

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

Dear [Recipient's Name],

Subject: Request for Tuberculosis Testing

I am writing to request tuberculosis (TB) testing for [Patient's Name], [Patient's Date of Birth], who is a [brief description of the patient's relevant background, e.g., patient with potential TB exposure, symptomatic patient, etc.].

Please perform the following tests:

- Tuberculin Skin Test (TST) / Interferon-Gamma Release Assay (IGRA)
- [Specify any additional tests if necessary]

Test specifics:

- Reason for testing: [Detailed reason, e.g., recent exposure, symptoms, pre-employment requirement, etc.]
- Clinical notes: [Include any relevant clinical history or information that may assist in testing]

We appreciate your timely attention to this request and ask that you send the results to [Specify where to send the results, e.g., the patient's physician, the laboratory, etc.].

Thank you for your cooperation. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]
[Your Title]
[Your Laboratory Name]