[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

The purpose of this letter is to provide you with a written summary of the results from your recent genetic testing completed on [Date].

**Test Results: Positive**

Your testing identified a specific genetic mutation (pathogenic variant) in the **[Name of Gene]** gene. This means that you have an increased risk for developing certain medical conditions, specifically [Name of Condition(s)], compared to the general population.

It is important to understand that a positive result indicates a predisposition or an increased risk, but it does not mean that you currently have a disease or that you are certain to develop it in the future.

**Next Steps and Recommendations:**

- **Genetic Counseling:** We recommend a follow-up consultation to discuss these results in detail and what they mean for your long-term health management.
- **Increased Surveillance:** Based on this finding, we may recommend more frequent screenings, such as [Type of Screenings], starting at an earlier age.
- **Family Notification:** Since genetic mutations are inherited, your biological relatives (parents, siblings, and children) may also carry this same mutation. We recommend sharing this information with them so they can consider genetic testing.

We have scheduled a follow-up appointment for you on [Appointment Date/Time] to discuss a personalized screening and prevention plan. If you need to reschedule or have urgent questions, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title/Department]
[Clinic/Hospital Name]