

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.)

For Official Use Only									

FULL NAME (as in NRIC)										
NRIC										
CITIZENSHIP / RESIDENTIAL STATUS	<input type="checkbox"/> Singapore Citizen		<input type="checkbox"/> Singapore Permanent Resident							
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.										

**I object to the removal of the following organ(s) for transplantation upon my death
(please tick '✓' all applicable boxes):**

<input type="checkbox"/> Kidney	<input type="checkbox"/> Liver	<input type="checkbox"/> Heart	<input type="checkbox"/> Cornea
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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.

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

Witness must be 21 years of age or older.

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



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National Organ Transplant Unit

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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.