



<MRO letterhead>

<MRO ADDRESS>  
<MRO Phone number>  
<MRO Email address>

DATE:

Attn: To Whom it May Concern

RE: CCF # \_\_\_\_\_  
Collection Date:  
Collected By: <collector's name>  
Collection Site: <name and address>  
MRO: <MRO name>

Please cancel the above listed test.

If you require any other information please contact me at: \_\_\_\_\_

Thank You,

<MRO Name>  
Medical Review Officer