



WS

British Columbia Transplant Society

Registration to Become an Organ DonorPrint in **BLOCK LETTERS** using ink

No registration confirmation will be sent. If you wish confirmation, please contact us at 1-800-663-8189

BC Care

Card No.

(Personal Health No.)

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Date of Birth

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Year

Month

Day

Sex

Male

Female

Surname

First Name

Address

City

BC

Postal Code

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I hereby consent to the following donation after my death:
(Please check **ONE BOX** only.)

1. All organs and tissues needed for transplant or transplant research or
2. All organs and tissues needed for transplant only or
3. All organs and tissues needed for transplant **EXCEPT** the following:
- | | | |
|--------------------------------|-----------------------------------|-----------------------------------------|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Cornea |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Pancreas | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Bowel | <input type="checkbox"/> Bone <u>or</u> |
4. I do not wish to be a donor.

This completed form constitutes a legally valid consent under the Human Tissue Gift Act and meets the criteria of the BC Freedom of Information and Protection of Privacy Act.

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

Date of Signature: