

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Immigration Office Name]
[Office Address]
[City, State, Zip Code]

Subject: Tuberculosis Testing Results for Immigration Purposes

Dear [Recipient's Name],

I am writing to provide you with the results of my tuberculosis (TB) test, conducted as part of my immigration process.

****Patient Information:****

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Country of Origin: [Your Country]

****Testing Information:****

- Date of Test: [Date of TB Test]
- Type of Test: [e.g., IGRA or TST]
- Testing Facility: [Name and Address of the Clinic/Facility]
- Physician Name: [Name of the Physician Conducting the Test]

****Results:****

- Result: [Positive/Negative]
- If Positive: [Indicate if follow-up was conducted and provide details if applicable]
- Date Results Provided: [Date you received results]

Please find attached the official documentation from the testing facility reflecting the results.

Should you require any additional information or clarification, please feel free to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Immigration Case Number (if applicable)]

****Attachments:****

1. TB Test Result Document
2. [Any other relevant documents]