

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

Dear [Recipient's Name],

I am writing to request a White Blood Cell (WBC) count test for my patient, [Patient's Full Name], [Patient's Age], who is experiencing [brief description of symptoms or reason for testing].

Clinical details:

- [Patient's medical history relevant to WBC testing]
- [Symptoms indicating the need for testing]
- [Any treatments or medications that are currently being administered]

The test is essential for [explanation of why the WBC count is necessary, e.g., to rule out infection, monitor treatment response, etc.].

Please find enclosed any necessary forms and patient information. I would appreciate your assistance in processing this request promptly.

Thank you for your attention to this matter. Please feel free to contact me at [your phone number] or [your email address] if you have any questions or need further information.

Sincerely,

[Your Name]  
[Your Title/Position]