

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent routine stool sample screening performed on [Date of Collection].

**Result: [Normal / Negative / Follow-up Required]**

**Summary:**

[Insert brief explanation of findings, e.g., "No abnormalities or signs of blood were detected at this time" OR "The test detected findings that require a follow-up consultation."]

**Next Steps:**

- [Option 1: No further action is needed at this time. We recommend continuing with your regular screening schedule.]
- [Option 2: Please contact our office at [Phone Number] to schedule a follow-up appointment to discuss these results.]

If you have any questions regarding these results or if you are experiencing any new digestive symptoms, please do not hesitate to contact our clinic.

Sincerely,

[Provider Name/Signature]

[Practice/Clinic Name]

[Phone Number]