[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Out-of-State Laboratory]
[Laboratory Address]
[City, State, Zip Code]

RE: Medical Record Request for [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number (if known): [Number]

To the Records Department,

I am writing to formally request a copy of my laboratory test results and associated medical records for services performed at your facility on or around [Date of Service].

Please include the following records in this request:
- Official laboratory reports and findings
- Pathology reports (if applicable)
- Physician notes related to these tests
- All other diagnostic data on file

Please deliver these records via the following method:
[ ] Secure Email: [Email Address]
[ ] Mail to: [Mailing Address]
[ ] Fax to: [Fax Number]

If there is a fee for reproducing these records, please notify me in advance if the cost exceeds $[Amount].

I have attached a signed authorization form as required by HIPAA regulations to release these records. If you require any further information, please contact me at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Printed Name]