

[Your Clinic/Practice Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Tuberculosis (TB) Test Results

Thank you for visiting [Your Clinic/Practice Name] for your tuberculosis testing. We appreciate your commitment to your health and well-being.

This letter serves to inform you about your TB test results.

****Test Date:**** [Insert Date]

****Test Type:**** [Insert Type of TB Test - e.g., Tuberculin Skin Test (TST) or IGRA Blood Test]

****Result:**** [Positive/Negative]

If your result is positive, we recommend scheduling a follow-up appointment to discuss further evaluation and potential next steps. It is important to identify and manage any risk factors for tuberculosis.

If your result is negative, there is no evidence of tuberculosis infection at this time. However, we encourage you to remain vigilant about any symptoms, and please contact us immediately if you have any concerns or develop new symptoms.

Should you have any questions regarding your results or would like to schedule an appointment, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for trusting us with your health.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]