

[Date]

[Recipient Name/Transplant Coordinator]

[Transplant Center Name]

[Address]

[City, State, Zip Code]

RE: Psychological Evaluation for Potential Living Organ Donor

Patient Name: [Donor Full Name]

Date of Birth: [Donor DOB]

Candidate Recipient: [Recipient Name (Optional)]

To the Transplant Selection Committee,

I am writing to provide the results of the psychological evaluation conducted on [Donor Full Name] on [Date of Evaluation] regarding their interest in becoming a living organ donor.

The evaluation included a clinical interview, a review of psychological history, and an assessment of the donor's motivations and support system. The purpose was to determine the individual's cognitive capacity, emotional stability, and ability to provide informed consent.

Based on this assessment, I have found the following:

- The donor demonstrates a clear understanding of the surgical risks, potential complications, and the long-term recovery process.
- The decision to donate is voluntary and free from evidence of external coercion or financial inducement.
- The donor exhibits sound judgment and has no active psychiatric conditions that would impair their ability to cope with the stress of surgery or recovery.
- There is a sufficient post-operative support plan in place.

In my professional opinion, [Donor Full Name] meets the psychological criteria for living organ donation. I offer full psychological clearance for them to proceed with the donation process.

If you require further information or documentation, please contact my office at [Phone Number].

Sincerely,

[Signature]

[Printed Name, Degree]

[License Number/State]

[Clinic/Organization Name]