

GLOUCESTERSHIRE HEALTH AUTHORITY
ORGAN/BLOOD DONOR REGISTRATION FORM

Surname:

Forename(s)

Address:

.....

Postcode:

NHS No.

Date of birth:

Registered General Practitioner:

Please tick as appropriate:

- Please register me on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after my death.

Either

- Any parts of my body

or my

- Kidneys Heart Liver

- Corneas Lungs Pancreas

may be used for the treatment of others

- I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.
- I have given blood in the last 3 years.

Signed Date: