

Request for Additional Transplant Compatibility Tests

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request additional transplant compatibility tests for my case. Due to recent developments in my health and the upcoming transplant procedure, it is crucial for us to ensure optimal compatibility.

Specifically, I would like to request tests for [list specific tests, e.g., HLA typing, crossmatching, etc.]. These tests will provide us with the necessary information to make informed decisions regarding my transplant process.

I appreciate your attention to this matter and look forward to your prompt response. Thank you for your continuous support and care.

Sincerely,

[Your Name]