

**CONFIDENTIAL**

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Date of Sample: [Date of Sample]

Dear [Patient Name/Parent or Guardian],

This letter is to inform you of the laboratory results for the throat culture performed on [Date].

**Result:** [Positive / Negative]

**Interpretation:**

- **If Positive:** The culture indicates the presence of Group A Streptococcus. Please start or continue the prescribed antibiotic treatment as directed. It is important to complete the entire course of medication even if symptoms improve. You are generally considered non-contagious after 24 hours of antibiotic treatment.
- **If Negative:** No Group A Streptococcus was grown in the culture. Your symptoms may be caused by a viral infection or another source. Antibiotics are not effective against viruses.

If you experience worsening symptoms, difficulty breathing, or a persistent high fever, please contact our office at [Phone Number] or seek immediate medical attention.

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]