[Date]

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

Dear [Patient Name],

We are writing to provide the results of your recent routine comprehensive sexually transmitted disease (STD) screening performed on [Date of Testing].

Test Results:

- **Chlamydia:** Negative
- **Gonorrhea:** Negative
- **Syphilis:** Negative
- **HIV:** Non-reactive / Negative
- **Hepatitis B:** Negative
- **Hepatitis C:** Negative

Interpretation:
All results from this screening are within the normal range. No action is required at this time.

Please note that these results reflect your status at the time of the test. If you believe you have had a recent exposure, or if you develop symptoms such as unusual discharge, sores, or pain, please contact our office immediately, as some infections may take several weeks to appear on a test.

We recommend regular screenings as part of your ongoing preventative healthcare. You can view your full lab report through the patient portal or request a printed copy from our office.

If you have any questions regarding these results, please call us at [Phone Number].

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]