LABORATORY NAME: [Insert Laboratory Name]

ADDRESS: [Insert Lab Address]

DATE: [Insert Date]

PATIENT INFORMATION:

Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Patient ID: [Insert ID Number]
Date of Collection: [Insert Date]

RE: OFFICIAL LABORATORY TEST RESULTS

Dear [Insert Patient Name],

This letter is to formally notify you of the results for the STD/STI screening panel performed on [Insert Date].

TEST RESULTS:

Test Description	Result	Reference Range
HIV 1/2 Antigen/Antibody	Non-Reactive	Non-Reactive
Syphilis (RPR/TPPA)	Non-Reactive	Non-Reactive
Chlamydia trachomatis (NAAT)	Not Detected	Not Detected
Neisseria gonorrhoeae (NAAT)	Not Detected	Not Detected
Hepatitis B (HBsAg)	Non-Reactive	Non-Reactive
Hepatitis C (Antibody)	Non-Reactive	Non-Reactive

CLINICAL INTERPRETATION:

All tests listed above have returned a **NEGATIVE** result. This indicates that the specific pathogens were not detected in the samples provided at the time of testing.

Please note that these results reflect your status as of the date of specimen collection. If you believe you have had a recent exposure, please consult with a healthcare provider regarding the "window period" and the potential need for follow-up testing.

Should you have any questions regarding these results, please contact our office or your primary care physician.

Sincerely,

[Signature]
[Name of Laboratory Director/Medical Professional]
[Title]
[Laboratory Name]