



## New registration, change or removal of details

### Important information

This form can be used to register for the Australian Organ Donor Register (the Donor Register), and to change or remove details from the Donor Register.

Only people aged 18 years and over can register their legally valid consent or objection on the Donor Register. If you are 16 or 17 you can still register your intention to donate.

When your new registration is processed, a confirmation letter will be sent to your permanent postal address as indicated in your response to question 7.

### Lodgement

This form can be lodged by the following methods:  
in your local Medicare office, or  
send reply paid to:

**Australian Organ Donor Register**  
**Reply paid 711**  
**Hobart TAS 7001**  
or fax to: **03 6281 0556**

### Assistance

If you need help completing this form, call **1800 777 203** (call charges may apply) or visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) click on **For Individuals and families > Services and Programs > Australian Organ Donor Register (AODR)**

Tick where applicable

### Registration details

- 1** Register me on the Donor Register   
Change my details on the Donor Register   
Remove me from the Donor Register   
Donor registration number (if known)

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I wish to register my decision not to be an organ and/or tissue donor.

- 2** Medicare card number  Reference number

or  
I authorise Medicare Australia to use the details below to locate my Medicare card number.

- 3** Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

- 4** Date of birth

- 5** Your sex  
Male   
Female

- 6** Postal address

Postcode

- 7** Is this your permanent postal address?

No   
Yes  Medicare Australia records will be updated to reflect this if question 2 is completed.

- 8** Work phone number

( )

Home phone number

( )

Mobile phone number

Email

@

### Organ and tissue donation

- 9** I wish to **register my consent** to donate the following organs and/or tissue for transplantation, in the event of my death. Tick 'All' or as many as apply:

All   
Bone tissue  Eye tissue  Heart   
Heart valves  Kidneys  Liver   
Lungs  Pancreas  Skin tissue

### Declaration

- 10** Please register me on, change my details or remove my details from the Donor Register.

- I give permission for the details I have provided to be actioned on the Donor Register
- I have discussed this decision with my family, partner or friend
- I am aware that I can change these details at any time.

Signature

Date

### Privacy note

The information provided on this form will be used to register you on the Australian Organ Donor Register or to update your details on the register. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to authorised personnel in the organ and tissue donation network or where authorised or required by law.