

[Your Name]
[Your Title]
[Your Institution/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for DNA Sample Collection

I am writing to refer [Patient's Full Name], who is a [brief description of the patient's condition or reason for referral]. We believe that a DNA sample is necessary to [explain the reason for DNA testing, e.g., confirm a diagnosis, explore genetic disorders, etc.].

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Patient's MRN]
- Contact Information: [Patient's Phone Number and/or Email]

Please provide [specific tests or analyses requested] based on the DNA sample. Attached are the relevant medical records that support this referral, including [list any relevant documents, such as lab results, previous genetic tests, etc.].

Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Typed Name]
[Your Title]
[Your Institution/Organization]