Your Name

Title

Organization Name

Street Address

City, ST ZIP Code

Date

MPSC Representative c/o OPTN contractor

United Network for Organ Sharing (UNOS)

700 N 4th St

Richmond, VA 23219

To The Membership and Professional Standards Committee:

I, \_\_(your name)\_\_, provide this letter of recommendation for Dr.\_\_(proposed primary)\_\_ for the role of \_\_(primary surgeon/physician)\_\_ for the \_(organ)\_ program at \_\_(name of transplant hospital)\_\_.

[Feel free to personalize! Show that you have a professional relationship with the proposed and you highly recommend this individual for the primary role.]

I recommend\_\_(proposed primary)\_\_ to act as a primary transplant (surgeon/physician) and believe that the (surgeon/physician has the personal integrity, honesty, and familiarity with and experience in adhering to OPTN obligations. It is clear that the (proposed primary) meets all bylaw requirements to lead the (organ) program, and any other matters judged appropriate.

Should you have any need for additional information please feel free to contact me directly.

Sincerely,

(Signature)

Your Name

Title