



Medical Affairs Department

**To report an adverse event,
please call 888-423-5227**

**PROLEUKIN® Medical Information
Request Form (MIRF)**

Please send to one of the following:

Email: Prometheusmc@dlss.com

FAX: 510-595-8183 or call:

Phone: 888-423-5227

Request Discussion with Medical Affairs

Name of Requesting Healthcare Professional (Please Print)

Title (if any)

Institution Name/Office/Practice Name

Street Address

City

State

Zip Code

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Telephone

Fax Number

Email Address

Request will not be processed without HCP signature. Request from HCP email is acceptable.

Signature verifies that this request is for unsolicited medical information

X

Healthcare Professional's Signature

Type of Healthcare Professional

Date

Prometheus Representative

Name

Email

Phone

Date

Please provide details regarding your inquiry in the space below (please be as specific as possible). Complete all contact information along with your signature to assist us in providing a timely response.

Is an Adverse Drug Experience associated with this question/request? (Circle one) Yes No