

Date: [Insert Date]

To: [Organ Procurement Organization Name / Transplant Coordinator]

Attention: [Coordinator Name, if applicable]

Fax/Email: [Insert Contact Information]

RE: CARDIOLOGY CLEARANCE FOR ORGAN DONATION

Donor Name: [Insert Donor Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

Hospital: [Insert Hospital Name]

To the Transplant Selection Committee,

I have performed a formal cardiology assessment of the aforementioned potential organ donor. This evaluation included a review of the patient's medical history, current hemodynamic status, and the following diagnostic tests: [List tests, e.g., 12-lead ECG, Transthoracic Echocardiogram, Cardiac Enzymes].

Clinical Findings:

- **Left Ventricular Function (EF):** [Insert Percentage]%
- **Wall Motion:** [Normal / Describe Abnormalities]
- **Valvular Function:** [Normal / Describe Stenosis or Regurgitation]
- **Hemodynamic Support:** [List Vasopressors and dosages, or "None"]
- **Relevant History:** [List CAD, Hypertension, or "None"]

Assessment:

Based on the current clinical data, it is my professional opinion that the heart is:

Medically suitable for transplantation.

Medically suitable with the following considerations: [Insert notes].

Not suitable for cardiac transplantation.

Clearance Status:

The patient is **CLEARED** from a cardiovascular standpoint for organ procurement. This clearance applies to [The Heart / Other Organs only].

Should you require further information or clarification, please contact me at [Insert Phone Number].

Sincerely,

[Physician Name, MD/DO]

[Title, e.g., Attending Cardiologist]

[Department Name]

[Hospital Name]