



MINISTRY OF HEALTH
SINGAPORE

HUMAN ORGAN TRANSPLANT ACT 1987
WITHDRAWAL OF OBJECTION TO ORGAN REMOVAL UNDER SECTION 10(1)

(This form may take you 5 minutes to fill in. Please complete all particulars in BLOCK LETTERS.)

人体器官移植法令1987

在第10(1)条文下撤回器官摘除反对意见

(此表格需约5分钟填妥, 请使用英文大字母填写每一项。)

For Official Use Only
仅供官方使用

I withdraw my objection to the removal of the following organ(s) for transplantation upon my death (please tick '✓' all applicable boxes):

我撤回逝世后摘除以下器官作移植用途的反对意见 (请勾选“√”所有适用项目)

Kidney 肾脏

A small square icon representing the liver.

Liver
肝脏

Heart
心脏

Cornea
眼角膜

Please note that under the Human Organ Transplant Act 1987:

Please note that under the Human Organ Transplant Act 1999, After you have withdrawn your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will continue to be given lower priority as a proposed recipient, compared to a person who has not registered an objection, for 2 years after the date the Director-General of Health receives your withdrawal.

请注意，在《人体器官移植法令1987》下：

在您撤回对上述器官作移植用途的反对意见后，若您需要移植此器官时，与未登记反对意见者相比，在卫生总司长收悉您的撤回反对意见表格的两年内，您依旧持有较低的受益者优先权。

SIGNATURE 签名								DATE (DDMMYYYY) 日期								
WITNESS' PARTICULARS* 见证人资料*																
FULL NAME (as in NRIC) 全名 (如身份证所示)																
NRIC 身份证号码																
DATE OF BIRTH (DDMMYYYY) 出生日期																
HOME ADDRESS 住家地址																
POSTAL CODE 邮编																
CONTACT NO. 联络号码																
SIGNATURE 签名								DATE (DDMMYYYY) 日期								

**Witness must be 21 years of age or older.*

*见证人必须年满21岁

NATIONAL ORGAN TRANSPLANT UNIT

c/o Singapore General Hospital
Outram Road
Singapore 169608

BUSINESS REPLY SERVICE
PERMIT NO. 01589



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address. For
be paid by
Postage will

National Organ Transplant Unit

Please fold here

Note:

1. This withdrawal of objection to organ removal only applies to individuals who –
 - (a) are Singapore Citizens and Singapore Permanent Residents;
 - (b) are 21 years of age or older; and
 - (c) have previously registered their objections to organ removal.
2. This form is invalid if it is not duly completed.
3. Please forward the completed form to the following address:

National Organ Transplant Unit
c/o Singapore General Hospital
Outram Road
Singapore 169608
4. If you do not receive an acknowledgement to your withdrawal of objection to organ removal within 3 weeks, please contact the Officer-in-Charge at the above address or call Tel. No. 63214390.

注 :

1. 此撤回器官摘除反对意见表格仅适用于——
 - (a) 新加坡公民及新加坡永久居民；
 - (b) 年满21岁；以及
 - (c) 此前已签署器官摘除反对意见表格者。
2. 若未填妥，此表格将视为无效。
3. 请将填妥的表格寄送至以下地址：

National Organ Transplant Unit
c/o Singapore General Hospital
Outram Road
Singapore 169608

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