

**SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE**  
**FOR PROMETHEUS® TPMT Genetics**

*(Please edit appropriately based upon your own information and medical history)*

<DATE>

Red Cross Red Shield  
P.O. Box 12345  
Los Angeles, CA 90060

Dear Medical Director, Preauthorization Department:

I am writing to request coverage for the diagnostic test that my gastroenterologist, Dr. Ulysses Grant at Sunnyvale Community Hospital in San Diego, CA ordered: PROMETHEUS® TPMT Genetics. My doctor and I feel that this test is a medically necessary step toward my treatment. We would like to use PROMETHEUS TPMT Genetics test to evaluate my genotype concerning my individual risk and likely response for thiopurine immunosuppressant therapy.

**PATIENT INFORMATION**

Name: Jane Doe  
Date of Birth: November 12, 1985  
Insurance ID: XXX123456789  
Policy Holder: Mr. John Doe

*(List information relevant to your symptoms and treatment)*

**TEST DESCRIPTION**

PROMETHEUS TPMT Genetics classifies patients as one of three genotypes: homozygous normal (wild type), heterozygous or homozygous mutant. Because each patient metabolizes thiopurines differently, the efficacy and toxicity of thiopurines can vary widely from patient to patient. Knowledge of the TPMT genotype may: reduce time to response, allow physicians to individualize dosing, identify patients in whom thiopurine therapy should be avoided and help reduce the risk of leukopenia.

PROMETHEUS TPMT Genetics is performed only at Prometheus Laboratories Inc., a clinical reference laboratory in San Diego, California. Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other applicable agencies. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

**NETWORK PROVIDER SERVICES**

Dr. Grant and I prefer using Prometheus to perform PROMETHEUS TPMT Genetics instead of alternative in-network laboratory testing because Prometheus is one of only two laboratories that can provide this test and because of the information provided on their comprehensive report.

**>AND/OR<**

There is no in-network laboratory in my area willing to refer the test or able to provide comparable testing.

**LABORATORY AND PHYSICIAN INFORMATION**

For additional information about the PROMETHEUS<sup>®</sup> TPMT Genetics test contact Prometheus Laboratories Inc. at 1-888-423-5227. If you require additional medical information, please contact Dr. Grant at XXX-XXX-XXXX.

Please approve full coverage for PROMETHEUS TPMT Genetics or at least apply in-network benefit coverage for this test.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Jane Doe  
1234 Main Ave.  
Los Angeles, CA 90210  
XXX-XXX-XXXX

cc: Dr. Ulysses Grant

SAMPLE