[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Laboratory Manager]
[Laboratory or Clinic Name]
[Department]
[Address]
[City, State, Zip Code]

Subject: Request for Retesting Due to Contaminated Blood Specimen

Dear [Recipient Name],

I am writing to formally request a retest for the blood sample collected on [Date of Original Test] under Patient ID/Accession Number [Insert Number].

I was notified on [Date Notified] that the original specimen was deemed "contaminated" or "unsuitable for testing" (QNS/Hemolyzed). As a result, the requested tests for [List specific tests, e.g., CBC, Glucose, etc.] could not be accurately completed.

Please provide instructions on when I can return to your facility to provide a new specimen. I also request that any additional collection or processing fees associated with this retest be waived, as the initial failure was due to sample contamination during or after collection.

I look forward to your prompt response to resolve this matter. Please contact me at [Your Phone Number] to schedule the new appointment.

Sincerely,

[Your Signature]

[Your Printed Name]