

[Clinic/Hospital Name]
[Department of Obstetrics & Gynecology]
[Address]
[Phone Number]

[Date]

To: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Subject: First Trimester Screening Results

Dear [Patient Name],

We are writing to provide you with the results of your recent first trimester screening, which included an ultrasound (nuchal translucency) and blood work.

Summary of Findings:

- **Trisomy 21 (Down Syndrome):** [Low Risk / High Risk]
- **Trisomy 18/13:** [Low Risk / High Risk]

Interpretation:

[Insert specific laboratory values or risk ratios here, e.g., 1 in 5,000].

A "Low Risk" result indicates that the chance of these chromosomal conditions being present is low, though it does not completely rule out all possibilities. A "High Risk" result does not mean your baby has a condition, but suggests that further diagnostic testing, such as NIPT or CVS, should be discussed.

Next Steps:

[Option A: No further action is required at this time. We will continue with your routine prenatal care.]

[Option B: We would like to schedule a follow-up appointment or a consultation with a genetic counselor to discuss these results in more detail.]

If you have any immediate questions, please contact our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Provider Name/Signature]
[Provider Title]