

# Laboratory Test Sample Collection Guidelines

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

**Dear [Patient's Name],**

We appreciate your cooperation in participating in your laboratory test. To ensure accurate results, please follow the guidelines below for sample collection:

## **Sample Collection Guidelines:**

- Ensure to arrive on time for your appointment.
- Fast for at least 8-12 hours prior to blood tests unless specified otherwise.
- Avoid heavy exercise and intake of alcohol 24 hours before the test.
- Bring any required identification and referral documents.
- If you are taking any medications, inform the laboratory staff.
- Follow any specific instructions provided regarding sample collection.

## **Important Notes:**

If you have any questions or need to reschedule, please contact our office at [Contact Information]. Thank you for your attention to these guidelines.

**Sincerely,**

[Your Name]

[Your Title]

[Laboratory Name]

[Contact Information]