

## The Punjab Transplantation of Human Organ and Tissue, Rules

(To be completed by person in his / her lifetime and willing to donate his / her organ / tissues after death)

I .....s/o, d/o, w/o, Mr, .....

CNIC No.....aged .....resident of

.....in the presence of persons mentioned below hereby unequivocally authorized the removal of my body organs, namely Renal / Liver/ Cornea/ Heart / Pancreas / Lungs from my body after my death for therapeutic purposes.

.....  
Signature of donor

Date.....

Signature.....

The information regarding my self is as under.

### Personal Details:-

Description	Detail
First Name:	
Last Name:	
CNIC No:	
Age:	
Occupation:	
Gender: 1. Male 2. Female 3. Other	
Blood Group:	

### Organ that I wish to donate\*:

1. Whole Body  2. Kidneys  3. Liver  4.Heart  5.Lungs  6. Pancreas   
7. Corneas

Description	Detail
Address:	
City:	
Province:	
Country:	
Email:	
Mobile:	
Phone No.	

Signature:- \_\_\_\_\_

**Next Of Kin Details:-**

Description	Detail
Name:	
CNIC No:	
Relationship:	
Address:	
City:	
Province:	
Country:	
Email:	
Mobile:	
Phone No.	

Signature:- \_\_\_\_\_

**Witnesses**

(1) Mr. / Mrs. / Ms. ....s/o, d/o, w/o, Mr.....

CNIC No.....aged.....resident of.....

.....

Tel.....

Signature.....

(2) Mr. / Mrs. / Ms. ....s/o, d/o, w/o, Mr.....

CNIC No.....aged.....resident of .....

.....

Tel.....as a close blood relative to the donor as Father/ Mother/ Brother/ Sister / Son/ Daughter/ Husband / Wife.

Date.....