[Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent routine screening performed on [Date of Testing].

The results for the following tests were **Negative**:

- Chlamydia
- Gonorrhea
- Syphilis
- HIV
- [Other Test, if applicable]

A negative result means that the infections tested for were not detected at the time of your screening. Please note that these results reflect your status as of the date the sample was collected.

If you have any new symptoms, or if you have concerns regarding a potential recent exposure, please contact our office to speak with a healthcare provider, as some infections may take time to show up on a test.

You can view your full laboratory report through the patient portal or request a printed copy from our office.

Thank you for taking this proactive step in managing your health.

Sincerely,

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