Date: [Insert Date]

To: [Clinic/Provider Name]
Attention: [Contact Person/Department]
Fax/Email: [Recipient Contact Info]

RE: NOTIFICATION OF INVALID SPECIMEN AND RE-COLLECTION REQUEST

Dear [Clinic Name/Provider Name],

We are writing to inform you that the specimen submitted for the patient listed below could not be processed.

Patient Information:

- **Patient Name:** [Patient Full Name]
- **Date of Birth:** [MM/DD/YYYY]
- **Date of Collection:** [MM/DD/YYYY]
- **Accession/Reference Number:** [Number]

Reason for Invalid Status:

[Insert reason, e.g., Quantity Not Sufficient (QNS), Specimen Hemolyzed, Improper Labeling, Leaked in Transit, or Stability Expired]

Required Action:

To ensure accurate results, a new specimen must be collected. Please schedule the patient for a re-collection at your earliest convenience. Please ensure the new sample is labeled clearly with two patient identifiers and accompanied by a new requisition form if applicable.

We apologize for any inconvenience this may cause you and your patient. If you have any questions regarding collection requirements or this notification, please contact our Laboratory Services Department at [Phone Number].

Sincerely,

[Your Name/Laboratory Director]
[Laboratory Name]
[Contact Information]