



Organ & Tissue Donation

for Northwest Territories' Residents



What do I need to know?

- The first priority of health care professionals is to save lives. Your choice to become a donor does not affect the quality of life-saving medical care you receive.
- You must be at least 16 years old to complete the Organ and Tissue Donation Consent Form.
- There will be no cost to your family or estate for the donation of your organs or tissue.
- Organ and tissue recovery will only happen after every effort has been made to save your life.
- By submitting a completed Organ and Tissue Donation Consent Form, your information will be added to an Organ and Tissue Donation Registry.
- If you decide to become an organ and tissue donor, discuss it with your family.
- Registration to be a donor may be updated or withdrawn by resubmitting a completed consent form.

Who can witness my signature?

- A friend or co-worker can be your witness.
- A family member CANNOT be your witness.** This includes your spouse, common law partner, parent, child, guardian, or sibling.

How do I register?

You can either drop off at your closest health centre, email otdonation@gov.nt.ca, or mail a copy of the completed and signed consent form on the next page to:

*Health Services Administration Office
Department of Health and Social Services
Government of the Northwest Territories
Bag #9 / Inuvik, NT / XOE 0TO*

Here's the most important part: **discuss your wishes with your family.** They need to know you want to be a donor. Talking with them will help them respect your choices.

For more information, please contact the Office of Client Experience at 1-855-846-9601 or by email at hss_clientexperience@gov.nt.ca. Find out more by visiting www.hss.gov.nt.ca.

Validation Stamp

(to be completed by the HSA Office)



If you would like this information in another official language, contact us at 1-855-846-9601.

Si vous voulez ces renseignements dans une autre langue officielle, communiquez avec nous au 1-855-846-9601.

Organ and Tissue Donation Consent Form

The personal health information on this form is being collected in accordance with the Human Tissue Donation Act (HTDA) and the Health Information Act (HIA). Your information will be shared with Alberta's Department of Health, who is maintaining the Organ and Tissue Donation Registry. It is protected by the privacy provisions under the HTDA and HIA, and will not be used or disclosed unless allowed or required by the HTDA, HIA, Alberta's Human Tissue and Organ Donation Act, and Alberta's Health Information Act.

If you have any questions, please contact the Office of Client Experience at 1-855-846-9601 or hss_clientexperience@gov.nt.ca.

I choose to donate **all my organs and tissues** for transplantation.

OR

I choose to donate **only these organs and/or tissues** for transplantation (check all that apply):
 Heart Heart Valves Small Bowel Kidneys Stomach Eyes Liver
 Bone Skin Lungs Pancreas Vascular Tissue Connective Tissue

OR

I wish to update my donation preferences as indicated above.

OR

I wish to be removed from the Organ and Tissue Donation Registry.

Check that you have read and agree:

- I understand and agree that the information on this form is being collected by the GNWT, and will be provided to Alberta's Department of Health, for use in the Organ & Tissue Registry in keeping with the Health Information Act, and s. 11(1) of the Human Tissue Donation Act.
- I understand that I may withhold consent to the collection, use and disclosure of the personal information set out on this form, and I submit this form voluntarily and without coercion.
- I understand that I may withdraw my consent to the collection, use and disclosure of my personal information on this form. In the event that I wish for my personal information to be removed from the Organ & Tissue Donation Registry, I can fill out another form with the "I wish to be removed from the Organ & Tissue Donation Registry" box checked, or otherwise communicate my wishes to the GNWT.

The Health Services Administration Office's receipt of your signed, dated, and witnessed form will provide evidence of your consent to be a donor. **All areas on this form must be completed; please PRINT.**

First Name: _____ Last Name: _____

Health Care #: _____ Date of Birth: _____ Telephone #: _____

Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

***Note: witness cannot be a family member.**