[Date]

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

Dear [Patient Name],

This letter is to inform you that your recent laboratory tests for sexually transmitted diseases (STDs) conducted on [Date of Test] have returned **negative** results for the following:

- [Test Name, e.g., HIV]
- [Test Name, e.g., Chlamydia]
- [Test Name, e.g., Gonorrhea]
- [Test Name, e.g., Syphilis]

A negative result means that the infections tested for were not detected at the time of your screening. Please be aware that certain infections have a "window period" where they may not show up on a test immediately after exposure.

If you are experiencing any new or persistent symptoms, or if you believe you have had a recent high-risk exposure, please contact our office to schedule a follow-up appointment.

To maintain your sexual health, we recommend regular screenings and practicing safe sex. You can view your full laboratory report through our secure patient portal.

Sincerely,

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