

Exhibit 357

Options Letter for a Transplant Program Inactive at 12 Months: Program is inactive at 12 months and must re-active, voluntarily withdraw or be terminated.

[Date]

Dear [Hospital ADM]:

We received notification that the [organ type] transplant program(s) at [Hospital] will become/became inactive as of [Date].

Pursuant to Transplant Center requirements at 42 CFR 488.61(e), a transplant program is permitted to be inactive for up to 12 months and retain its Medicare approval. The [Organ Type] transplant program at [Hospital] will reach the maximum 12-month period of inactivity on [Date]. CMS does not have the authority to provide an extension beyond this 12-month period and therefore the transplant program will be terminated unless it reactivates prior to the completion of the 12 month period.

We remind you that per §482.102(c)(3), the program must inform all patients on the waitlist of its inactivation and assist those patients who choose to transfer to the waitlist of another Medicare-approved transplant center without loss of time accrued on the waiting list.

If you have any questions please contact [x] at [phone], [e-mail].

Sincerely,

[Name, Title of Authorized Representative]