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

BUSINESS REPLY SERVICE
PERMIT NO. 01589



National Organ Transplant Unit

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Note:

- This objection to organ removal only applies to -
 - Singapore Citizens and Singapore Permanent Residents;
 - Persons aged between 21 to below 60 years; and
 - Non-Muslims
- This form shall be invalid if it is not duly completed.
- Please forward the completed form together with a photocopy of your NRIC to the following address:
National Organ Transplant Unit
c/o Singapore General Hospital
Singapore 169608
- If you do not receive an acknowledgement to your objection to organ removal within 3 weeks, please contact the Officer-in-Charge at the above address or call Tel No. 63214390.

This form may take you 5 minutes to fill in

HUMAN ORGAN TRANSPLANT ACT (CHAPTER 131A)
OBJECTION TO ORGAN REMOVAL UNDER SECTION 9(1)
(Please complete all particulars in BLOCK LETTERS)

For Official Use Only

FULL NAME (as in NRIC): _____ **DATE OF BIRTH:** _____

NRIC NO.: - **SEX:** Male Female **RACE:** Chinese Indian Others (please specify) _____

CITIZENSHIP STATUS: S'pore Citizen S'pore Permanent Resident **TEL NO.:** _____

HOME ADDRESS: _____ **POSTAL CODE:** _____

I hereby object to the removal of the following organ(s) for transplantation upon my death (please tick "✓" one or more as applicable):

我反对逝世后, 把我的下列器官作为移植用途 (请在适当的地方打"✓"号):

என் இறப்புக்குப் பிறகு, பின்வரும் உறுப்புகள் மாற்று அறுவை சிகிச்சைக்காக அகற்றப்படுவதற்கு நான் மறுப்பு தெரிவிக்கிறேன் (அன்புகூர்ந்து பொருத்தமான கட்டடத்தில் அல்லது கட்டடங்களில் இந்தக் குறியை "✓" இடவும்):

Kidney 腎脏 சிறுநீரகங்கள் Liver 肝脏 கல்லீரல் Heart 心脏 இதயம் Cornea 眼角膜 விழி வெண்படலம்

SIGNATURE: _____ **DATE:** _____

NAME OF WITNESS (as in NRIC): _____ **NRIC NO.:** _____

ADDRESS: _____ **POSTAL CODE:** _____

SIGNATURE: _____ **DATE:** _____

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