

[Your Clinic/Practice Name]  
[Your Clinic/Practice Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

Dear [Patient's Name],

Subject: Tuberculosis (TB) Test Results

We are writing to inform you of the results of your recent TB test conducted on [test date].

Your test result is as follows:

- **\*\*Test Type\*\***: [Mantoux Test/IGRA Test]
- **\*\*Result\*\***: [Positive/Negative]

[If positive, include:]

This result indicates that you may have been exposed to TB. However, further evaluation is necessary to determine if you currently have an active TB infection. We recommend scheduling an appointment for additional testing and to discuss the next steps in your care.

[If negative, include:]

This result indicates that you do not have a current TB infection. If you have any further concerns or symptoms, please do not hesitate to reach out.

Please feel free to contact our office at [phone number] if you have any questions or need further assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]