Date: [Insert Date]

To: [Laboratory Name]
Department: [Department Name, e.g., Toxicology/Pathology]
Address: [Laboratory Address]

RE: Authorization for Specimen Retesting

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/MRN: [ID Number]
Original Accession Number: [Reference Number]
Date of Original Collection: [Date]

To Whom It May Concern,

I am writing to formally authorize and request the retesting of the specimen referenced above. The initial laboratory report indicated that the sample was contaminated or otherwise compromised, preventing a definitive clinical interpretation.

Clinical necessity requires an accurate result for this patient's ongoing treatment plan. Please proceed with one of the following actions as per laboratory protocol:

- Rerun the original specimen using specialized purification or decontamination procedures.
- Process an aliquot of the backup specimen, if available.
- Verify if a new collection is required based on the nature of the contamination.

Please notify my office immediately if the specimen is insufficient for retesting or if a new sample must be drawn. All results should be sent via the standard reporting channel.

Thank you for your prompt attention to this matter.

Sincerely,

[Physician Signature]

Physician Name: [Print Name]
NPI Number: [NPI Number]
Clinic/Hospital: [Facility Name]
Phone Number: [Phone Number]