

FMK-200/A 26

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. A Mahinda (In Capital Letters) D.O.B. DD MM YY Age:* 66Y/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* 9/2/2026 M 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), M... Oncology
Consultant ... & 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: Mr. A Mahinda

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

12 FEB 2026

Cont Rx

Δ Cholangio CA

Liver Mets
(Adenom)

Plan

Δ: FGFR2 fusion,
IDH1 mutation,
MSI/dMMR

Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip NT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

Department of Pathology
Faculty of Medicine
University of Kelaniya

Histopathology Laboratory Service

Report No: FMK-0200/2026

Name	: Mr. A. Mahinda	Age	: 66 yrs
Ward	: 41 (NCTH)	Received Date	: 26-01-2026
BHT	: 9867	Reported Date	: 09-02-2026

HISTOPATHOLOGY REPORT

Specimen : Liver nodule

Macroscopy : Received a brown nodular piece of tissue measuring 15x10x5 mm. Cut surface shows a white lesion measuring 7x9x3 mm, and it abuts the radial margin.

Microscopy : Sections reveal subcapsular liver tissue with an ill-defined lesion comprising tubular, angulated glandular structures lined by atypical cells exhibiting pleomorphic vesicular to hyperchromatic nuclei with a high nuclear to cytoplasmic ratio and increased mitosis. Scattered bizarre, hyperchromatic nuclei are also evident. There are increased mitoses with atypical forms. The lesion breaches the capsule, and minimal clearance from the radial margin is 1mm. The features are those of an adenocarcinoma possibilities include metastatic carcinoma or cholangiocarcinoma. Recommend correlation with the clinical picture and imaging findings.

Comment: Features are those of an adenocarcinoma; possibilities include metastatic carcinoma or cholangiocarcinoma. Recommend correlation with the clinical picture and imaging findings.

Conclusion : Liver nodule -
An adenocarcinoma (see the comment)

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Dr. Mangala Bopagoda
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist

Dr. Arunika Ruwanpura
Histopathology Trainee

Download date : 10/02/2026

CT Scan of Abdomen and Pelvis – tri-Phasic Study

CT No:02146.

Patient: Mr. A.Mahinda.66y.

Referring Consultant: Dr. AjithArthanayake (Consultant Surgeon)

Technique:

A four-phasic CT scan of the abdomen and pelvis was performed before and after intravenous contrast administration. Rectal contrast was used in place of oral contrast.

Findings:

Biliary System:

Smooth, tapered narrowing of the distal common bile duct (CBD) at the ampullary region, measuring approximately 2 cm.

Dilatation of the CBD and intrahepatic bile ducts proximal to the stricture; maximum CBD diameter is approximately 1.9cm.

No radiopaque calculi identified within the distal CBD.

No periampullary masses compressing the distal CBD.

No periductal inflammatory changes or localized fluid collections at the porta hepatis.

Few prominent lymph nodes observed in the celiac axis group. The largest lymph node SAD is about 8mm.

Gallbladder: Fully Distended and there are no calculi or wall thickening.

Liver: Mildly enlarged with regular contours.

Homogeneous contrast enhancement and there are no focal lesions,

Main portal vein, its branches, hepatic veins, and inferior vena cava (IVC) are well opacified with no filling defects.

Pancreas: Normal in size and outline.

No evidence of pancreatic head masses.

No signs of acute or chronic pancreatitis.

The pancreatic duct is not dilated.

Spleen: Normal in size and appearance.

Kidneys: Both kidneys are normal in size, position, and outline.

No renal calculi.

Normal contrast concentration and excretion from both kidneys.

A small Bosniak type 1 cortical cyst is noted in the left kidney, size 9x10mm.

Bilateral pelvicalyceal systems and ureters appear normal.

Urinary bladder appears normal

Gastrointestinal Tract:

Stomach, small bowel, colon, and rectum show normal appearance with no mass lesions, wall thickening, strictures, or evidence of obstruction.

No signs of acute diverticulitis or appendicitis.

No pelvic masses.

No ascites.

Impression:

- **Findings are suggestive of a distal CBD obstruction due to a short segment stricture.**

Dr. A. Upasena
Consultant Radiologist
CNTH - Ragama

Dr. A. Upasena (MD Radiology)
Consultant Radiologist
CNTH Ragama

15-11-2025