Date: [Date of Issue]

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Patient ID/Chart Number: [ID Number]

RE: COMPREHENSIVE SEXUAL HEALTH SCREENING RESULTS

To Whom It May Concern,

This letter serves as official notification that [Patient Name] underwent a comprehensive diagnostic screening for sexually transmitted infections (STIs) on [Collection Date]. All tests were processed by [Laboratory Name].

The screening included testing for the following pathogens:

- Human Immunodeficiency Virus (HIV 1/2 Ag/Ab Combo)
- Syphilis (RPR/Treponema pallidum)
- Chlamydia trachomatis
- Neisseria gonorrhoeae
- Hepatitis B (HBsAg)
- Hepatitis C (Anti-HCV)
- Trichomonas vaginalis
- Herpes Simplex Virus Type 1 & 2 (IgG)

RESULTS SUMMARY:
As of the date of this letter, all laboratory results returned **NEGATIVE** or **NON-REACTIVE**. There is no clinical evidence of the aforementioned active infections at the time of testing.

Please note that these results reflect the patient's status at the time of specimen collection. This clearance does not account for exposure occurring after the collection date or during the biological "window period" of specific pathogens.

If you require further verification or a detailed laboratory report, please contact this office directly.

Sincerely,

[Provider Signature]

[Provider Name, Title]
[Clinic/Facility Name]
[Phone Number]
[Address]