

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Doctor's Name or Laboratory Name]
[Department, if applicable]
[Clinic/Hospital Address]

Subject: Request for Retesting Regarding Inconclusive Blood Test Results

Dear [Doctor's Name/Laboratory Manager],

I am writing to formally request a retest for the blood work performed on [Date of original test]. I received notification on [Date of notification] that the results for [Specific Test Name, e.g., Vitamin D, Thyroid Panel] were inconclusive.

As these results are necessary for my ongoing medical assessment and treatment plan, I would like to schedule a follow-up blood draw as soon as possible to obtain a definitive result. Please let me know if there are any specific instructions I should follow prior to this retest, such as fasting or timing requirements.

Please inform me of the next available appointment time or if I can visit the laboratory as a walk-in. I would also appreciate confirmation regarding whether the fees for this retest will be waived due to the inconclusive nature of the initial sample.

Thank you for your prompt attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Date of Birth/Patient ID Number]