

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Patient ID/DOB:** [Insert ID or Date of Birth]

**Original Collection Date:** [Insert Date]

Dear [Patient Name],

We are writing to inform you that we require a new sample for your recent laboratory test: [Insert Test Name].

The original sample provided on [Insert Date] could not be processed due to the following reason:

- Insufficient sample volume
- Sample degradation or temperature excursion
- Laboratory technical error
- Requirement for confirmatory testing
- Other: [Insert Reason]

Please return to our collection center at your earliest convenience to provide a new sample. No additional fees will be charged for this recollection.

**Special Instructions for Recollection:**

[Insert Instructions, e.g., Fasting required for 8 hours / No appointment necessary]

We apologize for any inconvenience this may cause. If you have any questions regarding this request, please contact our office at [Insert Phone Number].

Sincerely,

[Your Name/Department Name]

[Facility Name]

[Contact Information]