[Clinic or Hospital Name]
[Address]
[Phone Number]
[Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Lab Work: [Date of Collection]

Dear [Patient Name],

This letter is to provide you with the results of your Quantitative Beta HCG blood test. This test measures the exact amount of Human Chorionic Gonadotropin (HCG) in your blood to help evaluate the status of a pregnancy.

Your Test Result: [Insert Value] mIU/mL

General Reference Ranges for Pregnancy:

- Non-pregnant: Less than 5 mIU/mL
- 3 weeks LMP: 5 - 50 mIU/mL
- 4 weeks LMP: 5 - 426 mIU/mL
- 5 weeks LMP: 18 - 7,340 mIU/mL
- 6 weeks LMP: 1,080 - 56,500 mIU/mL
- 7 - 8 weeks LMP: 7,650 - 229,000 mIU/mL
- 9 - 12 weeks LMP: 25,700 - 288,000 mIU/mL

Interpretation:

A single HCG value provides information at a specific point in time. In healthy early pregnancies, HCG levels typically double every 48 to 72 hours. Your results should be reviewed in conjunction with your clinical history and any previous or future laboratory tests.

Next Steps:

[ ] No further action is required at this time.
[ ] Please repeat this test on [Date] to monitor the trend.
[ ] Please schedule an ultrasound appointment.
[ ] Please call our office to schedule a follow-up consultation.

If you have any questions regarding these results or if you experience any pain or bleeding, please contact our office immediately at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Title]