

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



BUSINESS REPLY SERVICE  
PERMIT NO. 01589

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

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.

**注：**

1. 此撤销遗体器官捐献认捐表仅适用于年满18岁或以上，并且曾提交遗体器官捐献认捐表的人士。
2. 若未填妥，此表格将视为无效。
3. 请将表格填妥后，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个星期内未收到撤销遗体器官捐献认捐表的确认函，请通过上述地址或电话（63214390）联系负责人员。

MEDICAL (THERAPY, EDUCATION AND RESEARCH) ACT 1972  
**REVOCATION OF ORGAN DONATION PLEDGE UNDER SECTION 9(A)**  
(This form may take you 5 minutes to fill in. Please complete all particulars in BLOCK LETTERS.)

医药（治疗、教育及研究）法令1972  
在第 9(A) 条文下撤销器官捐献认捐表  
(此表格需约5分钟填妥，请使用英文大写字母填写每一项。)



MEDICAL (THERAPY, EDUCATION AND RESEARCH) ACT 1972  
REVOCATION OF ORGAN DONATION PLEDGE UNDER SECTION 9(A)

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在第 9 (A) 条文下撤销器官捐献认捐表  
(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 identity document (ID)) 全名 (如身份证所示)																	
ID NO. 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 <input type="checkbox"/> Others (please specify): 其他 (请注明) :																
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							

A: FULL REVOCATION OF PLEDGE (If ticked, skip Section B.)

完全撤销认捐表 (若勾选此项，请跳过B部分。)

☐ I hereby revoke my earlier pledge entirely (i.e. gift, purpose and donee (if any)).  
我在此完全撤销我先前所签署的认捐表 (包括所捐献的部位、用途及指定受益者 (若有))。

B: PARTIAL REVOCATION OF PLEDGE

撤销部分认捐表内容

(I) Gift and / or Purpose

捐献部位及 (或) 用途

I hereby revoke my earlier pledge to donate the following upon my death (please tick '✓' one box):

我在此撤销先前所签署的认捐表中，原已认捐逝世时捐献的下列项目 (请勾选 '✓' 一项) :

☐ Whole body donation  
大体捐献      ☐ Any needed organs or parts  
任何有需要的器官或部位      ☐ Any organs or parts specified here: \_\_\_\_\_  
任何下列器官或部位: \_\_\_\_\_

for the purposes of (please tick '✓' all applicable boxes):

原已认捐的下列用途 (请勾选 '✓' 所有适用项目) :

☐ Transplant and / or therapy  
器官移植及/或治疗      ☐ Medical / dental education, research, and / or advancement of medical / dental science  
医药/牙科教育、研究以及/或医药/牙科科学的发展

(II) Donee and / or Agreement

受益者及/或相关协议

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.

若您先前曾为上述事项指定受益者，您可填写以下部分以撤销其指定受益者。

I wish to revoke the following:

我有意撤销以下事项:

Revocation of donation to specified individual for therapy or transplantation needed by him / her (if applicable):

撤销捐献予需要治疗或器官移植的指定个人 (若适用) :

FULL NAME (as in ID)  
全名 (如身份证所示)

ID NO.  
身份证号码

Revocation of specified approved hospital, or approved medical / dental school, college, or university (if applicable):  
撤销向指定认证医院、认证医药/牙科院校、学院或大学的捐献（若适用）：

NAME OF HOSPITAL OR MEDICAL / DENTAL SCHOOL, COLLEGE OR UNIVERSITY  
医院或医药/牙科院校、学院或大学名称

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):  
若受益者不愿意或无法接受，且/或不需要我的大体或器官捐献，我希望撤销以下协议（请勾选‘✓’一项）：

☐ my agreement to donate my body / organs to other donees for the purposes I have indicated<sup>1</sup>.  
我原已同意将大体或器官捐献予其他受益者，以原供上述用途<sup>1</sup>。

☐ my disagreement to donate my body / organs to other donees<sup>2</sup>.  
我原已不同意将我的大体或器官捐献予其他受益者<sup>2</sup>。

Remarks  
备注

<sup>1</sup>By selecting this option, I now disagree to donate my body / organs to other donees.  
<sup>2</sup>By 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.

<sup>1</sup>若勾选此项，意味着我现在不同意将我的大体或器官捐献予其他受益者。  
<sup>2</sup>若勾选此项，意味着我现在同意将我的大体或器官捐献予其他受益者，以供上述用途。  
\*受益者指任何指定的个人，任何认证的医院或认证的医药/牙科院校、学院或大学。

**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.

**请注意，在《医药（治疗、教育及研究）法令1972》下：**  
1. 捐献者可随时撤销其大体或器官捐献。  
2. 若您有指定的器官捐献受益者，但您指定的个人在您逝世时无需接受治疗或器官捐献，您的器官将不会因为上述用途而被保存。  
3. 您逝世时，相关机构将查明您的健康医疗记录（包括电子医疗记录），以协助鉴定大体或器官适用于捐献用途。

SIGNATURE 签名	DATE (DDMMYYYY) 日期								
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WITNESS' PARTICULARS\*  
见证人资料\*

FULL NAME (as in ID)  
全名（如身份证所示）

ID NO.  
身份证号码

DATE OF BIRTH (DDMMYYYY)  
出生日期

CONTACT NO.  
联络号码

HOME ADDRESS  
住家地址

POSTAL CODE  
邮编

RELATIONSHIP  
关系

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。