Date: [Insert Date]

To: [Laboratory Name]
Department: Pathology Department
Address: [Laboratory Address]

RE: REQUEST FOR RETESTING OF CONTAMINATED BIOPSY SPECIMEN

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

To the Pathology Department,

I am writing to formally request the retesting or secondary analysis of the biopsy specimen referenced above. The initial pathology report indicated that the sample was compromised due to [contamination / suboptimal preservation / cellular degradation].

Due to the clinical significance of these findings and the necessity for an accurate diagnosis, please perform the following:

- Determine if sufficient uncontaminated tissue remains in the original block for deeper sections or recuts.
- Perform specialized stains or molecular testing to bypass the identified contaminants, if applicable.
- Provide a formal update or amended report regarding the feasibility of obtaining a diagnostic result from the existing material.

If the specimen is deemed entirely non-diagnostic due to the extent of the contamination, please provide a written notification immediately so that a re-biopsy can be scheduled for the patient.

Thank you for your prompt attention to this clinical matter. Please send the results to [Ordering Physician Name] via [Fax/Secure Email/Portal].

Sincerely,

[Signature]
[Printed Name of Ordering Physician]
[Medical Facility Name]
[Phone Number]