

**Sohn Conference Foundation  
Cancer Whole Exome Sequencing & Transcriptome Testing  
Eligibility Checklist**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Gender:  Male  Female Race: \_\_\_\_\_ Ethnicity (circle one): Hispanic / Non-Hispanic  
Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Referring Physician: \_\_\_\_\_ Referring Institution: \_\_\_\_\_  
Consenting Physician: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Contact Person Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person Email: \_\_\_\_\_

**ELIGIBILITY CRITERIA**

- Patient diagnosed at or before age 21
- Residence in Tri-State Area:
  - New York
  - New Jersey
  - Connecticut
- High-risk oncology diagnosis:
  - <60% chance of cure; or
  - Relapsed disease
- Adequate tumor sample:
  - DNA and RNA obtained from frozen tumor tissue (> 40% tumor required)
  - DNA and RNA from FFPE: 1 Paratube of shavings, 30 unstained slides, and 1H&E slide (> 40% tumor required)
  - FFPE - 1 Paratube of shavings, 30 unstained slides, and 1 H&E slide (> 40% tumor required).
  - Fresh or frozen bone marrow, received within 24 hours of procedure (> 40% tumor required)
  - Peripheral Blood – lavender top tube, 3-5 ml room temperature or refrigerated.
- Normal control sample (one of the following):
  - Peripheral blood (3-5 ml EDTA lavender top tub)
  - Buccal swab (from provided kit)

**Please email completed checklist to: [sohnPGMorders@columbia.edu](mailto:sohnPGMorders@columbia.edu)**

**For Questions, please contact:**

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