

*Insert Your Institution or Facility Letterhead Here*

*Current Date*

*Name of Insurance Carrier*  
*Address of Insurance Carrier*  
*City, State ZIP*

**Re:** *Patient Name*  
*Patient DOB*  
*Insurance Company*  
*Insurance ID*

**Letter of Medical Necessity – Cancer Whole Exome Sequencing and Transcriptome Analysis  
Molecular Testing**

Dear To Whom It May Concern;

I'm writing this letter on behalf of my patient, *Patient Name*\_\_\_\_\_ to request coverage for the **Cancer Whole Exome Sequencing and Transcriptome Analysis**, a molecular test offered through Columbia University Laboratory of Personalized Genomic Medicine. Please find attached a copy of my medical note, explaining the patient's condition and previous testing performed.

This additional molecular testing of the tumor may help determine targeted treatment for this patient and will guide my recommendations for care.

I am specifying Columbia University Laboratory of Personalized Genomic Medicine because this laboratory has a highly sensitive and cost-effective test that simultaneously scans the entire cancer exome while also confirming modified mRNA expression.

**Laboratory Information:**

Laboratory of Personalized Genomic Medicine  
Columbia University Medical Center  
630 W 168th St. PS11-453  
New York, NY 10032

**Phone:** (212) 305-9706

**Fax:** (212) 342-0420

**CLIA:** 33D0939927

**CPT Codes Requested:** 81415, 81416, 81479

Thank you for your review and consideration and I hope you will support this request for molecular testing. If you have any questions or require further clarification, please call feel free to call me at *Your Phone Number*.

Sincerely,

*Your Name & Signature*