

Appeal for Expedited Transplant Compatibility Testing

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

To: [Recipient's Name]
[Recipient's Title]
[Hospital/Organization Name]
[Hospital Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for expedited testing in order to determine compatibility for a transplant. My [relation, e.g., father, mother, sibling], [insert patient's name], is currently in need of a transplant and time is of the essence due to the severity of their condition.

As you may be aware, [insert brief background of the patient's medical situation and why expedited testing is critical]. Given the urgency of this matter, I kindly request that you consider prioritizing the compatibility testing process.

We fully understand the challenges that the hospital faces, but believe that given the circumstances, this request merits urgent attention. We are committed to following any necessary protocols to facilitate this process.

Thank you for considering our appeal. We would greatly appreciate any assistance you could provide in expediting the compatibility testing for my [relation]. Please feel free to contact me at [insert your phone number] or [insert your email] should you need any further information.

Sincerely,
[Your Name]