[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Important Request for Specimen Re-collection

Dear [Patient Name],

We are writing to inform you that the laboratory was unable to complete the testing for the specimen provided during your visit on [Date of Visit].

Unfortunately, the sample was found to be contaminated, which means the results may not be accurate or cannot be processed by the lab equipment. This can happen for various reasons and does not necessarily indicate a health concern; however, it does require us to collect a new sample to ensure you receive correct information regarding your health.

Please contact our office at [Phone Number] or visit our clinic during regular business hours to provide a repeat specimen. No additional appointment is necessary, and you will not be charged for this repeat test.

Please follow these instructions before arriving: [Insert Instructions, e.g., Fasting/Hydration].

We apologize for any inconvenience this may cause and appreciate your cooperation in helping us provide the most accurate care possible.

Sincerely,

[Provider Name/Clinic Manager]
[Clinic Name]