



New registration or change of details

Please: **Register** me on the Australian Organ Donor Register

Change my details on the Australian Organ Donor Register

Remove me from the Australian Organ Donor Register

Donor Registration number (if known)

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Registration details

Medicare number

Reference number *(this is the number to the left of your name on the Medicare card)*

Or
if the Medicare number is not known/available, I authorise Medicare Australia to link the below details to my Medicare record.

Title (e.g. Mr, Mrs, Ms, Miss)

Family name

First given name *(as per Medicare card)* Second initial

Date of birth Male Female

Postal address

Postcode

Do you want this recorded as your permanent postal address? No Yes
If 'Yes' we will update your Medicare Australia records to reflect this.

Daytime phone number ()

Email address *(optional)*

Organ and tissue donation details

I wish to **register my consent** to donate the following organs and/or tissues for transplantation, in the event of my death. *Tick 'All' or as many as apply.*

All

Bone tissue Eye tissue Heart

Heart valves Kidneys Liver

Lungs Pancreas Skin tissue

I wish to register my decision **not to be** an organ and/or tissue donor.

Statement

Please **register me, or change/remove my details** on the Australian Organ Donor Register.

- I give permission for all details I have provided to be included on the Australian Organ Donor Register.
- I have discussed this decision with my family, partner or friend.
- I am aware that I can change these details at any time.

Your signature



Date

/ /

When we have processed your new registration we will send a confirmation letter to your postal address.

Would other members of your family like to register?

Yes *We will send you another form allowing up to four people who live at the same address to register.*

Returning this form

To return your completed form, please

- leave it at your nearest Medicare office
- send reply paid to the **Australian Organ Donor Register Reply Paid 711, Hobart TAS 7001**: or
- fax to **03 6281 0556**.

For enquiries, please call **1800 777 203****.

Privacy note—The establishment of the Australian Organ Donor Register (the Donor Register) is authorised by a service arrangement under subsection 7(2) of the *Medicare Australia Act 1973*. The information on the Donor Register will be available to authorised personnel in the organ and tissue donation network who have signed confidentiality agreements covering your personal information.

** Call charges apply from mobile and pay phones only.