

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

[Recipient Name]  
[Recipient's Position]  
[Immigration Office/ Agency Name]  
[Office Address]  
[City, State, Zip Code]

Subject: PCR Test Results for Immigration Purposes

Dear [Recipient Name],

I, [Your Full Name], hereby submit my PCR test results as required for my immigration application.

**\*\*Patient Information\*\*:**

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Passport Number: [Your Passport Number]
- Nationality: [Your Nationality]

**\*\*Test Information\*\*:**

- Test Date: [Date of Test]
- Test Provider: [Testing Facility Name]
- Test Result: [Positive/Negative]
- Testing Method: PCR (Polymerase Chain Reaction)
- Result Date: [Date Result Received]

Please find the attached document containing the official PCR test results from the testing facility.

If you require any further information or additional documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]