Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Medical Record Number: [Insert MRN]

Dear [Insert Patient Name],

This letter provides a summary of your recent expanded carrier screening results performed on [Insert Date of Service].

Result Summary:

[Insert Result: e.g., Negative / Positive for Specific Conditions]

Detailed Findings:

The testing evaluated your carrier status for [Insert Number] genetic conditions. Your results indicate that you are a carrier for the following condition(s):

- [Condition 1] ([Gene Name])
- [Condition 2] ([Gene Name])

What This Means for You:

Being a "carrier" means you have one changed copy of a gene and one working copy of a gene. Carriers typically do not show symptoms of the condition. However, if your reproductive partner is also a carrier for the same condition, there is a 25% (1 in 4) chance for each pregnancy to be affected by that condition.

Next Steps:

- **Partner Testing:** It is recommended that your partner undergoes carrier screening for the condition(s) identified above to better understand the risks to future pregnancies.
- **Genetic Counseling:** We recommend scheduling a follow-up appointment to discuss these results and your reproductive options in more detail.
- **Family Notification:** Your blood relatives (siblings, cousins, etc.) may also be carriers. You are encouraged to share this information with them.

If you have any questions or would like to schedule a consultation, please contact our office at [Insert Phone Number].

Sincerely,

[Counselor Name], MS, CGC
Certified Genetic Counselor
[Clinic/Hospital Name]