[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Testing Center Name]
[Testing Center Address]
[City, State, Zip Code]
Dear [Recipient Name],
Subject: Request for PCR Test
I am writing to request a PCR test for COVID-19. My details are as follows:
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Contact Number: [Your Contact Number]
- Email Address: [Your Email Address]
I require the test for [reason for the test, e.g., travel, symptoms, etc.]. Please let me know the available dates and any additional information needed for scheduling the appointment.
Thank you for your attention to this matter. I look forward to your prompt response.
Sincerely,
[Your Name]