Salutation

First name Last name

Street no.

Postcode City

Place, date

# Tuberculosis testing

Dear Name Salutation

We will confirm the appointment for the tuberculin test / blood test made by telephone as follows.

**Date: ... at ... o'clock**

**Place: ...**

You will be informed of the test result in writing.

### Important: Bring your vaccination card

Attached you will find an information brochure about the Lung League and tuberculosis.

If you have any further questions, please do not hesitate to contact us.

Kind regards

LUNG LEAGUE ...

First name Last name

Tuberculosis Unit