

[Your Name]
[Your Title]
[Your Organization/Clinic Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of Tuberculosis Test Results

We are writing to inform you of the results of your recent Tuberculosis (TB) test conducted on [Date of Test].

Test Type: [Mantoux Test / QuantiFERON Test / etc.]

Date of Test: [Date]

Result: [Positive/Negative]

Further Action Required: [Yes/No - include any follow-up instructions if needed]

If you have any questions regarding your results or if you need further medical assistance, please do not hesitate to contact our office at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Organization/Clinic Name]