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Gastrointestinal Pathology Fellowship Selection Committee

Washington University School of Medicine in St. Louis

Department of Pathology & Immunology

St. Louis, Missouri

Re: Peter Neon, MD — Application for Gastrointestinal Pathology Fellowship

I am writing to offer my strongest recommendation for **Peter Neon, MD**, for your Gastrointestinal Pathology Fellowship at Washington University in St. Louis. I have known Dr. Neon for the past three years in my roles as Medical Director of the Clinical Laboratories and faculty mentor within the Clinical Pathology Residency at Stanford University Medical Center. During his residency he rotated through nearly every major clinical laboratory service under my oversight, and I worked with him closely on a longitudinal quality and utilization initiative that required sustained collaboration with gastroenterology, transfusion medicine, and informatics. Across these settings, Dr. Neon proved analytically rigorous, unfailingly collegial, and consistently focused on delivering clinically meaningful answers.

Dr. Neon completed a **Clinical Pathology residency at Stanford** and is currently finishing a **Hematopathology fellowship at The University of Texas MD Anderson Cancer Center**. Although his formal training has emphasized laboratory medicine and hematopathology, his interest in gastrointestinal disease has been evident throughout: he actively sought opportunities to connect laboratory data with tissue-based diagnosis, and he approaches complex diagnostic questions with disciplined, pattern-based reasoning. He translates insight into dependable execution, clear communication, and calm leadership when the stakes are high.

A representative example occurred during his chemistry and coagulation rotations, when we were seeing variability in workups for suspected GI bleeding and peri-procedural anticoagulant exposure. Dr. Neon recognized that inconsistent ordering patterns and incomplete clinical context were driving delays and unnecessary repeat testing. He led a focused intervention that combined a streamlined electronic order set, a standardized reflex pathway for anti-Xa and mixing studies, and a brief educational session co-developed with the GI consult service. He measured baseline performance, met with stakeholders, and iterated the build based on frontline feedback. The result was fewer duplicate orders and, more importantly, more actionable interpretations delivered with appropriate context. The project reflected his ability to connect workflow, data integrity, and clinical decision-making—an increasingly important skill set in modern GI pathology.

Dr. Neon is also an outstanding communicator. He writes interpretive reports that are crisp and clinically oriented, and he is equally effective on the phone—asking the right clarifying questions, explaining limitations without defensiveness, and proposing realistic next steps. During transfusion

medicine, he handled time-sensitive calls from surgery and gastroenterology with a level of composure I typically expect from a junior attending. He does not overstate certainty, but he also does not hide behind caveats; that balance will serve him exceptionally well in a high-volume consultative service.

His current hematopathology fellowship has further strengthened competencies that translate directly to GI pathology: careful morphologic assessment, comfort with ancillary testing, and an instinct for integrating multi-source data into a coherent diagnosis. From discussions with his mentors and review of de-identified consult summaries, it is clear he has become adept at triaging differential diagnoses, selecting targeted immunophenotypic and molecular workups, and communicating results in a way that anticipates the clinician's next question.

Beyond day-to-day service work, Dr. Neon consistently looks for ways to improve how diagnostic information is delivered to clinicians. For example, he partnered with our LIS analyst and the endoscopy suite to build a simple “results at a glance” dashboard that collated key laboratory markers frequently used in GI workups (iron studies, inflammatory markers, select serologies, and microbiology results) into a single view for rapid clinical correlation. While the project was small in scope, it demonstrated his practical informatics instincts: he began with a clear user story, validated it with front-line clinicians, and measured adoption after launch. This is exactly the kind of initiative that signals future leadership in a field where anatomic pathology, laboratory medicine, and informatics increasingly intersect.

He also brings a thoughtful, patient-centered perspective to multidisciplinary work. During his final year at Stanford, he presented at our GI-liver conference on a challenging case that required reconciling discordant laboratory findings with evolving clinical history. His presentation was notable not for theatrics but for structure: a concise differential, explicit assumptions, and a well-reasoned testing strategy that avoided “shotgun” ordering. Faculty from gastroenterology commented that his approach mirrored how experienced consultants frame uncertainty—transparent, methodical, and oriented toward decisions rather than data for its own sake.

Equally important, Dr. Neon elevates the people around him. He routinely taught junior residents practical decision points during busy service weeks, and technologists consistently remarked on his respectfulness and reliability. He is humble, receptive to feedback, and steady under pressure—qualities that make him both easy to work with and safe to trust with responsibility.

I recommend Dr. Neon to you without reservation. He is among the most dependable and intellectually engaged trainees I have supervised in the past decade, and I am confident he will thrive in your Gastrointestinal Pathology Fellowship and contribute meaningfully to your clinical, educational, and quality efforts. Please feel free to contact me if I can provide any additional information.

Sincerely,

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