

## British Columbia Organ Donor Registry

### Register your decision.

Please **PRINT** all information on this form and **SIGN** your name at the bottom.

<b>BC Personal Health #:</b>	
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Found on the back your BC Services Card. This information may also be on your BC Driver's License.

<b>Date of Birth</b>	- -
YYYY-MM-DD	

<b>Last Name</b>							
<b>First Name</b>							
<b>Street Address</b>							
<b>Unit/Apt #</b>		<b>Postal Code</b>					
<b>City</b>						<b>BC</b>	
<b>Phone Number</b>							
<b>E-mail</b>							

**1. I wish to be an organ donor (if YES, complete questions 2 & 3)**

**YES**       **NO**

**2. I consent to help save lives by donating after my death:**

**ALL** organs and tissues needed for transplant.

**OR;** only the checked organs and tissues for transplant:

**Heart**       **Kidneys**       **Eyes**       **Lungs**

**Pancreas**       **Tissue**       **Liver**       **Bowel**

**3. My donated organs & tissues may also be used for research.**

**YES**       **NO**

Once signed by you, this form constitutes a legally valid decision record regarding 'consent by person for use of body after death' in accordance with s.4 of the *Human Tissue Gift Act* (British Columbia). The personal information you provide on this form is collected by BC Transplant, a part of the Provincial Health Services Authority, for the purpose of recording your decision regarding organ and tissue donation. It may be further used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* (British Columbia) ("FIPPA") for purposes consistent with its collection or as otherwise required by law. Under FIPPA you are entitled to access and correct any of your personal information that is within our custody and control.

<b>Signature:</b>	<b>Signed Date:</b>
<b>Signer First Name</b>	<b>Signer Last Name</b>

For someone under the age of 19, this record reflects an expressed wish about organ donation and is not a legally binding decision record, per the *Human Tissue Gift Act*.

**Optional Personal Message:**

Write an optional message that will be presented to your family, or loved one(s) at the time of donation.