

Confirmation of Transplant Tissue Typing

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that the tissue typing for the planned transplant procedure has been successfully completed. The results indicate that the donor's tissue type is compatible with that of the recipient.

Details of the tissue typing results are as follows:

- Recipient ID: [Insert Recipient ID]
- Donor ID: [Insert Donor ID]
- Alleles Matched: [Insert Matched Alleles]
- Testing Date: [Insert Testing Date]

Please feel free to reach out if you have any questions or require further information.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Contact Information]