



Please register my details on the NHS Organ Donor Register

Please complete in CAPITAL LETTERS using a black ballpoint pen, place into an envelope and post to: FREEPOST RRZK-SHUX-SBCK, NHS Blood and Transplant, Fox Den Road, Stoke Gifford, Bristol, BS34 8RR. *indicates that a field must be completed.

M	y name and a	address		
Surname*	Fore	name(s)*		
Date of birth* / /	Male	e □*	Female □*	
Address*				
	Post	code*		
Telephone				
Mobile				
Email				
- Train				
	My wishe	es		
I want to donate: (please tick the boxes th	at apply)			
A. any of my organs and tissue \square or				
B. my kidneys □ heart □ liver □	small bowel □	eyes 🗆 🛮 lu	ings 🗆 🏻 pancre	eas □ tissue □
for transplantation after my death.				
Signature				
Date				
Please tick here if you would like to recei	ive future informa	ation about bl	ood, organ and	tissue donation
from NHS Blood and Transplant.				
	My ethnic o	rigin		
There's a better chance of getting a clo				
recipient are from the same ethnic gro	•	e ethnic grou _l	p which best de	escribes you.
White: British ☐ Irish ☐ Othe				
	White/Asian □		k African 🗆	Other 🗆
Asian or Asian British: Indian □		Bangladeshi 🗆] Other □	
Black or Black British: Caribbean □	African 🗆	Other		
Other ethnic categories: Chinese	Other 🗆			
Not stated:	for the purpose of	ording vour wishes	to become an ereco	danar All information
Data Protection Assurance. Completion of this form is provided to NHS Blood and Transplant is used in according to the control of the control				

If you wish to amend or withdraw your record from the NHS Organ Donor Register you can do so by calling the Organ Donor Line on 0300 123 23 23, visiting www.organdonation.nhs.uk or writing to us at the address above.

More information on how we look after your personal details can be found at www.nhsbt.nhs.uk or by calling 0300 123 23 23.

in a country not normally covered by EU Data Protection law. If so, we will ensure that the data will be protected by the EU requirements.