



Ka Yee, two-time
kidney recipient

“由于捐赠者及其家人的善举,我现在
健康状况良好,生活幸福。”

一名器官捐赠者最多能拯救8条生命。
请花两分钟时间,现在就登记您的决定。

电话: 604 877 2240
免费电话: 1 800 663 6189
info@transplant.bc.ca

260-1770 West 7th Avenue,
Vancouver, BC V6J 4Y6



如果您对个人信息的收集和登记有疑问,或想改变决定
或撤回同意,请联系BC省移植中心 (BC Transplant)。

请在此登记器官捐赠: [taketwominutes.ca](https://www.taketwominutes.ca)

BC省器官捐赠者登记册 British Columbia Organ Donor Registry 登记您的决定。 Register your decision.

请工整填写本表格上的所有信息，并在末尾签名。
 Please PRINT all information this form and SIGN your name at the bottom.

BC省个人健康号码：
BC Personal Health #:

可在您的BC服务卡背面找到。您的BC省驾照上也有这个号码。
 Found on the back your BC Services Card. This information may also be on your BC Driver License.

出生日期：
 Date of Birth:

- -

年YYYY-月MM-日DD

姓 Last Name					
名 First Name					
街道地址 Street Address					
单元/公寓号 Unit/Apt #					邮政编码 Postal Code
城市 City					BC 省
电话 Phone Number					
电子邮件 E-mail					

1. 我想捐赠器官 (如果选是, 请填写第2 和第3题)

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

是 YES 否 NO

2. 我同意帮助拯救生命, 在我过世后捐赠: I consent to help save lives by donating after my death:

所有移植需要的器官和组织。 ALL organs and tissues needed for transplant.

或; 只将勾选的器官和组织用于移植:

OR: only the checked organs and tissues for transplant:

心脏 Heart 肾脏 Kidneys 眼睛 Eyes 肺 Lungs
 胰腺 Pancreas 组织 Tissue 肝脏 Liver 肠子 Bowel

3. 我捐赠的器官和组织也可用于研究。 My donated organs & tissues may also be used for research.

是 YES 否 NO

根据《人体组织捐赠法》(BC省)第4条, 本表格一经签署, 即构成“个人同意死后使用遗体”的合法有效的决定记录。您在此表格中提供的个人信息由隶属于省服务管理局的BC省移植中心收集, 用于记录您关于捐赠器官和组织决定, 和取信息自由和隐私保护法(BC省) (“PIPPA”) 的规定, 出于与其收集相一致的目的或法律另有规定要求, 上述信息可能传递给一人或多名。根据PIPPA, 您有权审查和更正由我们保管和处理的您的任何个人信息。Once signed by you, this form constitutes a legally valid decision record regarding consent by a 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 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) (“PIPPA”) for purposes consistent with its collection or as otherwise required by law. Under PIPPA you are entitled to access and correct any of your personal information that is within our custody and control.

签名: Signature:	签字日期: Signed Date:
签字人的名 Signer First Name	签字人的姓 Signer Last Name
根据《人体组织捐赠法》, 对于未满19岁者, 本记录反映的是对器官捐赠所表达的意愿, 并无法律约束力。 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.	
可选填的个人留言: 您可选择写一段留言, 进行捐赠时会交给您的家人或亲人。 Optional Personal Message: Write an optional message that will be presented to your family, or loved one(s) at the time of donation.	