

URGENT: RETESTING REQUIRED

Date: [Insert Date]

Recipient Name: [Insert Name]

Address: [Insert Address]

Patient ID/Reference: [Insert ID Number]

Dear [Insert Name],

We are writing to inform you that the results of your recent test conducted on [Insert Date] are inconclusive. This does not necessarily mean there is a cause for concern, but it does mean that the laboratory was unable to provide a definitive result from the original sample provided.

Because a clear result is necessary for your continued care, we require you to schedule a retest as soon as possible. This follow-up test is urgent to ensure we have accurate information regarding your health status.

Next Steps:

- Please contact our office at [Insert Phone Number] to schedule your appointment.
- Your retest has been prioritized; please mention "Urgent Retest" when calling.
- [Insert any specific instructions, e.g., fasting or medication requirements].

There will be no additional charge for this follow-up procedure. We apologize for the inconvenience and appreciate your prompt cooperation in this matter.

Sincerely,

[Your Name/Department Name]

[Organization Name]

[Contact Information]