



National Transplant Resource Centre
MINISTRY OF HEALTH MALAYSIA

National Organ Donor Registration Form

Pledge your organs & tissues by filling this form

1. YOUR PERSONAL DATA

Name	<input type="text"/>
Old IC No.	<input type="text"/>
New IC No.	<input type="text"/>
Date of Birth	<input type="text"/>
Race	<input type="text"/>
Sex	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Tel No.	<input type="text"/>
Email	<input type="text"/>

2. MY NEXT OF KIN

Name	<input type="text"/>
Relationship	<input type="text"/>

3. WHAT TO DO NEXT?

Please let your family know of your decision to be an organ and tissue donor upon death.

4. YOUR WISH

I wish that after my death :-

- a. All my organs and tissues
- b. OR Kidneys Liver Eyes Skin
 Heart Lungs Bones

be removed for the purposes of transplantation.

Signature

Date

THANK YOU