[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent lab work completed on [Date of Testing].

Your screening for the following Sexually Transmitted Diseases (STDs) has returned **NEGATIVE**:

- Chlamydia
- Gonorrhea
- Syphilis
- HIV (1 & 2)
- Hepatitis B & C

A negative result means that no signs of these specific infections were detected at the time of your test. Please note that some infections have a "window period" where they may not show up on a test immediately after exposure.

To maintain your sexual health, we recommend regular screenings and the use of protection. If you have any new symptoms or concerns, please contact our office to schedule a follow-up appointment.

If you would like a full copy of your laboratory report, you may access it via the patient portal or request a printed copy from our front desk.

Sincerely,

[Provider Name/Clinic Name]
[Phone Number]
[Clinic Website]