

[Doctor Name or Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Helicobacter Pylori (H. Pylori) Stool Antigen Test Results

Dear [Patient Name],

The laboratory has completed the analysis of the stool sample you provided on [Date of Collection]. The results are as follows:

Test Result: [Positive / Negative]

Interpretation:

- **If Positive:** This indicates the presence of H. pylori bacteria in your digestive tract. This bacteria is a common cause of stomach inflammation and ulcers.
- **If Negative:** This indicates that the H. pylori antigen was not detected in your sample at this time.

Next Steps:

[If Positive: Our office will contact you to discuss a treatment plan, which typically involves a course of antibiotics and acid-reducing medication. Please do not start any new medications until we speak.]

[If Negative: No further action regarding this specific test is required. If your symptoms persist, please schedule a follow-up appointment to discuss other possible causes.]

If you have any questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Doctor's Signature / Name]
[Medical Practice Name]