

Date: [Date]

To: [Potential Donor Name]

Address: [Donor Address]

Subject: Notification Regarding Medical Clearance for Organ Donation

Dear [Potential Donor Name],

Thank you for your interest and your generous desire to become a living organ donor. We have completed the comprehensive medical evaluation to determine your suitability for the donation process.

After a thorough review of your clinical tests and health history, we regret to inform you that we are unable to proceed with medical clearance at this time. This decision was made by our transplant multidisciplinary team to ensure your long-term health and safety.

The specific reason(s) for this denial include:

- [Insert specific medical reason or "Clinical findings that increase surgical risk"]

Please understand that being declined as a donor does not necessarily mean you are in poor health; it simply means that donation may pose a higher risk to you or the recipient than is medically acceptable.

We recommend that you follow up with your primary care physician to discuss these findings. We have enclosed a summary of your test results for your records.

We appreciate your selflessness and the time you dedicated to this evaluation.

Sincerely,

[Name of Transplant Coordinator/Physician]

[Name of Transplant Center/Hospital]

[Contact Information]