Date: [Date]

To: [Recipient Name/Clinic Name]
Attention: [Physician Name]
Address: [Clinic Address]

RE: Psychiatric Evaluation Clearance for [Donor Full Name]
Date of Birth: [Donor Date of Birth]
Donor ID/Reference: [Donor ID Number]

Dear [Recipient Name],

I am writing to provide the results of the psychological evaluation conducted for [Donor Full Name] on [Date of Evaluation]. This evaluation was performed to determine the candidate's psychological suitability for [Oocyte/Sperm/Embryo] donation.

The assessment included a clinical interview, a review of personal and family mental health history, and the administration of standardized psychological testing ([Name of Test, e.g., PAI or MMPI-3]). The evaluation focused on the donor's motivations, emotional stability, understanding of the long-term implications of donation, and potential for informed consent.

Based on the clinical findings and test results:

- The donor demonstrates no evidence of significant psychopathology or cognitive impairment.
- The donor exhibits a clear understanding of the legal and social aspects of third-party reproduction.
- The donor appears to be making this decision autonomously and without coercion.

In my professional opinion, [Donor Full Name] meets the psychological guidelines established by the American Society for Reproductive Medicine (ASRM) and is **cleared** to proceed with the donation process.

This clearance is valid for [Time Period, e.g., one year] from the date of this letter. Should you have any questions or require further documentation, please feel free to contact my office.

Sincerely,

[Signature]
[Evaluator Name, Degree]
[License Type and Number]
[Practice Name]
[Phone Number]
[Email Address]