

Date: [Insert Date]

To: [Receiving Physician/Oncologist Name]

Department: [Receiving Department/Facility Name]

Facility Address: [Insert Address]

RE: Patient Transfer of Pathology Results

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

Dear Dr. [Insert Last Name],

This letter is to formally transfer the malignant pathology findings for the above-referenced patient, who is being referred to your department for further oncological management and treatment planning.

Summary of Findings:

- **Specimen Collection Date:** [Insert Date]
- **Procedure:** [e.g., Core Needle Biopsy / Surgical Resection]
- **Primary Diagnosis:** [Insert Specific Malignancy Type]
- **Histologic Grade:** [Insert Grade]
- **TNM Staging (if applicable):** [Insert Stage]
- **Biomarker/Molecular Status:** [e.g., HER2, PD-L1, EGFR status]

Clinical Context:

[Briefly describe symptoms or imaging that led to the biopsy].

Attached Documents:

1. Full Pathology Report (Report ID: [Insert ID])
2. Relevant Imaging Reports (CT/PET/MRI)
3. Recent Laboratory Work

We have informed the patient of these results, and they are aware of the referral to your team. Please contact our office at [Insert Phone Number] if you require the original tissue blocks or additional slides for secondary review.

Thank you for collaborating on this patient's care.

Sincerely,

[Your Name/Signature]

[Your Title/Position]

[Department of Oncology/Pathology]
[Facility Name]