

For Official Use Only

Reg. No : _____

Date : _____

香港醫學會器官捐贈名冊 — 捐贈表格**The Hong Kong Medical Association Organ Donation Register — Donation Form**

本人 _____ 願意在去世後將下列器官捐贈作醫學移植用途。

I, _____, hereby express my wish to donate the following organ(s) after my death for the purpose of medical transplantation.

 任何器官或組織 Any organ or tissue 腎臟 Kidney 心臟 Heart 眼角膜 Cornea 肝臟 Liver 骨骼 Bones 肺 Lung**捐贈者資料 Donor Information**

姓名 Name (身份證上之全名 As shown on ID Card)

中文 Chinese : _____

英文 English : _____

地址 Address : _____

電話 Telephone No.: _____

身份證號碼 HKID Card No. : - ()性別 Sex : 男 M 女 F

(請加 "✓" 號 ; Please "✓")

出生日期 Date of Birth : - -

(日日/月月/年年年) (DD / MM / YYYY)

簽署 Signature : _____

日期 Date : _____

親屬資料 Information of Next of Kin

(此欄可選擇填寫或不填寫 You may choose not to fill out this part.)

姓名 Name : _____

地址 Address : _____

電話 Telephone No.: _____ 關係 Relation : _____

本人明白 _____ 願意於身故後捐出上述器官。

I understand that it is the wish of _____ to donate the
aforementioned organ(s) after his/her death.

親屬簽署 Next of Kin's Signature : _____

註：香港醫學會器官捐贈名冊紀錄了願意在身故後捐出器官之熱心人士資料，好使其親屬能圓其心願。如要取消此捐贈紀錄，可隨時以書面通知香港醫學會。
Remarks : The Hong Kong Medical Association Organ Donation Register allows the retrieval at all time of a donor's written consent on donating his/her organs after death. The Register helps in making donor's decision known to his/her relatives to help them fulfil their loved one's wish. Donors may revoke the registration at any time if they so wish by notifying the Hong Kong Medical Association in writing.

捐款表格 Donation Form

香港醫學會器官捐贈名冊是一個慈善組織，有賴善長仁翁的捐助來維持日常的基本運作，請慷慨解囊，填妥捐款表格寄回香港醫學會，為器官捐贈名冊的推展盡一點心意。請以劃線支票捐款，抬頭請填寫「**香港醫學會器官捐贈名冊有限公司**」。捐款 100 元或以上可獲正式收據供扣減稅項。

The Hong Kong Medical Association Organ Donation Register is a charitable project. Its daily operation requires donations and support from fellow philanthropists. Please fill out the form below and send your donation by crossed cheque payable to "**The Hong Kong Medical Association Organ Donation Register Fund Limited**". Donations of HK\$100 or above are tax deductible with official receipt.

我願意捐助 : I would like to help by donating :

 HK\$2,000 HK\$1,000 HK\$600 港幣 HK\$ _____**捐款者資料 Personal Particulars of Donor**

姓名 Name : _____ (先生 / 女士) (Mr. / Mrs. / Miss) 電話 Telephone No. : _____

地址 Address : _____

請填妥此回條連同捐款支票寄回灣仔軒尼詩道 15 號溫莎公爵社會服務大廈 5 樓香港醫學會。

Please send donations by cheque with this slip to the Hong Kong Medical Association, 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

你的個人資料只用於有關器官捐贈名冊或捐款之事宜，更改或查詢個人資料可以書面向香港醫學會行政總監提出。如有垂詢，可致電 2527 8452。

Your personal data will only be used for the purpose of the Organ Donation Register. If you have inquiries concerning your personal data, please write to the Chief Executive or contact the HKMA Secretariat at 2527 8452.