

[Your Institution/Organization Letterhead]

[Date]

[Participant's Name]

[Participant's Address]

[City, State, Zip Code]

Dear [Participant's Name],

Subject: Tuberculosis (TB) Testing Appointment

We are writing to inform you about the upcoming Tuberculosis (TB) testing as part of the [Study Title] clinical study in which you are participating. Your health and safety are our top priorities, and we want to ensure that all necessary precautions are taken.

****Testing Details:****

- ****Date of Test:**** [Insert Date]

- ****Time:**** [Insert Time]

- ****Location:**** [Insert Address/Clinic Name]

- ****Contact Person:**** [Insert Contact Name and Phone Number]

Please make sure to arrive at least [X minutes] early to complete any necessary paperwork. The TB test will involve [briefly describe procedure, e.g., a skin test or blood test].

If you have any questions or if you are unable to attend the scheduled appointment, please do not hesitate to contact us at [insert phone number or email].

Thank you for your participation and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]