

[Your Hospital/Clinic Name]  
[Your Hospital/Clinic 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 Laboratory Test Results

We are writing to inform you of the results from your recent tuberculosis (TB) tests performed on [date of test].

Test Type: [Specify the type of test conducted, e.g., Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA)]

Result: [Positive/Negative]

Interpretation: [Brief interpretation of the result, e.g., "A positive result indicates exposure to TB bacteria" or "A negative result suggests no evidence of TB infection."]

Next Steps: [Include any recommended follow-up actions, such as further testing, treatment options, or referrals.]

If you have any questions or require further clarification regarding your results, please do not hesitate to contact our office at [phone number] or [email address].

Thank you for choosing [Hospital/Clinic Name].

Sincerely,

[Your Name]

[Your Job Title]

[Your Hospital/Clinic Name]