

Date: [Insert Date]

To: [Recipient Name/Transplant Coordinator]

Facility: [Hospital/Organization Name]

Subject: Infectious Disease Screening Clearance for Organ Donation

Donor Name: [Insert Full Name]

Date of Birth: [Insert DOB]

Donor ID: [Insert ID Number]

To whom it may concern,

This letter serves to confirm that the aforementioned donor has undergone comprehensive infectious disease screening as required by clinical protocols for organ donation.

The screening included testing for the following markers:

- Human Immunodeficiency Virus (HIV-1/2)
- Hepatitis B Virus (HBsAg, Anti-HBc)
- Hepatitis C Virus (Anti-HCV)
- Syphilis (RPR/Treponemal)
- Cytomegalovirus (CMV)
- [Insert Additional Tests, e.g., West Nile, NAT Testing]

Clinical Determination:

Based on the laboratory results dated [Insert Date of Results] and a review of the donor's medical history, the donor is cleared for organ donation from an infectious disease standpoint. No active contraindications were identified at the time of screening.

Please find the detailed laboratory reports attached to this letter for your records.

Sincerely,

[Physician Signature]

[Physician Printed Name]

Title: [e.g., Medical Director/Infectious Disease Specialist]

Department: [Insert Department]

Phone Number: [Insert Phone Number]