

Human Organ Transplant (Amendment) Regulations 2009

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No. S 309

HUMAN ORGAN TRANSPLANT ACT (CHAPTER 131A)

HUMAN ORGAN TRANSPLANT (AMENDMENT) REGULATIONS 2009

In exercise of the powers conferred by section 21 of the Human Organ Transplant Act, the Minister for Health hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Human Organ Transplant (Amendment) Regulations 2009 and shall come into operation on 1st July 2009.

Amendment of First Schedule

2. The First Schedule to the Human Organ Transplant Regulations 2004 (G.N. No. S 213/2004) is amended by deleting Forms 2 to 5 and substituting the following Forms:

“FORM 2

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For Official Use Only							
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**HUMAN ORGAN TRANSPLANT ACT
(CHAPTER 131A)**

**OBJECTION TO ORGAN REMOVAL
UNDER SECTION 9(1)**

(Please complete all particulars in BLOCK LETTERS)

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 TEL. NO.: _____

HOME ADDRESS: _____ POSTAL CODE: _____

I hereby object to the removal of the following organ(s) for transplantation upon my death (please tick “✓” one or more as applicable):

Saya tidak bersetuju membolehkan organ saya yang berikut diidamahkan untuk kegunaan pemindahan (transplantation) setelah saya meninggal dunia (tandaikan “✓” yang perlu):

我反对遗体在 把我以下器官作为移植用途 (请在适当的地方打“✓”号):

ഞ ഇതപ്രകാരം ശ്വാശ്, ദഹനവ്യവസ്ഥകൾ, ഹൃദയം, കിരീടകൾക്കകം കരളുകൾ/കുളുക്കൾ, നാട് ഗുരുവു, വെറിയർ-മുട്ടുകൾ
கொடுக்கப்படுவதற்கு எதிர்த்ததாக கீழ்க்கண்ட அங்கங்கள் குறித்து ஒத்த “✓” இட. (உறு)

☐ Kidney
Gintol
கீட்ட
கிறீன்கൾ

☐ Liver
Hala
ஹீலா
அலிவர்கள்

☐ Heart
Jantung
காந்த
கூதகல்

☐ Cornea
Kornea
கோர்னா
கொரீ கொண்கல்கல்

Signature: _____ Date: _____

NAME OF WITNESS (as in NRIC): _____ NRIC NO.: _____

ADDRESS: _____ POSTAL CODE: _____

Signature: _____ Date: _____

Reverse

Note:

1. This objection to organ removal only applies to —
 - (a) Singapore Citizens and Singapore Permanent Residents; and
 - (b) persons aged 21 years and above.
2. This form shall be invalid if it is not duly completed.
3. Please forward the completed form together with a photocopy of your NRIC to the following address:

National Organ Transplant Unit
c/o Singapore General Hospital
Singapore 169608
4. If you do not receive an acknowledgment to your objection to organ removal within 3 weeks, please contact the Officer-in-Charge at the above address or call Tel. No. 63214390.

FORM 3

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HUMAN ORGAN TRANSPLANT ACT
(CHAPTER 131A)

REGISTRATION OF OBJECTION TO ORGAN REMOVAL
UNDER SECTION 9(2)

Name:

NRIC No.:

Reg. No.:

This is to certify that your name is in the Register of Objectors for:

Reverse

For further information, please contact the National Organ Transplant Unit at
Tel. No. 63214390 or at the following address:

National Organ Transplant Unit
c/o Singapore General Hospital
Singapore 169608