

ORGAN DONOR REGISTRATION

No registration confirmation will be sent
To confirm your registration, visit transplant.bc.ca

BC Care
Card No.
(Personal
Health No.)

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Date of
Birth

Y	Y	Y	Y	M	M	D	D

Gender

Male Female

Surname

First Name

Address

City	BC
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Postal Code	
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I hereby consent to the following donation after my death

1. All organs and tissues needed for transplant **or**
2. ONLY the following organs and tissues :
(check the ones you want to donate)
- Heart Kidneys Eyes
 Lungs Pancreas Tissue
 Liver Bowel
3. Organs and tissues may also be used for research.
4. I **do not** wish to be a donor.

This form constitutes a legally valid consent under the BC Human Tissue Gift Act. The personal information you provide on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (FIPPA), section 26(c). It is collected for the purpose of recording your decision regarding organ and tissue donation. It may be used and disclosed, as described in the BC Transplant Statement of Information Practices, which is available at transplant.bc.ca. I authorize the sharing of this personal information between persons and organizations engaged in donation and/or transplantation for the purpose of facilitating organ and tissue donation and transplantation across jurisdictions.

If you have questions about registering, changing or withdrawing your consent, please contact the Organ Donor Registry Clerk at **604 877 2240** or Toll free **1-800-663-6189**

Signature: (A parent/guardian must sign if registrant is under the age of 19)

X

Date of Signature:

Optional
Personal
Message