



New registration, change or removal of details

Important information

Complete this form to register, change or remove details from the Australian Organ Donor Register (the Donor Register).

Only people aged 18 years and over can register their legally valid consent or objection on the Donor Register. If you are 16 or 17 you can still register your intention to donate.

When your new registration is processed, a confirmation letter will be sent to your permanent postal address.

Assistance

If you need assistance completing this form call **1800 777 203** (call charges may apply). For more information about the Donor Register go to www.medicareaustralia.gov.au/organ

Lodgement

This form can be lodged:
in your local Medicare office,
or send reply paid to:

Australian Organ Donor Register
Reply paid 711
HOBART TAS 7001

or fax to: **03 6281 0556**

Print in **BLOCK LETTERS**

Tick where applicable

Registration details

1 I want to (tick one box only):

- register on the Donor Register
change my details on the Donor Register
remove me from the Donor Register
register my decision not to be a donor

2 Donor registration number (if known)

R [] [] - [] [] - [] [] [] []

3 Medicare card number

[] [] [] [] - [] [] [] [] [] [] - [] [] Ref no.

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

Applicant's details

4 Mr Mrs Miss Ms Other

Family name

First given name

5 Date of birth

[] / [] / []

6 Your sex

Male

Female

7 Postal address

 Postcode

8 Is this your permanent postal address?

No

Yes Medicare Australia records will be updated to reflect this.

9 Daytime phone number

()

Email

@

Organ and tissue donation

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

All

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|
| Bone tissue <input type="checkbox"/> | Eye tissue <input type="checkbox"/> | Heart <input type="checkbox"/> |
| Heart valves <input type="checkbox"/> | Kidneys <input type="checkbox"/> | Liver <input type="checkbox"/> |
| Lungs <input type="checkbox"/> | Pancreas <input type="checkbox"/> | Skin tissue <input type="checkbox"/> |

Declaration

11 Please register me on, change my details, or remove my details from the Donor Register.

- I give permission for the details I have provided to be actioned on the 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.

Signature

Date

[] / [] / []

Privacy note

The information on this form will be used to register you on the Australian Organ Donor Register or to update your details on the register. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to authorised personnel in the organ and tissue donation network or where authorised or required by law.