

## 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.)

												For Of	ficial Us	se Only	
FULL NAME (as in NRIC)															
NRIC															
CITIZENSHIP / RESIDENTIAL STATUS	Singapore Citizen						Sing	gapore Permanent Resident							
DATE OF BIRTH (DDMMYYYY)															
SEX	Male						Fem	ale							
RACE		Chinese					Mala	Indian							
		Others (please specify):													
HOME ADDRESS															
POSTAL CODE															
CONTACT NO.															
I withdraw my objection to the removal of the following organ(s) for transplantation upon my death (please tick ' $\checkmark$ ' all applicable boxes):															
Kidney	Liver						H	Heart				Cornea			
Please note that under the Human Organ Transplant Act 1987:  After you have withdrawn your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will continue to be given lower priority as a proposed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.															
SIGNATURE	DATE (DD						YYYY)								
WITNESS' PARTICULARS	<b>5</b> *														
FULL NAME (as in NRIC)															
NRIC															
DATE OF BIRTH (DDMMYYYY)															
HOME ADDRESS						•									
POSTAL CODE															
CONTACT NO.															
SIGNATURE					ΔTF (		.0000								

Witness must be 21 years of age or older.

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Zingapore only.

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.

Outram Road c/o Singapore General Hospital Singapore 169608

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PERMIT NO. 01589 BUSINESS REPLY SERVICE

Please fold here

National Organ Transplant Unit

## 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