

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，请使用英文大写字母填写每一项。)

For Official Use Only 仅供官方使用						

FULL NAME (as in NRIC) 全名 (如身份证所示)													
NRIC 身份证号码													
CITIZENSHIP / RESIDENTIAL STATUS 公民权/居留身份	<input type="checkbox"/> Singapore Citizen 新加坡公民						<input type="checkbox"/> Singapore Permanent Resident 新加坡永久居民						
DATE OF BIRTH (DDMMYYYY) 出生日期													
SEX 性别	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女												
RACE 种族	<input type="checkbox"/> Chinese 华族 <input type="checkbox"/> Malay 马来族 <input type="checkbox"/> Indian 印度族 <input type="checkbox"/> Others (please specify): 其他 (请注明) :												
HOME ADDRESS 住家地址													
POSTAL CODE 邮编													
CONTACT NO. 联络号码													

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 ☐ Liver
肝脏 ☐ Heart
心脏 ☐ Cornea
眼角膜

Please note that under the Human Organ Transplant Act 1987:
After you have withdrawn your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will continue to be given lower priority as a proposed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								
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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。

4. 若您在3个星期内未收到撤回器官摘除反对意见表格的确认函，请通过上述地址或电话（63214390）联系负责人员
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
2. 若未填妥，此表格将视为无效。
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。
4. If you do not receive an acknowledgment 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：

3. Please forward the completed form to the following address:
National Organ Transplant Unit
c/o Singapore General Hospital
Outram Road
Singapore 169608
2. This form is invalid if it is not duly completed.
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.

Note:

Please fold here

National Organ Transplant Unit

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 01589



NATIONAL ORGAN TRANSPLANT UNIT
Outram Road
c/o Singapore General Hospital
Singapore 169608