

Date: [Insert Date]

RE: Hepatology Clearance for Organ Donation

Donor Name: [Insert Donor Full Name]

Date of Birth: [Insert Date of Birth]

Medical Record Number: [Insert MRN]

To the Transplant Selection Committee,

I have performed a comprehensive hepatology assessment of the above-named individual to evaluate their suitability for organ donation. This evaluation included a review of medical history, physical examination, and relevant diagnostic studies, including liver function tests, viral serologies, and imaging.

Clinical Findings:

- **Laboratory Results:** [Insert brief summary of LFTs/Coagulation profile]
- **Viral Serology:** [Insert results for HBV, HCV, HIV]
- **Imaging:** [Insert results of Ultrasound/CT/MRI if applicable]
- **Biopsy Results:** [Insert findings or state "Not Performed"]

Assessment:

[Insert summary of liver health and any identified risks or pathologies]

Recommendation:

Based on the current clinical evidence, it is my professional opinion that the candidate is:

Medically cleared for organ donation without restrictions.

Medically cleared for organ donation with the following caveats: [Insert caveats]

Not cleared for organ donation at this time due to: [Insert reasons]

Please contact my office if any further information or clarification is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

Department of Hepatology

[Institution Name]

[Contact Information]