

# Request for Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to request detailed information regarding the hereditary condition risk screenings available at your facility. As a [patient/family member], I am particularly interested in understanding the options available for assessing hereditary risks related to [specific conditions or genes, if applicable].

Specifically, I would like to know the following:

- What hereditary condition screenings are offered?
- What are the criteria for eligibility for these screenings?
- What are the costs associated with the screenings?
- How are the results communicated, and what steps follow after screening?
- Are there any counseling services available for those who test positive for hereditary conditions?

Thank you for your attention to this matter. I look forward to your prompt response, as this information is vital for my understanding and personal health planning.

Sincerely,

[Your Name]