[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

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

Subject: Rescheduling of Diagnostic Testing Appointment - [Your Full Name]

Dear [Laboratory Name/Appointment Coordinator],

I am writing to formally request a rescheduling of my diagnostic testing appointment originally scheduled for [Original Date] at [Original Time]. My appointment reference number is [Reference Number, if applicable].

Due to [unforeseen circumstances / illness / an emergency], I was unable to attend my scheduled appointment. I apologize for any inconvenience this absence may have caused your staff.

I would like to reschedule this test as soon as possible. I am available on the following dates and times:

- [Option 1: Date and Time]
- [Option 2: Date and Time]
- [Option 3: Date and Time]

Please let me know if any of these slots are available or suggest the next available opening. I can be reached at [Your Phone Number] to confirm the new details.

Thank you for your understanding and assistance.

Sincerely,

[Your Signature]

[Your Printed Name]