

**Instructions:** Please fill in this form, print it and sign it. If you require additional assistance, please call eHealth Saskatchewan at 1-844-767-8259. **Return completed form to:** Organ and Tissue Donor Registry, eHealth Saskatchewan, 2130 11th Ave, Regina SK S4P 0J5; OR, Email: [donorregistrysupport@ehealthsask.ca](mailto:donorregistrysupport@ehealthsask.ca)

## Registry Information:

The Organ and Tissue Donor Registry is an online registry for Saskatchewan residents to register their intentions to donate their organs and/or tissues for transplantation after they die.

Everyone 16 years or older can register their intent to become an organ and/or tissue donor regardless of age, ethnicity, medical condition or sexual orientation. All you need to register is your Saskatchewan Health Services Card number, your full first and last name and your date of birth. For more information, or to register online, please visit [www.givelifesask.ca](http://www.givelifesask.ca)

## Donor Information

First Name:		Last Name:	
Saskatchewan Health Card #:		Birthdate (MM-DD-YYYY):	
Email Address:		Contact Number:	

If you would like to receive a confirmation email regarding your donation choices, please provide a valid email address.

## Donation Choices

Please indicate your choices from the following options:  All organ and tissues needed for transplant

Only selected organs and tissues:

Eyes  Heart  Kidneys  Liver  Lungs  Pancreas  Small Bowels  Vessels

## Living Donation

A living donor is someone who gives a gift in the form of an organ or part of an organ to another person in need. If you have provided your email address, you can choose to receive more information about living donation. Would you like to receive more information? Yes  No

## Share Your Consent

We encourage you to talk with your family or next of kin about your donation choices. Family are more likely to agree to donation if they are aware of their family member's wishes. If you would like to share your choice to register with your family, please include their email addresses in the field below. Separate multiple addresses with a comma.

Email Addresses:

## Consent Declaration

This form constitutes a legally valid consent under the Saskatchewan *Human Tissue Gift Act*. It is valid until it is revoked. The personal information of personal health information you provide on this form is collected under *The Freedom of Information and Protection of Privacy Act (FOIP)* and *The Health Information Protection Act (HIPA)*. It is collected for the purpose of recording your decision regarding organ and tissue donation.

By submitting your consent, you:

- Understand that your consent may be used and disclosed for other purposes as only permitted under the law (FOIP or HIPA), which may include research.
- You also authorize only the sharing of my personal information or personal health information that is necessary between persons and organizations engaged in donation and/or transplantation for the purposes of facilitation of organ and tissue donation and transplantation across jurisdictions (outside of Saskatchewan).
- Understand that you can change or withdraw your decision at any time in the future without any penalty.

I certify that I have read and understand the above consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(MM-DD-YYYY)