

This form may take you 5 minutes to fill in

MEDICAL (THERAPY, EDUCATION AND RESEARCH) ACT (CHAPTER 175)
ORGAN DONATION PLEDGE FORM
(Please complete all particulars in BLOCK LETTERS)

For Official Use Only				

Please glue here

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

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

CITIZENSHIP / RESIDENTIAL STATUS: S'pore Citizen S'pore Permanent Resident Others **TEL NO.:** _____ **POSTAL CODE:** _____

I hereby donate the following to take effect upon my death (please tick "✓" one box):

Any needed organs or parts Whole Body Donation Any organs or parts specified here: _____

My donation is for the purposes of (please tick "✓" one box):

Transplant and treatment only Education and research only Transplant, treatment, education and research

SIGNATURE: _____ **DATE:** _____

You are encouraged to discuss your decision to pledge your organs and/or tissues with your family members or Next of Kin so that they will be aware of your wishes. These members would be instrumental to ensure that your wishes are carried out, in event of your demise.

1st WITNESS
NAME (as in NRIC): _____
NRIC NO.: _____
Relationship: _____
SIGNATURE: _____ **DATE:** _____

2nd WITNESS
NAME (as in NRIC): _____
NRIC NO.: _____
Relationship: _____
SIGNATURE: _____ **DATE:** _____

In the event of my death, please contact:

NAME: _____ **TEL NO.:** _____

HOME ADDRESS: _____

Please glue here

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



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. Please note that the organ(s) indicated in this organ pledge shall be recorded in the organ pledge register and updated with any other organ pledges made previously.
2. Please mail the donation card to the following address:
National Organ Transplant Unit
c/o Singapore General Hospital
Singapore 169608
3. If your donation card is not acknowledged within 3 weeks, please contact the Officer-in-Charge at the above address or call Tel. No. 63214390.