

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

[Recipient Name]
[Recipient's Title]
[Organization/Institution Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to verify the results of my recent Tuberculosis (TB) test, which was conducted on [test date] at [testing facility name].

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Test Type:** [e.g., Tuberculin Skin Test or QuantiFERON Gold Test]
- **Test Results:** [e.g., Positive/Negative]
- **Date of Test Result:** [Result Date]

Please feel free to contact the testing facility at [testing facility contact number] should you require any additional documentation or information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]