[Date]

[Healthcare Provider Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

RE: Declination of Recommended Genetic Testing

Dear [Provider Name],

I am writing to formally document my decision regarding the genetic testing recommended for [Patient Name / Myself] on [Date of Recommendation].

After reviewing the information provided and discussing the potential benefits, risks, and limitations of the [Specific Name of Test] test, I have decided to decline this testing at this time.

My decision is based on the following (optional):
[Insert reason if desired, e.g., personal preference, privacy concerns, or cost].

I understand that:

- This test was recommended to help assess [Risk/Condition].
- Declining this test may limit the information available to my medical team regarding my future care or diagnosis.
- I can change my mind and request this testing in the future if I choose to do so.

Please include a copy of this letter in my permanent medical record. I would like to continue with all other aspects of my current treatment and screening plan as previously discussed.

Sincerely,

[Signature]
[Printed Name]
[Date of Birth]
[Phone Number]