[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Lab Manager or Laboratory Director]
[Name of Laboratory/Clinic]
[Address of Laboratory/Clinic]

RE: Request for Diagnostic Retesting - Specimen Cross-Contamination

Dear [Name of Contact Person],

I am writing to formally request an immediate retest of my recent diagnostic sample collected on [Date of Original Collection]. The reference number for this specimen is [Specimen/Accession Number].

I am requesting this retest based on evidence or notification of potential cross-contamination during the laboratory processing phase. Due to the risk of a false [positive/negative] result caused by this contamination, the current findings are medically unreliable.

Please provide instructions regarding the following:

- The process for submitting a fresh specimen for testing.
- Confirmation that all fees associated with the original compromised test will be waived or refunded.
- The expedited timeline for receiving the new results.

Accurate diagnostic data is critical for my ongoing medical treatment. I look forward to your prompt response and a resolution to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

cc: [Name of Referring Physician]