[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Request for Repeat Specimen Collection

Dear [Patient Name],

We are writing to inform you that the laboratory was unable to process the [Insert Type of Specimen, e.g., urine/blood] sample provided on [Date of Original Collection].

The laboratory reported that the specimen was "contaminated." This does not necessarily mean there is a medical concern; rather, it means that outside bacteria or substances interfered with the sample, making it impossible to get an accurate test result.

To ensure you receive the correct diagnosis and treatment plan, we need you to provide a new specimen as soon as possible.

Next Steps:

- Please visit our laboratory during normal business hours: [Insert Hours].
- No appointment is necessary for this repeat collection.
- [Optional: Insert specific instructions, e.g., "Please ensure you follow the 'clean catch' instructions provided by the staff."]

If you have any questions or feel that this test is no longer needed, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Clinic Staff Name]
[Clinic Name]