

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Patient ID:** [ID Number]

**Subject: Notification of Invalid Sample and Request for Retest - H. Pylori Breath Test**

Dear [Patient Name],

We are writing to inform you that the breath sample provided on [Date of Original Test] for your Helicobacter Pylori (H. Pylori) test was determined to be invalid by the laboratory.

An invalid result can occur for several reasons, such as an insufficient amount of air in the collection bags, a leak in the container, or interference from recent medications. Because the sample could not be processed, we do not have a diagnostic result at this time.

**Action Required:**

Please contact our office at [Phone Number] to schedule a repeat breath test. There is no additional provider fee for this retest.

**Pre-Test Requirements:**

To ensure an accurate result for your second test, please follow these instructions strictly:

- Do not eat or drink anything (including water) for at least 1 hour before the test.
- Stop taking antibiotics or bismuth treatments (e.g., Pepto-Bismol) at least 4 weeks before the test.
- Stop taking Proton Pump Inhibitors (PPIs) such as Omeprazole or Nexium at least 2 weeks before the test.

We apologize for the inconvenience and appreciate your cooperation in ensuring we obtain an accurate result for your care.

Sincerely,

[Provider Name/Laboratory Name]

[Clinic Name]

[Contact Information]