

For Official Use Only					

FULL NAME (as in identity document (ID))																									
ID NO.																									
CITIZENSHIP / RESIDENTIAL STATUS		<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others (please specify):																							
DATE OF BIRTH (DDMMYYYY)																SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female							
RACE		<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify):																							
HOME ADDRESS																									
POSTAL CODE																CONTACT NO.									

A: FULL REVOCATION OF PLEDGE (If ticked, skip Section B.)
☐ I hereby revoke my earlier pledge entirely (i.e. gift, purpose and donee (if any)).

B: PARTIAL REVOCATION OF PLEDGE
(I) Gift and / or Purpose
I hereby revoke my earlier pledge to donate the following upon my death (please tick '✓' one box):
☐ Whole body donation ☐ Any needed organs or parts ☐ Any organs or parts specified here: _____
for the purposes of (please tick '✓' all applicable boxes):
☐ Transplant and / or therapy ☐ Medical / dental education, research, and / or advancement of medical / dental science

(II) Donee and / or Agreement
This section is to be filled up if you have previously specified a donee for the purpose(s) indicated in your earlier pledge and wish to remove him / her as your specified donee.

I wish to revoke the following:

Revocation of donation to specified individual for therapy or transplantation needed by him / her (if applicable):	
FULL NAME (as in ID)	
ID NO.	
Revocation of specified approved hospital, or approved medical / dental school, college, or university (if applicable):	
NAME OF HOSPITAL OR MEDICAL / DENTAL SCHOOL, COLLEGE OR UNIVERSITY	
If the specified donee does not or is unable to accept, and / or does not need my body / organs upon my death, I wish to revoke (please tick '✓' one box):	
<input type="checkbox"/> my agreement to donate my body / organs to other donees for the purposes I have indicated ¹ .	
<input type="checkbox"/> my disagreement to donate my body / organs to other donees ² .	
Remarks	

¹By selecting this option, I now disagree to donate my body / organs to other donees.
²By selecting this option, I now agree to donate my body / organs to other donees for the purposes I have indicated.
*Donee refers to any specified individual, any approved hospital or approved medical / dental school, college or university.

Please note that under the Medical (Therapy, Education and Research) Act 1972:
1. A gift of a body or any part thereof may be revoked by the donor at any time.
2. If you have specified an individual as donee for the purposes of therapy or transplantation needed by him / her, kindly note that your organs will not be preserved for this purpose, if the specified donee does not require therapy or transplantation upon your death.
3. Upon your death, your health records (including electronic health records) will be accessed if there is an active pledge found, to facilitate assessment of the suitability of your body / organs for donation.

SIGNATURE		DATE (DDMMYYYY)												
------------------	--	------------------------	--	--	--	--	--	--	--	--	--	--	--	--

WITNESS' PARTICULARS*														
FULL NAME (as in ID)														
ID NO.														
DATE OF BIRTH (DDMMYYYY)														
CONTACT NO.														
HOME ADDRESS														
POSTAL CODE														
RELATIONSHIP														
SIGNATURE														
DATE (DDMMYYYY)														

*Witness must be 21 years of age or older.

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



BUSINESS REPLY SERVICE
PERMIT NO. 01589

National Organ Transplant Unit

Please fold here

Note:

1. This revocation of organ donation pledge only applies to individuals aged 18 years and above who have submitted their organ donation pledge earlier.
2. This form shall be invalid if 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 revocation of organ donation pledge within 3 weeks, please contact the Officer-in-Charge at the above address or contact 63214390.

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