

[Laboratory or Clinic Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]

**Date:** [Date]

**Patient Name:** [Patient Full Name]  
**Date of Birth:** [DOB]  
**Patient ID:** [ID Number]  
**Date of Collection:** [Collection Date]

Dear [Patient Name],

This letter is to inform you that the results of your recent stool sample analysis for parasite detection are now available.

**Test Results:**

[ ] **NEGATIVE:** No parasites, ova, or cysts were detected in the sample provided.

[ ] **POSITIVE:** The following parasite(s) were identified: [Name of Parasite].

**Provider Comments:**

[Insert doctor's notes or specific instructions here]

**Next Steps:**

- If your result is **negative** but your symptoms persist, please contact our office for further evaluation.
- If your result is **positive**, a prescription has [been sent to your pharmacy / been attached to this letter]. It is important to complete the full course of medication as directed.

Please call us at [Phone Number] if you have any questions regarding these results.

Sincerely,

[Doctor or Clinician Name]  
[Clinic Name]