[Doctor or Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is to inform you of the results of your recent Qualitative HCG (Human Chorionic Gonadotropin) blood test performed on [Date of Collection].

Result: [Positive / Negative]

A **Positive** result indicates that the HCG hormone was detected in your blood, which signifies pregnancy.

A **Negative** result indicates that the HCG hormone was not detected in your blood at the time of the test.

Please contact our office at [Phone Number] to schedule a follow-up appointment or to discuss these results further with your healthcare provider. If you are experiencing any pain or unusual symptoms, please seek medical attention immediately.

Sincerely,

[Signature]
[Provider Name/Title]