

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent prenatal cell-free DNA (cfDNA) screening, also known as Non-Invasive Prenatal Testing (NIPT), performed on [Date of Blood Draw].

**Result Summary:** [Low Risk / High Risk / Inconclusive]

**Findings:**

- **Trisomy 21 (Down Syndrome):** [Result]
- **Trisomy 18 (Edwards Syndrome):** [Result]
- **Trisomy 13 (Patau Syndrome):** [Result]
- **Sex Chromosome Analysis:** [Result/Not Requested]
- **Fetal Sex:** [Male/Female/Not Disclosed]

**Interpretation:**

[Insert specific medical interpretation here. Example: A "Low Risk" result indicates a significantly decreased probability that the fetus is affected by the conditions tested. It does not entirely rule out the possibility of chromosomal abnormalities.]

**Next Steps:**

This screening is not a diagnostic test. If your results indicate a "High Risk," we recommend a consultation with a genetic counselor to discuss diagnostic options such as amniocentesis or chorionic villus sampling (CVS).

Please contact our office at [Phone Number] if you have any questions or would like to schedule a follow-up appointment to discuss these results in detail.

Sincerely,

[Provider Name/Clinic Name]

[Provider Contact Information]