

[Your Clinic/Practice Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Instructions for Sample Collection

We hope this letter finds you well. As part of your recent health assessment, we require you to provide a sample for further testing. Below are the detailed instructions to help ensure proper collection and processing of your sample:

1. ****Type of Sample Required****: [Specify type of sample, e.g., blood, urine, saliva]

2. ****Collection Date and Time****: [Specify date and time or indicate flexibility]

3. ****Preparation Instructions****:

- For blood tests: [e.g., "Please fast for at least 8 hours before the collection."]

- For urine tests: [e.g., "Collect a midstream sample in the provided container."]

- For saliva tests: [e.g., "Avoid eating or drinking for at least 30 minutes before collection."]

4. ****Collection Procedure****:

- Please follow these steps:

a. [Step 1: Detailed instruction]

b. [Step 2: Detailed instruction]

c. [Step 3: Detailed instruction]

5. ****Delivery of Sample****:

- [Specify how to deliver the sample: e.g., "Please bring your sample to our lab at [address] within 2 hours of collection."]

6. ****Contact for Questions****:

- If you have any questions or concerns, please do not hesitate to contact us at [phone number] or [email address].

Thank you for your cooperation. Your health and well-being are our top priorities.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Signature (if sent by mail)]