

## Intent to Donate and Language Information

**Please print and mail completed form to:**

**Medicare Office  
126 Douses Road  
PO BOX 3000  
Montague PE C0A 1R0  
Canada**

Legal Name
Personal Health Number (on health card)
Mailing Address

### ORGAN AND TISSUE DONOR DECISION

The information below will be stored in a secure computerized PEI Donor Registry. In the future, your organ and/or tissue donor decision will be displayed on your new Health Card.

**I wish to donate:**

Organs needed for transplant (lungs, heart, liver, kidneys, pancreas, small bowel)

YES    NO

Tissues needed for transplant (skin, vein, eyes, bone and related structures, heart valves/pericardium)

YES    NO

For more information about organ and tissue donation, please call: 902-368-5920

**Your signature is required for organ and/or tissue donation. You must be 16 or older to sign. Parents cannot sign on behalf of children.**

Signature	Date	Date of Birth
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### LANGUAGE PROFILE

In order to plan for service delivery, please answer the following questions related to your language profile. In the future, your preferred language of service will be displayed on your new Health Card.

What is your mother tongue? (The language you first learned in childhood and still understand)

English    French    Other (Please specify) \_\_\_\_\_

If your mother tongue is neither English nor French, in which of Canada's official languages are you most comfortable?

English    French    Neither

What is your preferred language for service delivery?

English    French    Other (Please specify) \_\_\_\_\_

*Consent to organ and/or tissue donation and language profile responses are voluntary and are not required for Health Card eligibility. Personal information on this form is collected under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act.*

*If you provide consent to organ and/or tissue donation in this form, your information will be entered into a record of intent that can be accessed by a health care provider in specific circumstances. Questions on the collection and use of organ and tissue donation information can be directed to the Organ and Tissue Donation and Transplantation Manager at 902-368-5920.*

*Responses to the language profile questions may be used for planning and service delivery purposes. Questions on the collection and use of language information can be directed to Medicare Services, 126 Douses Road, Montague, PE, COA 1R0, 1-800-321-5492.*

**FOR OFFICE USE ONLY- PHN:**

**HOUSEHOLD NUMBER:**