Dear Doctor

The bearer of this letter has had sexual contact with someone diagnosed with the following sexually transmitted infection(s):

- Chlamydia
- Gonorrhoea
- Lymphogranuloma venereum (LGV)
- Mycoplasma Genitalium
- Syphilis
- Trichomoniasis
- Genital herpes
- Chancroid
- Donovanosis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV
- Tuberculosis
- Other, specify …………………………………………………………………..

Or, the following syndrome(s):
- Pelvic Inflammatory Disease (PID)
- Epididymitis

Guidelines recommend that contacts of confirmed cases should be examined and investigated for sexually transmitted infections and receive treatment if required for the infection(s) indicated above.

If the test results come back positive, please notify the infection (if required) and ensure that contact tracing is undertaken.


Yours sincerely

Doctor
Respondent's surgery address and telephone number

Dear Doctor

I have examined and tested the contact of your patient for.....................................

They have received the following treatment..............................................................

Yours sincerely

Doctor