Date: [Insert Date]

Subject: Important: Requirement for Follow-Up Testing

Dear [Patient Name],

We are contacting you regarding the laboratory results for your recent sexually transmitted disease (STD) screening performed on [Date of Original Test].

The laboratory has reported that the results for [Insert Specific Test Name or "your screening"] are **inconclusive**. An inconclusive result does not mean you have tested positive. It simply means that the laboratory was unable to obtain a clear "positive" or "negative" reading from the sample provided.

This can occur for several reasons, such as an insufficient sample size, timing of the test, or technical variations in the lab process.

Next Steps:

To ensure you receive accurate information regarding your health, it is necessary for you to return to our facility for a retest. Please follow the instructions below:

- Schedule your follow-up appointment by calling [Phone Number] or visiting [Website/Portal].
- Reference your recent lab order number: [Order Number, if applicable].
- Aim to complete this retest by [Insert Deadline Date] to ensure timely results.

There is typically no additional consultation fee for this repeat laboratory draw. If you have any questions or concerns regarding this notification, please contact our clinical staff at [Phone Number].

Your health and privacy are our top priorities. We look forward to seeing you soon to resolve this matter.

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]
[Clinic Address]