

There are three ways to register to be an organ and tissue donor:

1) Register online at:
UltimateGiftAlberta.ca

2) Mail or fax a copy of this completed consent form to Alberta Health at:

Alberta Health
c/o Alberta Organ and Tissue Donation Registry
PO Box 1360
Station Main
Edmonton, AB T5J 2N3
Fax toll-free: 1-844-641-9679

3) Bring this completed consent form to an Alberta Registry office, or complete the form with a registry agent.

Here's the most important part: discuss your wishes with your family and friends. They need to know you want to be a donor, and talking with them will help them respect your choice when the time comes.

For more information please visit UltimateGiftAlberta.ca or call 1-844-815-3315.

You can help save a life - or make life better for many people - by registering your consent to donate your organs and tissues with the Alberta Organ and Tissue Donation Registry.

The registry is a database that captures your donation choices, which will then be accessible to donation professionals.

Registry Stamp

CANMORE REGISTRY
(DOWNER VENTURES LTD.)
119-104 KANANASKIS WAY
CANMORE, AB T1W 2X2
PH: 403-678-9320 FAX: 403-678-1968

Alberta 

Public (when completed)

ACB0001 Rev. 2020-03

SAVE A LIFE... OR 8!

**1 organ donor can save 8 lives
&
1 tissue donor can enhance the
lives of 75**

Register to be an Organ and Tissue Donor



**Alberta Organ and Tissue
Donation Registry**

What you need to know:

- The first priority of health care professionals is to save lives. Your choice to be a donor does not affect the quality of life-saving medical care you receive.
- Everyone has the potential to be an organ and/or tissue donor, though you must be at least 18 to register your consent to donate.
- 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.
- Organ and tissue donation should not affect preferred funeral arrangements.
- More than 4,400 Canadians, including more than 500 people in Alberta, are on the wait list for an organ transplant.
- It is important to share your organ donation choices with your family and friends.
- Registration to be a donor may be updated or withdrawn through the website, UltimateGiftAlberta.ca, or by calling 1-844-815-3315.

Alberta Organ and Tissue Donation Registry Donation Consent

Your health and personal information is being collected for the purpose of tissue or organ donation for transplantation, scientific research and/or medical education under section 12 of the *Human Tissue and Organ Donation Act*, and other authorized purposes under section 27 of the *Health Information Act* and section 39 of the *Freedom of Information and Protection of Privacy Act*. This information is collected under the authority of section 20 of the *Health Information Act*, section 33 of the *Freedom of Information and Protection of Privacy Act*, and section 12 of the *Human Tissue and Organ Donation Act*. The confidentiality of this information is protected by the provisions of the above-noted legislation. If you have any questions about this collection, please contact the Transfusion and Transplantation Unit, Alberta Health, Phone: 1-844-815-3315 (Edmonton) Monday-Friday 8:15 - 4:30. Closed statutory holidays.

Please select one of the two options below.

1. I choose to donate **all my organs and tissues** for (check all that apply):

Transplantation

Scientific Research

Medical Education

OR

2. I choose to donate **only these organs and/or tissues** (check all that apply):

Heart

Small Bowel

Eyes

Kidneys

Stomach

Heart Valves

Liver

Bone

Skin

Lungs

Pancreas

Vascular Tissue

Connective Tissue

To be used in (check all that apply):

Transplantation

Scientific Research

Medical Education

***If you wish to donate your body, you must also register with your local anatomical gift program:**

Anatomical Gifts Program, University of Alberta, 780-492-2203

Body Donation Program, University of Calgary, 403-220-6950

Alberta Health's receipt of your completed form will provide evidence of your consent to be a donor. **All areas on this form must be completed.** Healthcare Number (as it appears on your healthcare card) _____

Name (first name) _____ (last name) _____ Gender _____

Date of Birth _____ Signature Date _____ Signature **X** _____

Telephone Number _____ Postal Code (first 3 digits) _____

Thank you for registering to be a donor!