MINISTRY OF HEALTH

HUMAN ORGAN TRANSPLANT ACT 1987
OBJECTION TO ORGAN REMOVAL UNDER SECTION 8(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8(1)条文下反对摘除器官
（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							

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	☐ Singapore Citizen 新加坡公民　☐ Singapore Permanent Resident 新加坡永久居民
DATE OF BIRTH (DDMMYYYY) 出生日期	
SEX 性别	☐ Male 男　☐ Female 女
RACE 种族	☐ Chinese 华族　☐ Malay 马来族　☐ Indian 印度族　☐ 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 object to the removal of the following organ(s) for transplantation upon my death (please tick '✓' all applicable boxes):
我反对在逝世后摘除以下器官作移植用途（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:

1. After registering your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will be given lower priority as a proposed recipient compared to a person who has not registered an objection.
2. You may withdraw your objection at any time. However, 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：

1. 若您登记摘除以上器官作移植用途的反对意见，日后您需要移植此器官时，您作为该受益者的优先权将会低于未登记反对意见者。
2. 您可以随时撤回您的反对意见。与未登记反对意见者相比，在卫生总司长收悉撤回您的反对意见表格的两年内，您将继续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。*

HUMAN ORGAN TRANSPLANT ACT 1987

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人体器官移植法令1987

在第8(1)条文下反对摘除器官

（此表格需约5分钟填妥，请使用英文大字母填写每一项。）

Please fold here

Note:

1. This objection to organ removal only applies to individuals who are —
   (a) Singapore Citizens and Singapore Permanent Residents; and
   (b) 21 years of age or older.
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 acknowledgment to your 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；以及
   (b) 年满21岁。
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
4. 若您在3个星期内未收到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。

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

BUSINESS REPLY SERVICE
PERMIT NO. 01589

National Organ Transplant Unit

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