Insurance Company

**RE: PATIENT**

**DOB:**

**ID#**

**Pat Acct #**

Dear Sir, or Madam:

I am writing this letter in regards to my patient, xxx, whom I follow at **LOCATION** for care of his/her Crohn’s disease/ulcerative colitis. I am requesting that he/she be able to have laboratory studies for serum infliximab and human anti-chimeric antibody (HACA) levels (CPT code 83520) at location/center USA.

Patient has lost response to infliximab. I would like to check infliximab and HACA levels to help guide further therapy. These results will help to determine if he/she needs increased or decreased frequency of infliximab or a change in therapy before an adverse event occurs from immunogenicity [[1]](#footnote-1). These tests will help us more quickly treat outpatients with the correct medication for them, at the right dose, with minimal wasted resources.

Please call my office at xxx, if you have any further questions.

Kind regards,

Dr.

Contact Info

1. Afif W, Loftus EV, Jr., Faubion WA, Kane SV, Bruining DH, Hanson KA, Sandborn WJ. Clinical Utility of Measuring Infliximab and Human Anti-Chimeric Antibody Concentrations in Patients with Inflammatory Bowel Disease. Am J Gastroenterol 2010 [↑](#footnote-ref-1)