Date: [Date]

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

RE: REQUEST FOR SPECIMEN RETESTING / RE-COLLECTION

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID/MRN: [ID Number]
Original Accession Number: [Accession Number]
Date of Original Collection: [Date]

Dear Laboratory Director/Pathologist,

I am writing to formally request the retesting or re-processing of the specimen referenced above. We have been notified that the initial specimen was compromised due to the following reason:

[Insert reason: e.g., Insufficient quantity, improper fixation, container leakage, labeling error, or degraded sample.]

Action Required:

- [ ] Please attempt re-processing using the remaining tissue/sample currently in your possession.
- [ ] Please confirm if a new clinical specimen collection is required from the patient.
- [ ] Please prioritize this request as an URGENT status.

Clinical Indication for Expedited Results:
[Insert clinical reason, e.g., Suspected malignancy, pending surgical intervention]

Please contact my office immediately at [Phone Number] to confirm receipt of this request and to provide instructions regarding the necessity of a new biopsy or blood draw.

Sincerely,

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