

**L.N. 143 of 2010**

**Human Organ Transplant (Amendment) Regulation 2010**

(Made by the Human Organ Transplant Board under section 6 of the Human Organ Transplant Ordinance (Cap. 465))

**1. Commencement**

This Regulation comes into operation on the day appointed for the commencement of section 21 of the Human Organ Transplant (Amendment) Ordinance 2004 (29 of 2004).

**2. Human Organ Transplant Regulation amended**

The Human Organ Transplant Regulation (Cap. 465 sub. leg. A), as amended by section 21 of the Human Organ Transplant (Amendment) Ordinance 2004 (29 of 2004), is amended as set out in section 3.

**3. Schedule substituted**

The Schedule—

**Repeal the Schedule**

**Substitute**

**“Schedule**

[s. 3]

**Forms**

Form 1

[s. 3(1) & (5)]

**HUMAN ORGAN TRANSPLANT ORDINANCE (CHAPTER 465)**

**HUMAN ORGAN TRANSPLANT REGULATION**

**INFORMATION ON REMOVAL OF ORGAN(S) FOR  
TRANSPLANT INTO ANOTHER PERSON**

**Serial Number:**  
*(for internal use)*

**I. Particulars of the Donor**

Full name: .....  
*(in BLOCK letters, Surname first)*

\*HK Identity Card No.<sup>(Note 5)</sup>/HK Birth Certificate No./Passport No. *(please specify the place of issue)*/Other identity document No. *(please specify the type of document and place of issue)*<sup>(Note 6)</sup>:  
.....

Age: .....

Sex: \*M/F

- 
- (a)  The donor was **LIVING** at the time of the removal of the organ(s)—
    - (i)  The donor and the recipient are genetically related. They are ..... *(please state the genetic relationship)* and a copy of proof is enclosed. I am satisfied that—

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with.

[OR]

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with except that the requirement in section 5D(1)(d) has been waived in accordance with section 5E of that Ordinance.

(ii)  The donor and the recipient are a married couple. Their marriage has subsisted for not less than 3 years and a copy of proof is enclosed. I am satisfied that—

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with.

[OR]

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with except that the requirement in section 5D(1)(d) has been waived in accordance with section 5E of that Ordinance.

(iii)  The donor and the recipient are neither genetically related nor a married couple whose marriage has subsisted for not less than 3 years. Approval has been given by the Human Organ Transplant Board for the removal and/or transplant through File Reference ..... dated .....

---

(b)  The donor was **DEAD** at the time of the removal of the organ(s)—

Date and time of death: ..... / ..... / .....; ..... \*am/pm  
Day Month Year

Cause of death (please state "pending coroner's inquest" for such cases and supply the cause of death to the Human Organ Transplant Board as soon as it is available):

.....

**II.  Organ(s) removed**

Description of the organ(s) removed: .....

Date of the removal: ..... / ..... / .....  
Day Month Year

Name of the hospital/clinic/institution where the removal of the organ(s) took place: (Also state the address if the removal of the organ(s) took place in a clinic or institution)

.....

.....

**III.  Organ(s) not removed within 30 days after approval given by the Human Organ Transplant Board**

Description of the organ(s) not removed: .....

Approval was given by the Human Organ Transplant Board through File Reference ..... dated ..... but **no removal** subsequently took place because (please state reasons):

.....

**IV.  Organ(s) removed but not transplanted**

The organ(s) was/were removed but **no transplant** subsequently took place within 30 days after the removal because:

(please tick as appropriate)

- (a)  The organ(s), after removal, was/were considered to be unusable—

Description of unusable organ(s): *(Complete ONLY if more than one organ has been removed as stated in Part II)*

.....

Reason(s) why the organ(s) was/were unusable:

.....

Manner of disposal of the organ(s):

.....

Date of disposal: ..... / ..... / .....  
*Day* *Month* *Year*

- (b)  # The organ(s) removed is/are being kept in:
  - (i)  The hospital/clinic/institution stated in Part II above
  - (ii)  Other institution *(please specify name and address):*  
 .....

**V. Extension of Deadline**

- A request for extending the deadline for submission of the Form has been made and approval has been given by the Human Organ Transplant Board. *(Please state the File Reference and date of the approval for the extension):* .....
- .....

**VI. Submitted under section 6 of the Human Organ Transplant Ordinance by—**

Dr. ....  
*(Full name in BLOCK letters, Surname first)*

<p>*HK Identity Card No.<sup>(Note 5)</sup>/Passport No. <i>(please specify the place of issue)</i>/Other identity document No. <i>(please specify the type of document and place of issue)</i><sup>(Note 6)</sup> : .....</p> <p>.....</p> <p>Telephone No.: ..... Fax No.: .....</p> <p>Name of hospital/clinic/institution: <i>(Also state the address in the case of a clinic or institution)</i></p> <p>.....</p> <p>Date: ..... Signature: .....</p>
--

\* Please delete whichever is inappropriate.

Please tick if applicable and fill in the information as required.

# In future, when the stored organ(s) is/are used for transplant, Form 2 must be submitted by the person who transplants it/them into the recipient. If the organ(s) is/are subsequently found unsuitable for transplant, the person who makes the decision to dispose of the organ(s) must submit Form 3 to the Human Organ Transplant Board within 30 days after the disposal of the organ(s).

*Notes:*

1. This form must be completed for organ(s) removed in Hong Kong for transplant into another person—
  - (a) by the medical practitioner who removed the organ(s);
  - (b) if a technician appointed by an organ bank removed the organ(s) from a dead donor, by a medical practitioner authorized by the organ bank; or
  - (c) if the Human Organ Transplant Board (referred to in these Notes as ***the Board***) gave approval under section 5C of the Human Organ Transplant Ordinance (Cap. 465) for the organ(s) to be removed and the organ(s) is/are subsequently not removed, by the person who referred the proposed operation to the Board for its approval or, if that person is no longer involved, by the person who made the decision not to remove the organ(s).

If more than one medical practitioner was involved in removing the organ(s), any one of them can complete this form. However, the medical practitioner who was in charge of the operation or the medical practitioner who is in charge of the organ bank is responsible for ensuring that this form is submitted.

Section 3

L.N. 143 of 2010

---

2. One form may only contain information relating to one donor.
3. (a) If an organ and its associated appendage tissues are removed together as a functional unit (for example, liver and its blood vessels and connective tissues)—
  - (i) if the appendage tissues are, at the time of removal, intended to be used for transplant separately from the organ, information on both the organ and the appendage tissues is required for the purpose of this form;
  - (ii) in any other case, it is sufficient for the purpose of this form to provide information on the organ, even without providing information on the appendage tissues.
- (b) However, if appendage tissues associated with an organ are removed without the organ itself being removed, this form must be completed for the appendage tissues.
4. Unless the Board has given approval for extension of the submission deadline, this form must be submitted—
  - (a) within 30 days after the removal; or
  - (b) (if the Board gave approval for the organ(s) to be removed and the organ(s) is/are subsequently not removed) within 30 days after the date on which the Board gave the approval for the removal.
5. If the person concerned is the holder of a Hong Kong Identity Card, his or her Hong Kong Identity Card number must be provided in this form.
6. If the person concerned is not the holder of any of the identity documents listed in this form, please specify the identity document that has enabled the person to be granted permission to enter Hong Kong.

HUMAN ORGAN TRANSPLANT ORDINANCE (CHAPTER 465)

HUMAN ORGAN TRANSPLANT REGULATION

**INFORMATION ON TRANSPLANT OF ORGAN(S)**

**Serial Number:**  
*(for internal use)*

**I. Particulars of the Recipient**

Full name: .....  
*(in BLOCK letters, Surname first)*

\*HK Identity Card No.<sup>(Note 5)</sup>/HK Birth Certificate No./Passport No. *(please specify the place of issue)*/Other identity document No. *(please specify the type of document and place of issue)*<sup>(Note 6)</sup>:  
.....

Age: .....

Sex: \*M/F

**II. Particulars of the Organ(s)**

The organ(s) is/are removed in Hong Kong from a donor—  
Full name of the Donor: .....  
*(in BLOCK letters, Surname first)*

\*HK Identity Card No.<sup>(Note 5)</sup>/HK Birth Certificate No./Passport No. *(please specify the place of issue)*/Other identity document No. *(please specify the type of document and place of issue)*<sup>(Note 6)</sup>:  
.....



The organ(s) is/are imported—

Before the transplant took place, \*the original/a copy of the certificate accompanying the organ(s) was supplied to the Human Organ Transplant Board under section 7 of the Ordinance on: .....

Day Month Year

-----  
Description of the organ(s) transplanted: .....

Date of the transplant: .....

Day Month Year

Name of the hospital/clinic/institution where the transplant took place: *(Also state the address if the transplant took place in a clinic or institution)*

.....

**III. Further Particulars—required in the case of Organ(s) removed in Hong Kong only**

(a)  The donor was **LIVING** at the time of the removal of the organ(s)—

(i)  The donor and the recipient are genetically related. They are ..... *(please state the genetic relationship)* and—

\* a copy of proof has been enclosed with Form 1 submitted to the Human Organ Transplant Board on ..... / ..... / ..... in respect of the  
Day Month Year  
removal of the organ(s).

[OR]

\* a copy of the proof is enclosed.

AND I am satisfied that—

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with.

[OR]

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with except that the requirement in section 5D(1)(d) has been waived in accordance with section 5E of that Ordinance (copies of the certificates and medical report referred to in section 5E(1)(a), (b) and (c) are enclosed).

(ii)  The donor and the recipient are a married couple. Their marriage has subsisted for not less than 3 years and—

\* a copy of the proof has been enclosed with Form 1 submitted to the Human Organ Transplant Board on ..... / ..... / ..... in respect of  
*Day Month Year*  
the removal of the organ(s).

[OR]

\* a copy of the proof is enclosed.

AND I am satisfied that—

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with.

[OR]

\* all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with except that the requirement in section 5D(1)(d) has been waived in accordance with section 5E of that Ordinance (copies of the certificates and medical report referred to in section 5E(1)(a), (b) and (c) are enclosed).

(iii)  The donor and the recipient are neither genetically related nor a married couple whose marriage has subsisted for not less than 3 years. Approval has been given by the Human Organ Transplant Board for the removal and/or transplant through File Reference ..... dated .....

(iv)  The organ(s) was/were removed for the therapy of the donor at the time of the removal.

(b)  The donor was **DEAD** at the time of the removal of the organ(s).

**IV. Extension of Deadline**

A request for extending the deadline for submission of the Form has been made and approval has been given by the Human Organ Transplant Board. *(Please state the File Reference and date of the approval for the extension):* .....

**V. Submitted under section 6 of the Human Organ Transplant Ordinance by—**

Dr. ....  
*(Full name in BLOCK letters, Surname first)*

Human Organ Transplant (Amendment) Regulation 2010

B1987

Section 3

L.N. 143 of 2010

<p>*HK Identity Card No.<sup>(Note 5)</sup>/Passport No. <i>(please specify the place of issue)</i>/Other identity document No. <i>(please specify the type of document and place of issue)</i><sup>(Note 6)</sup>: .....</p> <p>.....</p> <p>Telephone No.: ..... Fax No.: .....</p> <p>Name of hospital/clinic/institution: <i>(Also state the address in the case of a clinic or institution)</i> .....</p> <p>Date: ..... Signature: .....</p>
--

- \* Please delete whichever is inapplicable.
- Please tick if applicable and fill in the information as required.

Notes:

1. This form must be completed by the medical practitioner who transplanted the organ(s) into the recipient in Hong Kong. If more than one medical practitioner was involved in transplanting the organ(s), any one of them can complete this form. However, the medical practitioner who was in charge of the operation is responsible for ensuring that this form is submitted.
2. One form may only contain information relating to organ(s) received by one recipient from one donor in one operation.
3. (a) If an organ and its associated appendage tissues are transplanted together as a functional unit (for example, liver and its blood vessels and connective tissues), it is sufficient for the purpose of this form to provide information on the organ, even without providing information on the appendage tissues.  
(b) However, if appendage tissues associated with an organ of a donor are used for transplant into the recipient without the organ of the same donor being transplanted into the recipient as well, this form must be completed and submitted in respect of the appendage tissues, regardless of whether Form 1 is completed and submitted in respect of the appendage tissues.
4. Unless the Human Organ Transplant Board has given approval for extension of the submission deadline, this form must be submitted within 30 days after the transplant.
5. If the person concerned is the holder of a Hong Kong Identity Card, his or her Hong Kong Identity Card number must be provided in this form.
6. If the person concerned is not the holder of any of the identity documents listed in this form, please specify the identity document that has enabled the person to be granted permission to enter Hong Kong.

HUMAN ORGAN TRANSPLANT ORDINANCE (CHAPTER 465)

HUMAN ORGAN TRANSPLANT REGULATION

**INFORMATION ON FINAL DISPOSAL OF ORGAN(S)  
REMOVED/IMPORTED**

**Serial Number:**  
*(for internal use)*

**I. Particulars of the Donor**

**For organ(s) removed in Hong Kong only**

(i) Full name: .....  
*(in BLOCK letters, Surname first)*

(ii) \*HK Identity Card No.<sup>(Note 5)</sup>/HK Birth Certificate No./  
Passport No. *(please specify the place of issue)*/Other identity  
document No. *(please specify the type of document and place of  
issue)*<sup>(Note 6)</sup>:  
.....

**For imported organ(s) only**

(i) Name of donor in full: .....  
*(in BLOCK letters, Surname first)*

(ii) Name of airline or carrier: .....

(iii) Date of shipment: ..... / ..... / .....  
*Day Month Year*

**II. Disposal of Organ(s)**

(i) Description of the organ(s): .....

(ii) Reason(s) why the organ(s) was/were considered unusable:  
.....

<p>(iii) Manner of disposal of the organ(s):                  .....</p> <p>(iv) Date of disposal: ..... / ..... / .....  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> </p>
<p><b>III. Submitted under section 6 of the Human Organ Transplant Ordinance by—</b></p> <p>*Dr./Mr/Ms .....  <i>(Full name in BLOCK letters, Surname first)</i></p> <p>*HK Identity Card No.<sup>(Note 5)</sup>/Passport No. <i>(please specify the place of issue)</i>/Other identity document No. <i>(please specify the type of document and place of issue)</i><sup>(Note 6)</sup> : .....</p> <p>.....</p> <p>Telephone No.: ..... Fax No.: .....</p> <p>Name of hospital/clinic/institution: <i>(Also state the address in the case of a clinic or institution)</i> .....</p> <p>Date: ..... Signature: .....</p>

\* Please delete whichever is inappropriate.

*Notes:*

1. This form must be completed if organ(s) removed/imported for transplant into a person is/are disposed of. This form must be completed by the person who made the decision to dispose of the organ(s).
2. One form may only contain information relating to one occasion of disposal of the organ(s) removed from one donor.
3. (a) If an organ and its associated appendage tissues are removed together as a functional unit (for example, liver and its blood vessels and connective tissues), information on the disposal of the appendage tissues is required for the purpose of this form only if information on them was included in a Form 1 submitted to the Human Organ Transplant Board (referred to in these Notes as *the Board*).

Section 3

L.N. 143 of 2010

---

- (b) However, if appendage tissues associated with an organ are removed without the organ itself being removed, this form must be completed for the appendage tissues.
4. Unless the Board has given approval for extension of the submission deadline, this form must be submitted within 30 days after the disposal.
  5. If the person concerned is the holder of a Hong Kong Identity Card, his or her Hong Kong Identity Card number must be provided in this form.
  6. If the person concerned is not the holder of any of the identity documents listed in this form, please specify the identity document that has enabled the person to be granted permission to enter Hong Kong.”.

Gloria NG WONG Yee-man  
Chairman,  
Human Organ Transplant Board

30 September 2010

---

### **Explanatory Note**

The object of this Regulation is to make amendments to the Human Organ Transplant Regulation (Cap. 465 sub. leg. A) (*principal Regulation*) consequent upon the enactment of the Human Organ Transplant (Amendment) Ordinance 2004 (29 of 2004) (*2004 Amendment Ordinance*). This Regulation incorporates technical revisions to the statutory forms in the Schedule to the principal Regulation, as amended by the 2004 Amendment Ordinance, to facilitate compliance with the requirements for supplying information to the Human Organ Transplant Board as provided in the Human Organ Transplant Ordinance (Cap. 465), as amended by the 2004 Amendment Ordinance.