

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Dear [Patient Name],

We are writing to provide you with the results of your recent prenatal genetic carrier screening performed on [Date of Collection]. This screening was conducted to determine if you carry specific gene changes for certain inherited conditions.

Result Summary:

[NEGATIVE / POSITIVE / INCONCLUSIVE]

Details:

[Insert specific details here. For example: "The screening did not identify you as a carrier for any of the conditions tested." OR "The screening indicates that you are a carrier for (Condition Name)."]

What This Means:

- **If Negative:** A negative result significantly reduces the chance of your child having the conditions included in this panel. However, no test can rule out all genetic risks.
- **If Positive:** Being a "carrier" generally means you do not have the condition yourself, but you carry a gene change that could be passed to your child. If you are a carrier, the next step is typically to test the biological father/reproductive partner.

Next Steps:

[Insert instructions, e.g., "No further action is needed at this time." OR "Please call our office to schedule a follow-up consultation or genetic counseling session."]

You may view your full laboratory report through the patient portal. If you have any questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Clinic Name]

[Department]

[Contact Information]