



**HKU  
Med**

**LKS Faculty of Medicine  
The University of Hong Kong**  
香港大學李嘉誠醫學院



## Body Donation Registration Withdrawal

### Donor's information (\*Compulsory)

Registration No. :		
Name* : (on HKID card)	( Chinese )	( English )
HKID No.* :      _ _ _ _ X X X ( X ) ( Eng Letter )      ( First 3 digits )		
Date of Birth* :      ( Year )      ( Month )	Sex* :    Male    /    Female	
Telephone* :      ( Residential No. )      ( Mobile No. )		
Mailing Address* :		

**I would like to withdraw from the HKU Body Donation Programme, please cancel my registration.**

Signed by the donor :	Date :
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### Statement of Purposes for Collection of Personal data

1. Upon receiving your withdrawal form, the office of HKU Body Donation Programme will contact you by telephone or email to verify your personal particulars.
2. Your withdrawal from the HKU Body Donation Programme is a voluntary action. All collected data in the organ donation withdrawal form will be classified as personal and treated with strict confidentiality for exclusive access by authorised personnel for:
  - i. all necessary administrative matters related to body donation;
  - ii. preparing statistics or carrying out research.
3. We would not keep the data any longer than is necessary for the purpose for which the data were collected.
4. Any person has the right to request access to and correct his/her personal data held in our records maintained by the HKU Body Donation Programme, pursuant to sections 18 and 22 of the Personal Data (Privacy) Ordinance, please submit your request to:

**Great Body Teacher, HKU Body Donation Programme**

**L1-56, 1/F. Laboratory Block, Faculty of Medicine Building, 21 Sassoon Road,  
Pokfulam, HK**

**Telephone: +852 3917-6334**

**Fax : +852 2817-0857**

**Email : hkubdp@hku.hk**