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No. S 300

HUMAN ORGAN TRANSPLANT ACT 1987

HUMAN ORGAN TRANSPLANT (AMENDMENT) REGULATIONS 2022

In exercise of the powers conferred by section 32 of the Human Organ Transplant Act 1987, the Minister for Health makes the following Regulations:

Citation and commencement

1.—(1) These Regulations are the Human Organ Transplant (Amendment) Regulations 2022 and, except for regulations 3, 4, 5, 6 and 8, come into operation on 6 April 2022.

(2) Regulations 3, 4, 5, 6 and 8 are deemed to have come into operation on 31 December 2021.

Replacement of regulation 3

2. Regulation 3 of the Human Organ Transplant Regulations 2004 (G.N. No. S 213/2004) (called in these Regulations the principal Regulations) is replaced with —

“Forms for Parts 2 and 3 of Act

3.—(1) The form for authorising the removal of any organ from the body of a person under section 4(1) of the Act is Form 1 in the First Schedule.

(2) For the purposes of section 8(1) of the Act —

(a) the prescribed form is Form 2 in the First Schedule;
and

(b) a person who is unable to read or understand English may complete and submit an official translation of Form 2 in Malay, Mandarin or Tamil that is available on the specified website.

(3) For the purposes of section 8(2) of the Act, the prescribed form is Form 3 in the First Schedule.

(4) For the purposes of section 10(1) of the Act —

(a) the prescribed form is Form 4 in the First Schedule;
and

(b) a person who is unable to read or understand English may complete and submit an official translation of Form 4 in Malay, Mandarin or Tamil that is available on the specified website.

(5) For the purposes of section 10(2) of the Act, the prescribed form is Form 5 in the First Schedule.

(6) In this regulation, “specified website” means the website at <https://www.liveon.gov.sg>.”.

Amendment of regulation 4

3. In regulation 4(1) of the principal Regulations, replace “Part IVA” with “Part 4A”.

Amendment of regulation 6

4. In regulation 6 of the principal Regulations, replace “section 15A(2)” with “section 15(2)”.

Amendment of regulation 6A

5. In regulation 6A(4)(b) of the principal Regulations, replace “section 15A(3)” with “section 15(3)”.

Amendment of heading of regulation 7

6. In the regulation heading of regulation 7 of the principal Regulations, replace “Part IVA” with “Part 4A”.

Replacement of First and Second Schedules

7. The First and Second Schedules to the principal Regulations are replaced with —

“FIRST SCHEDULE

Regulation 3

FORM 1

HUMAN ORGAN TRANSPLANT ACT 1987

**AUTHORISATION FOR REMOVAL OF ORGANS AFTER
DEATH UNDER SECTION 4(1)**

- *(a) I hereby authorise the removal of the *kidneys/liver/heart/corneas of the deceased named _____, NRIC No. _____ for transplantation to the body of a living person.
- *(b) I do not authorise the removal of the *kidneys/liver/heart/corneas of the deceased named _____, NRIC No. _____ for transplantation to the body of a living person for the following reason(s):
-

 Name of Designated Officer

 Hospital

 Signature

 Date

* Delete whichever is inapplicable

MD141B

FORM 2

Front

For official use only

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HUMAN ORGAN TRANSPLANT ACT 1987

OBJECTION TO ORGAN REMOVAL UNDER SECTION 8(1)

(This form may take you 5 minutes to fill in.
Please complete all particulars in BLOCK LETTERS.)

FULL NAME (as in NRIC)											
NRIC											
CITIZENSHIP/ RESIDENTIAL STATUS	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident										
DATE OF BIRTH	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>			
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female										
RACE	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify)										
HOME ADDRESS											
POSTAL CODE											
CONTACT NO.											
<p>I object to the removal of the following organ(s) for transplantation upon my death (please tick '✓' all applicable boxes):</p> <p><input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Cornea</p>											
<p>Please note that under the Human Organ Transplant Act 1987:</p> <p>1. After registering your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will be given lower priority as a proposed recipient compared to a person who has not registered an objection.</p>											

2. You may withdraw your objection at any time. However, you will continue to be given lower priority as a proposed recipient, compared to a person who has not registered an objection, for 2 years after the date the Director of Medical Services receives your withdrawal.

SIGNATURE	DATE	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>
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WITNESS' PARTICULARS*

FULL NAME (as in NRIC)										
NRIC										
DATE OF BIRTH	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>		
HOME ADDRESS										
POSTAL CODE										
CONTACT NO.										
SIGNATURE	DATE	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	

**Witness must be 21 years old and above.*

MD136

Reverse

Note:

- This objection to organ removal only applies to individuals who are —
 - Singapore Citizens and Singapore Permanent Residents; and
 - 21 years old and above.
- This form is invalid if it is not duly completed.
- Please forward the completed form to the following address:

National Organ Transplant Unit
c/o Singapore General Hospital
Outram Road
Singapore 169608
- If you do not receive an acknowledgment to your objection to organ removal within 3 weeks, please contact the Officer-in-Charge at the above address or call Tel. No. 63214390.

FORM 3

Front

HUMAN ORGAN TRANSPLANT ACT 1987
REGISTRATION OF OBJECTION TO ORGAN REMOVAL
UNDER SECTION 8(2)

Name:

NRIC No.:

Reg. No.:

This is to certify that your name is in the Register of Objectors for:

MD136A

Reverse

For further information, please contact the National Organ Transplant Unit at Tel. No. 63214390 or at the following address:

National Organ Transplant Unit

c/o Singapore General Hospital

Outram Road

Singapore 169608

FORM 4

Front

For official use only							

HUMAN ORGAN TRANSPLANT ACT 1987
WITHDRAWAL OF OBJECTION TO ORGAN REMOVAL
UNDER SECTION 10(1)

(This form may take you 5 minutes to fill in.
Please complete all particulars in BLOCK LETTERS.)

FULL NAME (as in NRIC)									
NRIC									
CITIZENSHIP/ RESIDENTIAL STATUS	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident								
DATE OF BIRTH	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female								
RACE	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify)								
HOME ADDRESS									
POSTAL CODE									
CONTACT NO.									
<p>I withdraw my objection to the removal of the following organ(s) for transplantation upon my death (please tick '√' all applicable boxes):</p> <p><input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Cornea</p>									

Please note that under the Human Organ Transplant Act 1987:

After you have withdrawn your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will continue to be given lower priority as a proposed recipient, compared to a person who has not registered an objection, for 2 years after the date the Director of Medical Services receives your withdrawal.

SIGNATURE	DATE	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>
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WITNESS' PARTICULARS*

FULL NAME (as in NRIC)										
NRIC										
DATE OF BIRTH	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>		
HOME ADDRESS										
POSTAL CODE										
CONTACT NO.										
SIGNATURE	DATE	<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	

**Witness must be 21 years old and above.*

MD137

Reverse

Note:

1. This withdrawal of objection to organ removal only applies to individuals who —
 - (a) are Singapore Citizens and Singapore Permanent Residents;
 - (b) are 21 years old and above; and
 - (c) have previously registered their objections to organ removal.
2. This form is invalid if it is not duly completed.
3. Please forward the completed form to the following address:

National Organ Transplant Unit
c/o Singapore General Hospital
Outram Road
Singapore 169608
4. If you do not receive an acknowledgment to your withdrawal of objection to organ removal within 3 weeks, please contact the Officer-in-Charge at the above address or call Tel. No. 63214390.

FORM 5

HUMAN ORGAN TRANSPLANT ACT 1987
**ACKNOWLEDGMENT OF WITHDRAWAL OF OBJECTION
TO ORGAN REMOVAL UNDER SECTION 10(2)**

Date:

Reg. No.:

NRIC No.: Sxxxx123A

<NAME>

<BLOCK>

<STREET>

<POSTAL CODE>

Dear Sir/Madam,

**WITHDRAWAL OF OBJECTION TO ORGAN REMOVAL
UNDER SECTION 10(1) OF THE HUMAN ORGAN
TRANSPLANT ACT 1987**

1. Your withdrawal of objection to organ removal under section 10(1) of the Human Organ Transplant Act 1987 (“HOTA”) has been received on <date>.
2. The current status of your objection to organ removal in the Register of Objectors is as follows:

Organ	Date of Objection	Date of Receipt of Withdrawal	Current Status
Kidney			
Liver			
Heart			
Cornea			

3. Please note that under section 11(b) of the HOTA, after you have withdrawn your objection in respect of the organ(s) above, if you require a transplant of any such organ, you will continue to have lower priority as a proposed recipient, compared to a person who has not registered an objection in respect of any such organ(s), for 2 years after the date of receipt of your withdrawal in respect of that organ(s).
4. Therefore, you will have priority to receive a transplant for any organ(s) specified in paragraph 2 over a person who has registered any objection in respect of that organ(s) only starting from <date>.
5. If you require further clarifications, please contact the National Organ Transplant Unit at 63214390 or organ.transplant@notu.com.sg.

Thank you.

Yours faithfully

[Name of Officer-in-Charge]

[Designation]

National Organ Transplant Unit

for Director of Medical Services

MD137A

SECOND SCHEDULE

Regulation 7

FORM 1

HUMAN ORGAN TRANSPLANT ACT 1987
APPLICATION FOR WRITTEN AUTHORISATION OF
LIVING DONOR ORGAN TRANSPLANT

All applications for written authorisation of living donor organ transplant shall be made using this form.

The application for the written authorisation of a living donor organ transplant shall be made by the medical practitioner who is principally responsible for the care of the prospective donor.

Particulars of prospective donor	Particulars of prospective recipient¹
Name: _____	Name: _____
NRIC No./Passport No.: _____	NRIC No./Passport No.: _____
Nationality: _____	Nationality: _____
Date of birth: _____	Date of birth: _____

Medical practitioner for prospective donor	Medical practitioner for prospective recipient¹
Medical practitioner who is principally responsible for the care of the donor: _____	Medical practitioner who is principally responsible for the care of the recipient: _____
Surgeon who will be principally involved in the removal of the organ (if different from above): _____	Surgeon who will be principally involved in the transplant of the organ (if different from above): _____

¹ For cases of paired donation, this refers to the recipient of the prospective donor's choice. In this form, "paired donation" refers to the donation by a living donor (Donor A) of any organ from his body in consideration of —

- (a) a donation of an organ from another living donor for the purpose of the transplantation of the organ to the body of a living recipient of Donor A's choice (Recipient A); or
- (b) priority in the selection of Recipient A as a recipient of any organ, whether removed pursuant to section 4 of the Act or otherwise.

Section I — Declaration by medical practitioner principally responsible for the prospective donor

I DECLARE THAT:

1. I am the medical practitioner principally responsible for the care of the prospective donor who has signed Section II of this form.
2. I have explained to the prospective donor the nature of the medical procedure and the risks involved in the removal of *his/her *kidney/part of *his/her liver.
3. So far as I am aware, the declarations that *he/she has made are true and I witnessed *his/her signature to Section II.
4. I have checked with the prospective donor and the prospective donor has confirmed that he/she
 - has not been previously reviewed by a transplant ethics committee

OR

- has been previously reviewed by a transplant ethics committee, and the application was:
 - approved
 - rejected
 - others: _____

(please tick relevant boxes)
5. I have checked with the prospective recipient and the prospective recipient has confirmed that he/she
 - has not been previously reviewed by a transplant ethics committee

OR

- has been previously reviewed by a transplant ethics committee, and the application was:
 - approved
 - rejected
 - others: _____

(please tick relevant boxes)

6. I am not aware of, nor do I have any knowledge of, any fact, circumstances or occurrence which may indicate or suggest that the prospective donor or any other person has been offered or given any valuable consideration, or has been offered or become involved in any contract or arrangement, for the prospective donor to consent to the removal of his/her organ.

Agree Disagree (*please tick relevant box*)

7. Based on my evaluation, the consent of the prospective donor:

- (i) *is/is not given pursuant to any contract or arrangement; and
- (ii) *is/is not given or obtained by virtue of any fraud, duress or undue influence.

8. I hereby apply for the written authorisation of a living donor organ *transplant/paired donation involving the abovementioned prospective donor and prospective recipient to be carried out.

Signature

Date

Name and qualifications

MCR number

Hospital and clinic

**Delete whichever is inapplicable.*

Any person who makes any declaration or statement in relation to an application for the written authorisation of a transplant ethics committee under section 15(1) of the Human Organ Transplant Act 1987 which is false or misleading in a material particular shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 12 months or to both.

Section II — To be completed by prospective donor
--

Name: _____

*NRIC No./Passport No. and country of issue: _____

Permanent home address: _____

I wish to donate *my kidney/part of my liver for transplant to: _____

(In case of paired donation²) I wish to donate *my kidney/part of liver in consideration of a donation of *kidney/part of liver from another living donor for transplant to: _____

Name of recipient: _____

*NRIC No./Passport No. and country of issue: _____

² In this form, “paired donation” refers to the donation by a living donor (Donor A) of any organ from his/her body in consideration of —

- (a) a donation of an organ from another living donor for the purpose of the transplantation of the organ to the body of a living recipient of Donor A’s choice (Recipient A); or
- (b) priority in the selection of Recipient A as a recipient of any organ, whether removed pursuant to section 4 of the Act or otherwise.

I DECLARE THAT:

1. I have been given an explanation of the nature of the medical procedure and the risks to me in the removal of *my kidney/part of my liver. That explanation was given by the medical practitioner principally responsible for my care named in Section I. The explanation was given *with/without a translator.
2. I understand the nature of the medical procedure and the risks to me as explained by that medical practitioner.
3. I consent to the removal of *my kidney/part of my liver.
4. I have not been coerced in any way to give my consent for the removal of that organ.
5. I did not give my consent pursuant to any inducement, contract or arrangement and I am not aware that any other person has been offered any form of inducement, contract or arrangement for me to give my consent to the removal of that organ.

-
-
6. I understand that I will be required by the transplant ethics committee to declare, to the best of my knowledge, the existence of any contract or arrangement or valuable consideration, including those providing only for the defraying or reimbursing, in money or money's worth, of such costs and expenses that may be reasonably incurred by me in relation to —
- (a) the removal, transportation, preparation, preservation, quality control or storage of the organ;
 - (b) the costs or expenses (including the costs of travel, accommodation, domestic help or childcare) or loss of earnings so far as are reasonably or directly attributable to the donation of the organ from my body; and
 - (c) any short-term or long-term medical care or insurance protection which is or may reasonably be necessary as a consequence of the donation of the organ from my body.
7. I understand that I may withdraw my consent to the removal of that organ at any time before the operation to remove *my kidney/part of my liver is carried out.
8. I *have/do not have a well-established emotional relationship with the recipient.
9. I have not been previously reviewed by a transplant ethics committee.

OR

- I have been previously reviewed by a transplant ethics committee, and the application was:
- approved
 - rejected
 - others: _____

(please tick relevant boxes)

10. I understand that the information I have given on this form, any other information provided to the transplant ethics committee for the purpose of assessing this application, and the information on the outcome of the transplantation, may be stored on a computer system maintained by the transplant ethics committee or provided to the Ministry of Health.

Signature of prospective donor: _____ Date: _____

Signature of first witness: _____

(Medical practitioner who is principally responsible for the care of the prospective donor)

Signature of second witness: _____

Name: _____ *NRIC No./Passport No.: _____

Relationship of translator to prospective donor: _____

(If a translator is required, the second witness shall be the translator.)

Any person who makes any declaration or statement in relation to an application for the written authorisation of a transplant ethics committee under section 15(1) of the Human Organ Transplant Act 1987 which is false or misleading in a material particular shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 12 months or to both.

**Delete whichever is inapplicable.*

Section III — To be completed by prospective recipient

Name: _____

*NRIC No./Passport No. and country of issue: _____

Permanent home address: _____

I wish to receive a kidney/part of a liver for transplant from: _____

Name of donor (if identified): _____

*NRIC No./Passport No. and country of issue: _____

I DECLARE THAT:

1. I have not offered any inducement, contract or arrangement nor am I aware that any other person has offered any form of inducement, contract or arrangement for the prospective donor to give his/her consent to the removal of his/her organ.
2. I understand that I will be required by the transplant ethics committee to declare, to the best of my knowledge, the existence of any contract or arrangement or valuable consideration, including those providing only for the defraying or reimbursing, in money or money's worth, of such costs and expenses that may be reasonably incurred by the donor in relation to —
 - (a) the removal, transportation, preparation, preservation, quality control or storage of the organ;
 - (b) the costs or expenses (including the costs of travel, accommodation, domestic help or childcare) or loss of earnings so far as are reasonably or directly attributable to the donation of the organ from the donor; and
 - (c) any short-term or long-term medical care or insurance protection which is or may reasonably be necessary as a consequence of the donation of the organ from the donor.
3. I *have/do not have a well-established emotional relationship with the donor.

4. I have not been previously reviewed by a transplant ethics committee.

OR

- I have been previously reviewed by a transplant ethics committee, and the application was:
- approved
 - rejected
 - others: _____

(please tick relevant boxes)

5. I understand that the information I have given on this form, any other information provided to the transplant ethics committee for the purpose of assessing this application, and the information on the outcome of the transplantation, may be stored on a computer system maintained by the transplant ethics committee or provided to the Ministry of Health.

Signature of prospective recipient: _____ Date: _____

Signature of first witness: _____

(Medical practitioner who is principally responsible for the care of the prospective donor)

Signature of second witness: _____

Name: _____ *NRIC No./Passport No.: _____

Relationship of translator to prospective recipient: _____

(If a translator is required, the second witness shall be the translator.)

Any person who makes any declaration or statement in relation to an application for the written authorisation of a transplant ethics committee under section 15(1) of the Human Organ Transplant Act 1987 which is false or misleading in a material particular shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 12 months or to both.

**Delete whichever is inapplicable.*

FORM 2
HUMAN ORGAN TRANSPLANT ACT 1987
ASSESSMENT BY TRANSPLANT ETHICS COMMITTEE

Hospital: _____

Organ to be transplanted: _____

Name of medical practitioner who is principally responsible for the care of the prospective donor: _____

Particulars of prospective donor

Name: _____

*NRIC No./Passport No.: _____

Date of Birth: _____

Sex: _____

Race: _____

Nationality: _____

Particulars of prospective recipient

Name: _____

*NRIC No./Passport No.: _____

Date of Birth: _____

Sex: _____

Race: _____

Nationality: _____

After taking all factors into consideration, the transplant ethics committee has decided to **approve** the application of organ *transplant/paired donation³ to be carried out:

- between the abovenamed prospective donor and the abovenamed prospective recipient.
- between the abovenamed prospective donor and a recipient (to be identified).
- between the abovenamed prospective donor and the following recipient (name of recipient) _____

(please tick appropriate box)

The transplant shall be carried out within ____ (*maximum of 60*) days from the date of grant of written authorisation.

*After taking all factors into consideration the transplant ethics committee has decided **not to approve** the application.

³ In this form, “paired donation” refers to the donation by a living donor (Donor A) of any organ from his/her body in consideration of —

- (a) a donation of an organ from another living donor for the purpose of the transplantation of the organ to the body of a living recipient of Donor A’s choice (Recipient A); or
- (b) priority in the selection of Recipient A as a recipient of any organ, whether removed pursuant to section 4 of the Act or otherwise.

Name: _____ **Signature:** _____

Medical practitioner employed or otherwise connected with the hospital

Name: _____ **Signature:** _____

Independent medical practitioner

Name: _____ **Signature:** _____

Layperson

Date of authorisation: _____

Note: If the living donor organ transplant is not carried out within the validity period, a fresh application for written authorisation shall be made to the transplant ethics committee.

**Delete whichever is inapplicable.*

”.

Miscellaneous amendments

8. In the following provisions of the principal Regulations, replace “section 15A(1)” (wherever it appears) with “section 15(1)”:

Regulation 4(3A)(a)

Regulation 5(1)

Regulation 6A(1) and (5)(a)

Regulation 6B(1)

Regulation 7(1) and (2)

Regulation 8.

[G.N. Nos. S 380/2008; S 309/2009; S 439/2009]

Made on 30 March 2022.

CHAN YENG KIT
*Permanent Secretary,
Ministry of Health,
Singapore.*

[78:18/1; AG/LEGIS/SL/131A/2020/1 Vol. 1]