SUBMIT FORM

CYPRUS POTENTIAL ORGAN & TISSUE DONOR REGISTRY

REGISTRATION FORM

The Database is formed according to the Republic of Cyprus Law127/2012 and is the only official archive for the registration of people´s wishes for post-morden organ donation

PERSONAL- DEMOGRAFIC DATA

NAME: FAMILY NAME:

GENDER: M F DATE OF BIRTH: d/m/yyyy I. C. NUMBER:

ADDRESS: POST CODE:

TELEPHONE NUMBER: CELL PHONE NUMBER:

E-MAIL ADDRESS:

MY WILL FOR ORGAN & TISSUE DONATION

(a) I wish to donate any organ and tissue ☐

(b) I wish to donate the following organs and tissues only

Kidneys ☐ Liver ☐ Pancreas ☐ Lungs ☐ Heart ☐

Corneas ☐ Bone tissue ☐ Skin tissue ☐

(c) I wish not to donate any organ or tissue ☐

(d) I wish to delete my name from the National Potential Organ & Tissue Donor Registry ☐

NEXT OF KIN

NAME: FAMILY NAME:

ADDRESS: POST CODE:

TELEPHONE NUMBER: CELL PHONE NUMBER:

E-MAIL ADDRESS:

The above named person is informed for my will about organ donation.

SIGNATURE: _____

CONFIRMATION LETTER

You will receive an official letter confirming your registration. Your wishes could be changed whenever you decide so. It is also important to know that, in any process of organ donation after death, the Law requires the consent of the next of kin, irrespective of the wishes of the donor before death.

AFFIRMATION FOR THE PRESERVATION OF PERSONAL DATA

The Ministry of Health ensures the protection of personal data by exploiting the potential use of electronic encryption to comply with the provisions of the Data Protection Laws of 2001 and 2003 (Protection of Individuals).

Please mail your registration form to the address listed at the end of the page or email at TransplantDonor@moh.gov.cy following the instructions «Submit Form» in the upper right corner of the form.

Cyprus Potential Organ &Tissue Donor Register
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