[Date]

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

Dear [Patient Name],

We are contacting you regarding your recent pregnancy-related blood work performed on [Date of Original Test].

After reviewing the results, your healthcare provider has requested a repeat blood draw. Please note that a request for a repeat test is common and may be necessary for several reasons, such as:

- The laboratory requires a larger sample size for processing.
- To monitor the trend of specific hormone levels (such as hCG or Progesterone).
- The initial sample could not be fully analyzed by the laboratory.

Please return to [Laboratory Name or Clinic Location] at your earliest convenience to have your blood drawn again. No appointment is necessary during our normal business hours, but please bring this letter or your photo ID.

Testing Details:

Test(s) to be repeated: [Name of Test, e.g., Quantitative hCG]
Instructions: [e.g., Fasting/Non-fasting]

Once the new results are available, your provider will review them and contact you via [Phone/Patient Portal] to discuss the next steps in your care.

If you have any questions, please call our office at [Phone Number].

Sincerely,

[Provider Name/Clinic Name]
[Department Name]