Date: [Insert Date]

To: [Insert Laboratory Name/Testing Facility]
Address: [Insert Laboratory Address]

Subject: Authorization for Retesting of Contaminated Urine Specimen

Dear [Insert Name of Contact Person or Department],

I, [Insert Your Full Name], am writing to formally authorize the retesting of my urine specimen collected on [Insert Collection Date]. I have been informed that the original specimen (Specimen ID: [Insert ID Number]) was deemed contaminated or unsuitable for testing.

I understand that a new sample may be required or that the existing sample will undergo further processing to ensure an accurate result. Please proceed with the necessary protocols for: [Check one]

[ ] Collection and testing of a new specimen.
[ ] Re-analysis of the existing specimen if valid under lab guidelines.

Donor Information:
Full Name: [Insert Name]
Date of Birth: [Insert DOB]
Employee/Case ID: [Insert ID if applicable]
Phone Number: [Insert Phone Number]

Please forward the certified results to [Insert Name of Employer/Doctor/Agency] once the analysis is complete.

Sincerely,

[Your Signature]

[Your Printed Name]