

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Tuberculosis Screening Results

We hope this letter finds you well. We are writing to inform you of the results from your recent tuberculosis (TB) screening conducted on [date of screening].

Test Method: [Type of test used, e.g., Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA)]

Test Result: [Positive/Negative/Indeterminate]

If your result is positive, please be assured that it does not necessarily mean you have active tuberculosis. Further evaluation will be necessary to determine if any treatment is needed. We recommend that you schedule a follow-up appointment to discuss these results in more detail. If your result is negative, no further action is required at this time, but we encourage you to continue regular health check-ups and follow any preventative measures outlined by your healthcare provider.

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

Thank you for choosing [Clinic/Doctor's Name].

Sincerely,

[Your Name]

[Your Title]

[Clinic's Name]

[Clinic's Contact Information]