

[Your Name]
[Your Title/Position]
[Your Organization/Institution]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Testing Facility or Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Tuberculosis (TB) Test

I hope this letter finds you well. I am writing to formally request a Tuberculosis (TB) test for [Patient's Name], who is [Patient's Age] years old and has been under my care since [Date].

Due to [reason for the test, e.g., potential exposure, pre-employment requirement, symptomatic concerns], it is imperative that we conduct a thorough evaluation. The preferred method for testing is [specify test type, e.g., Tuberculin Skin Test, IGRA blood test].

Please find attached the necessary medical records and any additional information required for this testing. If there are any forms or further information needed from my end, please do not hesitate to reach out.

Thank you for your attention to this matter. I look forward to your prompt response regarding the scheduling of this test.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization/Institution]