

# Declaration for Collecting Test Results

Date: **[Insert Date]**

To Whom It May Concern,

I, **[Your Name]**, hereby declare that I am authorized to collect the test results on behalf of **[Patient's Name]**.

Details of the Patient:

- Name: **[Patient's Full Name]**
- Date of Birth: **[Patient's DOB]**
- Test Conducted: **[Name of Test]**

The reason for this collection is **[Reason for Collection]**.

Thank you for your attention to this matter.

Yours sincerely,

**[Your Name]**

[Your Address]

[Your Phone Number]

[Your Email Address]