

Date: [Date]

To: Transplant Selection Committee / [Transplant Center Name]

Attn: Transplant Coordinator

Re: Living Kidney Donor Evaluation

Potential Donor Name: [Donor Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Transplant Team,

I have completed a formal nephrology evaluation for the above-named individual to determine their suitability for living kidney donation. This evaluation included a comprehensive review of medical history, physical examination, and laboratory investigations.

Clinical Assessment:

- **Renal Function:** The patient's GFR was measured at [Value] ml/min per [Method, e.g., iothalamate/CrCl].
- **Urinalysis:** No evidence of significant proteinuria, hematuria, or cellular casts.
- **Blood Pressure:** Documented at [BP Reading], which is within the acceptable range.
- **Medical History:** No history of nephrolithiasis, diabetes mellitus, or chronic kidney disease.
- **Imaging:** [Renal Ultrasound/CT] showed [normal anatomy/no significant abnormalities].

Impression:

The candidate demonstrates excellent overall health and normal renal function. There are currently no nephrological contraindications to donation. The long-term risks of post-donation renal failure were discussed, and the candidate expresses a clear understanding of these risks.

Recommendation:

I am pleased to provide **medical clearance** for [Donor Name] to proceed with living kidney donation from a nephrology standpoint.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Department of Nephrology]

[Hospital/Clinic Name]