Ontario **ServiceOntario**

Clear Form Fact Sheet

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Gift of Life Consent Form
Organ and Tissue Donor Registration

You can help to save a life by consenting to be an Organ and Tissue Donor!

To register your consent as an organ and tissue donor with the Ministry of Health and Long-Term Care, please complete and sign the back of this form, detach and mail to:

Organ Donor Consent
ServiceOntario
PO Box 48
Kingston ON K7L 5J3

ServiceOntario is responsible for processing Gift of Life Consent forms on behalf of the Ministry of Health and Long-Term Care.

Be informed! Please visit www.giftoflife.on.ca for more information or call 1 800 263–2833.

In making your decision to consent, please consider the following:

- One organ and tissue donor can save up to 8 lives and enhance 75 others.
- You have the right to decide whether or not to consent to the donation of your organs and tissue. Your consent is not required in order to be eligible for a Health Card. You may change or withdraw your consent at any time in writing to the address above. If you have questions about changing or withdrawing your consent please call ServiceOntario, INFOline toll free at 1 866 532–3161; in Toronto at 416 314–5518; or TTY toll free at 1 800 387–5559, in Toronto at 416 327–4282.
- You must be 16 years of age or older in order to consent to the donation of your organs and tissue.
- By filling out this Consent Form you are consenting to the Ministry of Health and Long-Term Care's collection of your information about your decision to donate your organs and tissue.
- The Ministry will use the information about your decision and disclose it to the Trillium Gift of Life Network for the purpose of ensuring that your donation decision is known.
- If you consent, the words "Donor/Donneur" and a code showing your donation decision will be printed on the back of your photo Health Card. If you hold a red and white Health Card, you will receive a sticker to place on your card, indicating the words "Donor/Donneur."

Notice
The personal information you provide on this form is collected by the Ministry of Health and Long-Term Care for the purpose of recording your decision to be an organ and tissue donor. It may be used and disclosed in accordance with the *Personal Health Information Protection Act,* 2004, as described in the Ministry's "Statement of Information Practices", which are available at www.health.gov.on.ca. In addition, the Trillium Gift of Life Network will collect this information from the Ministry for the purpose of facilitating organ and tissue transplants and research in Ontario in accordance with section 8.19 of the *Trillium Gift of Life Network Act.* If you have questions about changing or withdrawing your consent, please call ServiceOntario, INFOline toll free at 1 866 532–3161, in Toronto at 416 314–5518; or TTY toll free at 1 800 387–5559, in Toronto at 416 327–4282 or write to the Director, Registration and Claims Branch, 4th Floor, 49 Place d'Armes, Kingston ON K7L 5J3.

Health Number | Sex ☐ M ☐ F

Date of Birth *(yyyy/mm/dd)* | Telephone No. ( )

Last Name

First Name

Mailing Address

Apt.

City **ON**

Postal Code

I would like to help save a life by consenting to be an organ and tissue donor for:

☐ 1. transplant only

☐ 2. transplant/organ and tissue research

I wish to donate any needed organs or tissue ***except*** *for those indicated below (check any boxes that apply)*

☐ a. kidneys ☐ e. liver

☐ b. heart ☐ f. lungs

☐ c. eyes ☐ g. skin

☐ d. bone ☐ h. pancreas

I am consenting to be an organ and tissue donor after my death.

Signature | Date 2009-11-12

Remember – Once you have made your decision, be sure to inform your family and friends of your decision to donate.

Print Form

Gift of Life Don de vie

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