

PATIENT BILL

PATIENT ALLOCATION

FORMAT : DETAIL BREAK-DOWN

SUNWAY MEDICAL CENTRE SDN BHD

TIN : C1853949010
 BUSINESS REGISTRATION NO : 199501012653 (341855-X)
 SST ID : B16-1808-32100216
 MSIC CODE : 86101
 BUSINESS ACTIVITY DESCRIPTION : HOSPITAL ACTIVITY

NUR AMIRA AIZA BINTI SHAMSUDDIN,
 NO 16 JALAN PEGAGA 24/31,
 SEK 24,
 40300, SHAH ALAM,
 SELANGOR DARUL EHSAN, MALAYSIA

BILL NO : SMC-EX 21802874
 BILL DATE : 13/09/2025
 PATIENT NAME : NUR AMIRA AIZA BINTI SHAMSUDDIN
 IC / PASSPORT NO : 960715035716
 MEDICAL RECORD NO : 1001185016
 VISIT ID : SMC-EX 2174461
 ENCOUNTER TYPE : EXTERNAL SERVICE
 VISIT TYPE : Others
 ADMITTING DOCTOR :
 ADMISSION DATE & TIME : 13/09/2025 01:51 PM

FINANCIAL TYPE : Self-Pay

TAX RATE	SERVICE CODE	DESCRIPTION OF SERVICE	DATE	QTY	GROSS AMOUNT	DISCOUNT	TAX AMOUNT	ALLOCATED AMOUNT
HOSPITAL CHARGES								
HOSPITAL MEDICAL SERVICES								
MEDICAL RECORD SERVICES								
	12-2390	MEDICAL REPORT (PRE-PRINTED FORM)	13/09/2025	1	20.00	0.00	0.00	20.00
Total HOSPITAL MEDICAL SERVICES					20.00	0.00	0.00	20.00
Total HOSPITAL CHARGES					20.00	0.00	0.00	20.00
CONSULTANT(S) FEES								
DR NIK MUHD ASLAN BIN ABDULLAH (CLINICAL ONCOLOGY)								
REPORTING FEES								
	24020000 100% 5DRF	MEDICAL REPORT (PRE-PRINTED FORM) REPORT FEE	13/09/2025	1	50.00	0.00	0.00	50.00
Total CONSULTANT(S) FEES					50.00	0.00	0.00	50.00
GRAND TOTAL					70.00	0.00	0.00	70.00

PAYMENT INFORMATION

Payment Received - IPAY88 XXXX-XXXX-XXXX-8125
 RECEIPT NO 4225412
 DATE 13/09/2025
 AMOUNT (70.00)

AMOUNT DUE 0.00

Release of Patient Medical Report(s)

Type of Information Requested

- Insurance Form / Socso / EPF
 Written Medical Report
 Investigative Reports (Please specify):
.....
 Others:

Preferred Method of Release

- Self-collection by requestor or patient (Authorization letter by patient is required if collecting on behalf by third party)
 Email to: satakaful@gmail.com
 Courier to the following address (Fees apply):
.....
.....

Requestor's Details

Relationship to patient:

- Self (Skip the rest of this section, continue to Patient's Particulars)
 Next of Kin / Legal Representative (Relationship:)
 Insurance Agent
 Others:

Requestor Name SAIFUL AMIR BIN RAMALI

Contact No 013-3605800 NRIC No/Birth Certificate No/Passport No 890312-01-5875

Organization (if applicable) AIA PUBLIC TAKAFUL BERHAD


.....
Signature of Requestor

28/08/2025
Date

Patient's Particulars

Patient Name NUR AMIRA AIZA BINTI SHAMSUDDIN MRN 1001185016

Contact No 018-915 2770 NRIC No/Birth Certificate No/Passport No 960715-03-5716

Email address (if not the same as email provided above for release) aizaamira96@gmail.com

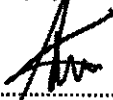
Declaration and Authorization

I, the above-named patient / next-of-kin of the above-named patient / legal representative of the above-named patient, declare that the information provided above is true and correct to the best of my knowledge, and, where applicable,

do hereby expressly authorize Sunway Medical Centre Sdn Bhd (Company No. 341855-X) ("SunMed") to release the patient's medical report(s) as well as any/all information pertaining to diagnosis and/or treatment given and/or received at SunMed to the requestor stated above, through the preferred method of release I have chosen above. In the event I choose a method of release other than self-collection, I accept the following:-

- 1) that the hospital has advised me to collect the medical report(s) in person but choose to have the medical report(s) sent/released by the means I have selected above;
- 2) that I understand and accept that there is a risk of my personal and confidential information being delivered to unintended recipients;
- 3) that I understand there is a risk of my personal and confidential information being hacked, leaked, lost or destroyed;
- 4) that I shall not hold SunMed responsible for consequential losses, damages, loss of reputation or any other types of losses as a result of my choice of delivery/release of the medical report(s).

I have read and agree that my personal information set out in this form will be collected and processed in accordance to SunMed's Privacy Policy (<https://www.sunwaymedical.com/privacy-policy/>). I further undertake to settle all costs and expenses incurred therein and release SunMed and its employees from any liabilities howsoever arising thereto.


.....
Signature of Patient / Legal Representative / Next of Kin*

28/08/2025
Date

Name: NUR AMIRA AIZA BINTI SHAMSUDDIN

NRIC No / Passport No: 960715-03-5716

*NOTE: This form is to be signed by the Parents/Guardian/Next-of-kin of the patient if the patient a Minor (under 18 years of age), or has a mental incapacity to consent for the release of information, or is deceased.

SunMed_MRInsurance

From: Saiful Amir Takaful <satakaful@gmail.com>
Sent: Wednesday, September 3, 2025 3:29 PM
To: SunMed_MRInsurance
Subject: CANCER FORM_AIA PUBLIC TAKAFUL = NUR AMIRA AIZA BINTI SHAMSUDDIN,
MRN 1001185016, DR NIK MUHD ASLAN ABDULLAH
Attachments: consent_form_signed.pdf; Document-
OnlineForm-01012015APSCICancer_ec72ce42-bcaa-42c9-8972-81ec40492394_.pdf;
IC Saiful.pdf

[CAUTION: EXTERNAL EMAIL] Think twice before you click on links or open attachments within.

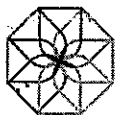
2025.

Dear Record Department,

Kindly find the document attached for your reference.
Please assist.

Please let me know. You may reach me via contact no 013-360 5800 or email satakaful@gmail.com.
Thank you

Regards,
SAIFUL AMIR BIN RAMALI (2122R)
AIA Life Planner
AIA Public Takaful Berhad.



**AIA PUBLIC
TAKAFUL**

ATTENDING PHYSICIAN'S STATEMENT

Critical Illness - Cancer

To be completed by Registered Medical Practitioner at Person Covered's / Claimant's own expense

Certificate No: X908338A06	IC No: 960715-03-5716	Age: 29
Name of Person Covered: NUR AMIRA AIZA BIN SHAMSUDDIN		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Part I - General Information

<p>1. (a) Are you the Person Covered's usual medical physician? (b) If "Yes", over what period do your records extend?</p>	<p>1. (a) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) <u>Since 8/8/2025</u></p>
<p>2. (a) When were you first consulted for this illness? (b) What were the symptoms/complaints? (c) How long had the symptoms/complaints existed :- (i) According to the patient? (ii) In your medical opinion?</p>	<p>2. (a) <u>8/8/2025</u> (MM/DD/YYYY) (b) <u>Abdominal Pain</u> (c) (i) <u>5</u> Day/s _____ Week/s _____ Month/s _____ Year/s (ii) <u>5</u> Day/s _____ Week/s _____ Month/s _____ Year/s</p>
<p>3. (a) Has the Person Covered previously suffered from this illness or any related illnesses? (b) If "Yes", please give dates of consultations and the resulting diagnosis. (c) Was the patient referred to you? (i) If Yes, when? (ii) Reasons for referral? (iii) Name and address of the referral doctors.</p>	<p>3. (a) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) _____ (c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (i) <u>8/8/2025</u> (MM/DD/YYYY) (ii) <u>Cancer diagnosis</u> (iii) <u>Dr Michael Wong</u></p>
<p>4. (a) On what date was the diagnosis made? (b) On what date was the Person Covered first made aware of it?</p>	<p>4. (a) <u>8/8/2025</u> (MM/DD/YYYY) (b) <u>8/8/2025</u> (MM/DD/YYYY)</p>
<p>5. Please state if there is anything in the Person Covered's family history which would have increased the risk of this illness.</p>	<p>5. <u>NO</u></p>

<p>6. Which of the following factors are present?</p> <p>a) Past history of controlled hypertension</p> <p>b) Past history of uncontrolled hypertension</p> <p>c) Diabetes Mellitus</p> <p>d) Obesity</p> <p>e) Chronic smoker</p> <p>f) Heavy drinker</p> <p>g) Stress</p> <p>h) Hyperlipidaemia</p> <p>i) Others, please specify : _____</p>	<p>Date of Onset (MM/DD/YYYY)</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p> <p>Yes / <input checked="" type="checkbox"/> No _____</p>
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Part II - Details of the Person Covered's Illness

<p>1. Please provide full and exact details of the diagnosis, the site involved and the precise histology of the tumour.</p>	<p>1. <u>Adenocarcinoma Colon</u></p>
<p>2. Please describe the extent of the disease.</p> <p>(a) What is the staging of the Tumour</p> <p>(b) (i) Was there any uncontrolled growth of malignant cells and invasion of tissue? (ii) If "Yes", please describe degree of regional nodal involvement, and / or extent of distant spread.</p> <p>(c) Was the cancer completely localised or histologically classified as pre-malignant; non-invasive; carcinoma in situ; borderline malignancy or low malignancy potential?</p> <p>(d) In case biopsy of the tumour was not performed, please state the reason.</p>	<p>2. (a) <u>IV</u></p> <p>(b) (i) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (ii) <u>Omentum, Liver</u></p> <p>(c) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(d) _____</p>
<p>3. (a) What is the nature of treatment? (b) Please provide details of procedures.</p>	<p>3. (a) <input type="checkbox"/> Surgical <input checked="" type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Palliative</p> <p>(b) <u>Chemotherapy will be given in Institut Kanser Negeri</u></p>
<p>4. Was the Person Covered treated by any other doctors or hospitals? If "Yes", please provide us the dates, names and addresses of the doctors / hospitals</p>	<p>4. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Dr Michael Wong } Sunway Medical Centre</u> <u>Dr Tan Lion Hwa }</u></p>
<p>5. Has the Person Covered suffered from / been treated for any other illnesses or complaints other than this Critical illness? If "Yes", please provide full details.</p>	<p>5. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>6. For Female Cancer Only</p> <p>(a) Has the patient undergone a Mammogram or Pap Smear? (i) When was the last Mammogram done. (ii) When was the last Pap Smear done.</p> <p>(b) Did the patient's earlier mammogram or pap smear show abnormal results? (i) If "Yes" (ii) Details of abnormality.</p>	<p>6. (a) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(i) _____ (MM/DD/YYYY) Results : _____</p> <p>(ii) _____ (MM/DD/YYYY) Results : _____</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(i) Date: _____ (MM/DD/YYYY)</p> <p>(ii) _____</p>
<p>7. If there is any further information which in your opinion will assist in assessing this claim, please furnish such information.</p>	<p>7. <u>NO</u></p>

Note: Please enclose copies of all reports including biopsy reports, cytology reports, X-rays, CT scans, other imaging studies laboratory evidence, surgical reports, etc. and any relevant hospital reports that are available.

I hereby certify that I have personally examined and treated the Person Covered for his / her injuries / illnesses described above and that the facts as stated above represent my medical opinion of his / her condition.

Signature of Attending Physician: *[Signature]* Qualification: _____

Name & Address: Dr. Nik Mohd Aslan Abdulrahman Date: 11/09/2025

Contact No.: Dr. Nik Mohd Aslan Abdulrahman
MMC Full Registration No. 36957
BSc (UNSW), MBBS (UNSW), MCO (UM)
Consultant Clinical Oncologist

MEDICAL RECORDS DEPARTMENT
 SUNWAY MEDICAL CENTRE SDN BHD
 199501012653 (341855-X)
 NO. 5, JALAN LAGOON SELATAN,
 SANDAR SUNWAY, 47500 SUBANG JAYA,
 SELANGOR DARUL EHSAN
 TEL: 1888-74811157 FAX: 1804-74811328

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 11/08/2025 07:01 PM
Coll. date : 11/08/2025 07:04 PM
Request No : 5501721584
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Microbio

Swab C/S

Specimen Type
Specimen Source

Swab
Middle wound seroma

Visual Aspect

Negative MISC

No Growth

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 10/08/2025 10:26 AM
Coll. date : 10/08/2025 05:05 PM
Request No : 5501717411
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Microbio

Urine C/S

Specimen Type

Urine

Organism Exam

Organism 1 isolated

ASTNP

Bacterial Count 1

Note

Trichosporon asahii

Antimicrobial susceptibility testing not performed for this isolate.

$10^4 - 10^5$ cfu/ml (Semi-quantitative)

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 10/08/2025 10:26 AM
Coll. date : 10/08/2025 12:01 PM
Request No : 5501717184
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Microbio

Aerobic

Specimen Type
Specimen Source

Blood
Aerobic

Media

Aerobic

Culture Day 5

No Growth after 5 days of incubation.

Direct Exam

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 10/08/2025 10:26 AM
Coll. date : 10/08/2025 12:00 PM
Request No : 5501717183
Hos.No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Microbio

Anaerobic

Specimen Type
Specimen Source

Blood
Anaerobic

Media

Anaerobic

Culture Day 5

No Growth after 5 days of incubation.

Direct Exam

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 09/08/2025 06:19 PM
Coll. date : 10/08/2025 05:35 AM
Request No : 5501716892
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA ALZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC	L	3.58	10 ¹² /L	3.80 - 4.80
Haemoglobin	L	9.3	g/dL	12.0 - 15.0
PCV	L	28	%	36 - 46
MCV	L	79	fL	80 - 99
MCH	L	26	pg	27 - 32
MCHC		33.1	g/dL	31.5 - 34.5
RDW	H	14.6	%	11.6 - 14.0
Platelet Count		291	10 ⁹ /L	150 - 410
Total WBC		4.1	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil		68	%	40 - 75
Lymphocytes	L	15	%	20 - 45
Monocytes	H	13	%	2 - 10
Eosinophils		2	%	0 - 6
Basophils		1	%	0 - 2
Neutrophil #		2.79	K/uL	2.00 - 7.00
Lymphocytes #	L	0.62	K/uL	1.00 - 3.00
Monocytes #		0.53	K/uL	0.20 - 1.00
Eosinophils #		0.08	K/uL	0.02 - 0.50
Basophils #		0.04	K/uL	0.02 - 0.10

DC (Manual)

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY MEDICAL CENTRE

Sunway City Kuala Lumpur

Req. date : 03/08/2025 08:09 AM
 Coll. date : 04/08/2025 05:16 AM
 Request No : 5501695956
 Hos No : 0002009898
 Doctor : Michael Wong Pak Kai
 Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
 Pat No : 1001185016
 Hos No :
 Alt No : 00960715035716
 D.O.B. : 15/07/1996
 Sex : Female

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC		4.09	10 ¹² /L	3.80 - 4.80
Haemoglobin	L	10.9	g/dL	12.0 - 15.0
PCV	L	33	%	36 - 46
MCV		81	fL	80 - 99
MCH		27	pg	27 - 32
MCHC		33.0	g/dL	31.5 - 34.5
RDW	H	14.6	%	11.6 - 14.0
Platelet Count	H	443	10 ⁹ /L	150 - 410
Total WBC	H	13.3	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil		73	%	40 - 75
Lymphocytes	L	13	%	20 - 45
Monocytes		9	%	2 - 10
Eosinophils		5	%	0 - 6
Basophils		1	%	0 - 2
Neutrophil #	H	9.71	K/uL	2.00 - 7.00
Lymphocytes #		1.73	K/uL	1.00 - 3.00
Monocytes #	H	1.20	K/uL	0.20 - 1.00
Eosinophils #	H	0.67	K/uL	0.02 - 0.50
Basophils #	H	0.13	K/uL	0.02 - 0.10

DC (Manual)

ESR		13	mm/hr	0 - 22
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This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 03/08/2025 08:09 AM
Coll. date : 04/08/2025 05:15 AM
Request No : 5501695955
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Chemistry

Urea	L	<1.1	mmol/L	2.5 - 6.7
Creatine				
Creatinine	L	45	umol/L	49 - 90
eGFR		>90		
eGFR Interpretation: Normal or high kidney function.				
Albumin		40	g/L	35 - 52
ALT		12	U/L	0 - 34
AST		15	U/L	11 - 34
Immunosero				
C-Reactive Protein	H	47.3	mg/L	<5.0

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

**SUNWAY
MEDICAL CENTRE**
Sunway City Kuala Lumpur

Req. date : 31/07/2025 09:36 AM
Coll. date : 02/08/2025 05:16 AM
Request No : 5501692949
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001105016
Hos No :
All No : 00960/15035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC			
Haemoglobin	3.99	10 ¹² /L	3.80 - 4.80
PCV	L 10.6	g/dL	12.0 - 15.0
MCV	L 32	%	36 - 46
MCH	L 79	fL	80 - 99
MCHC	27	pg	27 - 32
RDW	33.5	g/dL	31.5 - 34.5
Platelet Count	H 14.2	%	11.6 - 14.0
Total WBC	H 421	10 ⁹ /L	150 - 410
	9.7	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	65	%	40 - 75
Lymphocytes	20	%	20 - 45
Monocytes	10	%	2 - 10
Eosinophils	5	%	0 - 6
Basophils	0	%	0 - 2
Neutrophil #	6.30	K/uL	2.00 - 7.00
Lymphocytes #	1.94	K/uL	1.00 - 3.00
Monocytes #	0.97	K/uL	0.20 - 1.00
Eosinophils #	0.49	K/uL	0.02 - 0.50
Basophils #	L 0.00	K/uL	0.02 - 0.10

DC (Manual)

ESR	7	mm/hr	0 - 22
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This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY MEDICAL CENTRE

Sunway City Kuala Lumpur

Req. date : 31/07/2025 09:36 AM
 Coll. date : 02/08/2025 05:15 AM
 Request No : 5501692951
 Hos No : 0002009898
 Doctor : Michael Wong Pak Kai
 Location : WARD 5B
 Req. comment :
 Pat. comment :

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
 Pat No : 1001185016
 Hos No :
 Alt No : 00960715035716
 D.O.B. : 15/07/1996
 Sex : Female

Chemistry

Glucose	4.7		mmol/L	3.9 - 6.0
Uric Acid	220		umol/L	150 - 370

Corrected Calcium

Albumin	L 34		g/L	35 - 52
Calcium	L 1.85		mmol/L	2.10 - 2.55
Corrected Calcium	L 1.97		mmol/L	2.10 - 2.55
Phosphate Inorganic	L 0.69		mmol/L	0.81 - 1.45

Renal Profile 2

Sample condition Satisfactory

Sodium	138		mmol/L	136 - 145
Potassium	L 3.2		mmol/L	3.5 - 5.1
Chloride	106		mmol/L	98 - 107
Urea	L <1.1		mmol/L	2.5 - 6.7

Creatine

Creatinine	L 36		umol/L	49 - 90
eGFR	>90			

eGFR Interpretation: Normal or high kidney function.

LFT

Protein total	L 54		g/L	60 - 80
Albumin	L 34		g/L	35 - 52
Globulin	20		g/L	20 - 40
A/G Ratio	1.7			
Bilirubin Total	L 2.5		umol/L	3.4 - 20.5
ALP	50		U/L	46 - 122
ALT	14		U/L	0 - 34
AST	19		U/L	11 - 34
Gamma - GT	H 60		U/L	0 - 38
C-Reactive Protein	H 64.7		mg/L	<5.0

This laboratory is accredited under MS ISO 15189

SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 28/07/2025 01:39 PM
Coll. date : 31/07/2025 06:25 AM
Request No : 5501686576
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC	4.06	10 ¹² /L	3.80 - 4.80
Haemoglobin	L 10.7	g/dL	12.0 - 15.0
PCV	L 33	%	36 - 46
MCV	82	fL	80 - 99
MCH	L 26	pg	27 - 32
MCHC	32.1	g/dL	31.5 - 34.5
RDW	H 14.3	%	11.6 - 14.0
Platelet Count	392	10 ⁹ /L	150 - 410
Total WBC	9.8	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	72	%	40 - 75
Lymphocytes	L 14	%	20 - 45
Monocytes	9	%	2 - 10
Eosinophils	5	%	0 - 6
Basophils	1	%	0 - 2
Neutrophil #	H 7.06	K/uL	2.00 - 7.00
Lymphocytes #	1.37	K/uL	1.00 - 3.00
Monocytes #	0.88	K/uL	0.20 - 1.00
Eosinophils #	0.49	K/uL	0.02 - 0.50
Basophils #	0.10	K/uL	0.02 - 0.10

DC (Manual)

ESR	22	mm/hr	0 - 22
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SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 28/07/2025 01:39 PM
Coll. date : 31/07/2025 06:24 AM
Request No : 5501686579
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : WARD 5B

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :
Pat. comment :

Chemistry

Glucose	5.1	mmol/L	3.9 - 6.0
Uric Acid	203	umol/L	150 - 370

Corrected Calcium

Albumin	42	g/L	35 - 52
Calcium	2.27	mmol/L	2.10 - 2.55
Corrected Calcium	2.23	mmol/L	2.10 - 2.55
Phosphate Inorganic	1.27	mmol/L	0.81 - 1.45

Renal Profile 2

Sample condition : Satisfactory

Sodium	141	mmol/L	136 - 145
Potassium	L 3.1	mmol/L	3.5 - 5.1
Chloride	100	mmol/L	98 - 107
Urea	L 1.5	mmol/L	2.5 - 6.7

Creatine

Creatinine	L 37	umol/L	49 - 90
eGFR	>90		

eGFR Interpretation: Normal or high kidney function.

LFT

Protein total	64	g/L	60 - 80
Albumin	42	g/L	35 - 52
Globulin	22	g/L	20 - 40
A/G Ratio	1.9		
Bilirubin Total	6.0	umol/L	3.4 - 20.5
ALP	59	U/L	46 - 122
ALT	15	U/L	0 - 34
AST	23	U/L	11 - 34
Gamma - GT	H 71	U/L	0 - 38
Immunosero			
C-Reactive Protein	H 206.2	mg/L	< 5.0

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SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 28/07/2025 12:49 AM
Coll. date : 28/07/2025 05:30 AM
Request No : 5501674775
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : HDU TOWER C

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Coag

PT

PT

PT Control

INR

H	15.9	seconds	11.8 - 13.8
	13.0	seconds	
	1.24		

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SUNWAY MEDICAL CENTRE

**SUNWAY
MEDICAL CENTRE**
Sunway City Kuala Lumpur

Req date : 28/07/2025 12:49 AM
Coll. date : 28/07/2025 05:29 AM
Request No : 5501674777
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : IIDU TOWER C

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Haemato

Full Blood Count

RBC	H	4.91	10 ¹² /L	3.80 - 4.80
Haemoglobin		12.8	g/dL	12.0 - 15.0
PCV		39	%	36 - 46
MCV		80	fL	80 - 99
MCH	L	26	pg	27 - 32
MCHC		32.5	g/dL	31.5 - 34.5
RDW	H	14.3	%	11.6 - 14.0
Platelet Count		369	10 ⁹ /L	150 - 410
Total WBC	H	24.0	10 ⁹ /L	4.0 - 10.0

Differential Count

Neutrophil	H	92	%	40 - 75
Lymphocytes	L	2	%	20 - 45
Monocytes		6	%	2 - 10
Eosinophils		0	%	0 - 6
Basophils		0	%	0 - 2
Neutrophil #	H	22.08	K/uL	2.00 - 7.00
Lymphocytes #	L	0.48	K/uL	1.00 - 3.00
Monocytes #	H	1.44	K/uL	0.20 - 1.00
Eosinophils #	L	0.00	K/uL	0.02 - 0.50
Basophils #	L	0.00	K/uL	0.02 - 0.10

DC (Manual)

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SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req date : 28/07/2025 12:49 AM
Coll. date : 28/07/2025 05:28 AM
Request No : 5501674772
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : HDU TOWER C

Name : NUR AMIRA ALZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Chemistry

Renal Profile 1

Sample condition	Satisfactory		
Sodium	136	mmol/L	136 - 145
Potassium	3.8	mmol/L	3.5 - 5.1
Chloride	104	mmol/L	98 - 107
Glucose	H 9.3	mmol/L	3.9 - 6.0
Urea	L 2.1	mmol/L	2.5 - 6.7
Creatinine			
Creatinine	L 38	umol/L	49 - 90
eGFR	>90		
eGFR Interpretation: Normal or high kidney function.			
Uric Acid	155	umol/L	150 - 370
Adjusted Calcium			
Albumin	L 33	g/L	35 - 52
Calcium	L 2.01	mmol/L	2.10 - 2.55
Corrected Calcium	2.15	mmol/L	2.10 - 2.55
Phosphate Inorganic	1.18	mmol/L	0.81 - 1.45

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SUNWAY MEDICAL CENTRE

SUNWAY
MEDICAL CENTRE
Sunway City Kuala Lumpur

Req. date : 28/07/2025 12:42 AM
Coll. date : 28/07/2025 12:46 AM
Request No : 5501674673
Hos No : 0002009898
Doctor : Michael Wong Pak Kai
Location : HDU TOWER C

Name : NUR AMIRA AIZA BINTI SHAMSUDDIN
Pat No : 1001185016
Hos No :
Alt No : 00960715035716
D.O.B. : 15/07/1996
Sex : Female

Req. comment :

Pat. comment :

Microbio

Culture Sensitivity

Specimen Type
Specimen Source

Pus
Abdomen

Organism Exam

Organism 1 isolated
ESBL Test
Organism growth
Organism 2 isolated
ESBL Test
CRE
NDM-1 enzyme
OXA-48-like enzyme
VIM enzyme
IMP enzyme
KPC enzyme
Bacteria growth

Klebsiella pneumoniae
Neg
Moderate
Escherichia coli
Neg
Carbapenem Resistant Enterobacteriaceae(CRE).
Negative
Negative
Negative
Negative
Negative
Moderate

Antibiotics 1

Organism 1 isolated
Amox-Clavulanic
Ampicillin
Ampicillin MIC
Cefepime
Cefotaxime
Ceftazidime
Ceftazidime-Avibac
Ceftriaxone
Cefuroxime
Ciprofloxacin
Co-Trimoxazole
Colistin
Gentamicin
Imipenem
Meropenem
Tazocin
Unasyn

Klebsiella pneumoniae
Resistant
Resistant
>=32.0 mg/L
Sensitive
Intermediate
Resistant
Sensitive
Sensitive
Resistant
Resistant
Sensitive
Sensitive
Sensitive
Resistant
Resistant
Resistant

Antibiotics 2

Organism 2 isolated
Amox-Clavulanic
Ampicillin
Zerbaxa
Ampicillin MIC
Cefepime
Cefotaxime
Ceftazidime
Ceftazidime-Avibac
Ceftriaxone
Cefuroxime
Ciprofloxacin
Co-Trimoxazole
Colistin
Ertapenem
Gentamicin
Imipenem
Meropenem
Tazocin
Unasyn

Escherichia coli
Resistant
Resistant
Resistant
>=32.0 mg/L
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant
Resistant

Note

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ANATOMICAL PATHOLOGY REPORT

Patient : NUR AMIRA AIZA BINTI SHAMSUDDIN
Ic/Pp : 00960715035716
Age : 15/07/1996 (29Y)
Sex : F
MRN : 1001185016

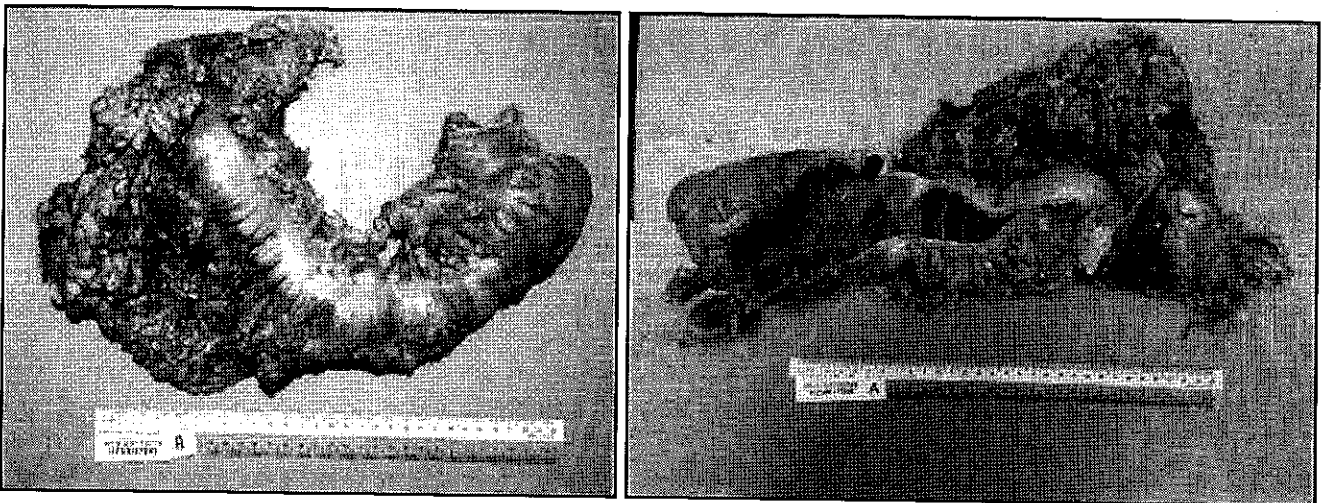
Doctor : Michael Wong Pak Kai
Location/Room : HDU TOWER C 3C HDU
Date Received : 28/07/2025
Accession No : H250017040

CLINICAL HISTORY:

Obstructed transverse colon tumour with sealed perforation
Raised CEA

SPECIMEN ELEMENTS:

A) Specimen designation ---Extended right hemicolectomy



Type of specimen: Extended right hemicolectomy, intact

Bowel length: Terminal ileum measuring 30x30x20mm, appendix measuring 55x8x8mm, caecum to ascending colon measuring 480x70x60mm, attached omentum measuring 300x170x20mm

Site of tumour: Transverse colon

Tumour diameter: 45x30x10mm, circumferential

Gross subtype: Ulcero-fungating

Macroscopic tumour perforation: Sealed

Polyps: No

Reported and electronically endorsed by
Pathologist: Dr Hoo Hui Ling

Validated: 07/08/2025 12:05:07 PM Page 1 of 4

Resident Pathologists:

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Dr Teoh Kean Hooi – MBChB, BAO, LRCP & LRSI, MPath(UM), MIAC, AM(Mal)
Dr Low Eng Chai - MBBS, MPath, MIAC, FRCPATH
Dr Hoo Hui Ling - MD(UPM), MPath(UM), AM(Mal), Fellow (Australia, Singapore) (Subspecialty: Gastrointestinal & Hepatopancreaticobiliary Pathology)
Dr Nurismah Md Isa - MBChB.BAO (Ireland), MPath (UKM), MIAC, AM (Mal)
Dr Chew Bee See – MBBS, Doctor Of Pathology(UKM), AM(Mal), Fellow(Mal) (Subspecialty : Uro-pathology).

Visiting Pathologists:

Dr Shalini Kumar - MBBS, MPath, FRCPATH, AM, Dr Lee Bang Rom - MBBS, MPath, Dip Dermpath (Subspecialty : Dermatopathology)
Dr KT Wong - MBBS, MPath, FRCPATH, MD, FaSc (Subspecialty : Neuropathology)

ANATOMICAL PATHOLOGY REPORT

Patient : NUR AMIRA AIZA BINTI SHAMSUDDIN

Ic/Pp : 00960715035716

Age : 15/07/1996 (29Y)

Sex : F

MRN : 1001185016

Doctor : Michael Wong Pak Kai

Location/Room : HDU TOWER C 3C HDU

Date Received : 28/07/2025

Accession No : H250017040

MARGINS:

Tumour to proximal margin: 350mm

Tumour to distal margin: 70mm

Tumour to nearest circumferential margin (CRM): 17mm

Representative sections submitted in 20 blocks.

Block keys:-

- A1 : Proximal resection margin
- A2 : Distal resection margin
- A3 & A4 : Terminal ileum
- A5 : Appendix
- A6 - A8 : Complete cross section of tumour
- A9 : Tumour with adjacent bowel
- A10 - A12 : Fibrofatty tissue with tumour infiltration
- A13 & A14 : Attached omentum
- A15 : Apical lymph nodes
- A16 - A20 : Lymph nodes



B) Specimen designation ---Anterior peritoneal wall

An irregular piece of gray tissue measuring 30x22x8mm. Specimen serially sliced and submitted entirely in one block.

MICROSCOPY:

- A) Sections show malignant transformation of the colonic glandular epithelium forming irregular infiltrating cribriform and angulated glands with focal solid nests and single cells infiltration. The tumour cells have penetrated the serosal surface with adjacent fibrocollagenous tissue heavily infiltrated by acute and chronic inflammatory cells composed of neutrophils, foamy histiocytes, lymphocytes and scattered foreign body typed multinucleated giant cells, with focal abscess formation. The attached omentum show focal tumour deposit.

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Pathologist: Dr Hoo Hui Ling

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ANATOMICAL PATHOLOGY REPORT

Patient : NUR AMIRA AIZA BINTI SHAMSUDDIN
Ic/Pp : 00960715035716
Age : 15/07/1996 (29Y)
Sex : F
MRN : 1001185016

Doctor : Michael Wong Pak Kai
Location/Room: HDU TOWER C 3C HDU
Date Received : 28/07/2025
Accession No : H250017040

Colorectal cancer reporting proforma

Type: Adenocarcinoma, poorly differentiated (<50% gland formation)

ADDITIONAL FEATURES:

Tumour Budding	: High score (10 or more)
Tumour necrosis	: Absent (none)
Leading edge of tumour	: Infiltrative
Extracellular mucin (>10%, < 50 %)	: Yes
Intratumoral lymphovascular invasion	: Yes
Extramural vascular invasion	: Yes, extensive
Perineural invasion	: Yes
Intratumoral lymphocytic infiltrate	: Yes: Mild
Peritumoral lymphoid aggregates	: Yes: Mild

Local invasion (TNM 8th edition):

Tumour penetrates the visceral peritoneal surface (pT4a)

Response to neo-adjuvant therapy (Tumour regression score):

No known presurgical therapy

MARGINS (tumour involvement)

Proximal doughnut	: Not available
Distal doughnut	: Not available
Nonperitonealised/circumferential	: No
Proximal margin	: No
Distal margin	: No

METASTATIC SPREAD

No. of lymph nodes examined: 46
No. of involved lymph nodes: 9 (pN2b)
Highest node involved: No

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Pathologist: Dr Hoo Hui Ling

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ANATOMICAL PATHOLOGY REPORT

Patient : NUR AMIRA AIZA BINTI SHAMSUDDIN
Ic/Pp : 00960715035716
Age : 15/07/1996 (29Y)
Sex : F
MRN : 1001185016

Doctor : Michael Wong Pak Kai
Location/Room : HDU TOWER C 3C HDU
Date Received : 28/07/2025
Accession No : H250017040

Separate abnormalities:

- The sampled omentum shows focal tumour deposit (block A13).
- The proximal terminal ileum margin is acutely inflamed but viable. No tumour seen.
- The appendix shows transmural acute inflammation with serositis and focal foreign body reaction at the serosa. No tumour seen.

PATHOLOGICAL STAGING

Complete resection at all surgical margins (>1mm): Yes

TNM (8th Edition): pT4a pN2b pM1c

Modified Dukes: D (Histology proven distant metastasis)

B) Section shows fibrocollagenous tissue heavily infiltrated by acute and chronic inflammatory cells composed of neutrophils, foamy histiocytes, lymphocytes and scattered foreign body typed multinucleated giant cells. Abscess formation is evident. Focal skeletal muscle tissue noted. No tumour infiltration identified.

INTERPRETATION:

A) Extended right hemicolectomy:

- Poorly differentiated adenocarcinoma of transverse colon,
- Sealed tumour perforation seen,
- Extensive lymphovascular invasion present,
- pT4a, tumour penetrates the visceral peritoneal surface,
- pN2b, nine out of 46 lymph nodes show tumour metastasis (9/46),
- pM1c, tumour deposit seen in omentum tissue,
- Surgical margins free of dysplasia or malignancy.

B) Anterior peritoneal wall: Fibromuscular tissue with acute on chronic inflammation and foreign body reaction. Negative for malignancy.

COMMENT:

Block A6 suitable for further study (tumour percentage 60%).

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