Date: [Insert Date]

To: [External Laboratory Name]
Address: [Laboratory Address]
Attn: [Contact Name/Department]

Subject: Request for Specimen Retesting - Contaminated Sample

Dear Laboratory Manager,

We are writing to formally request the retesting of a specimen previously submitted to your facility. We were notified on [Date of Notification] that the original sample was compromised due to contamination.

Patient/Specimen Details:
Patient Name: [Insert Name]
Date of Birth: [Insert DOB]
Specimen ID Number: [Insert ID]
Collection Date: [Insert Date]
Test Requested: [Insert Test Type]

Please find enclosed a new specimen collected under sterile conditions on [New Collection Date]. We request that you process this sample as a priority to avoid further delays in clinical diagnosis and treatment planning.

Please confirm receipt of this sample and provide an estimated turnaround time for the results. If there are any additional requirements or forms needed, please contact our office immediately at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]
[Your Title]
[Organization Name]