


Manitoba Health Card Sample

REGISTRATION CARD CARTE D'IMMATRICULATION		Manitoba Health	Santé Manitoba	
REGISTRATION NO. N° D'IMMATRICULATION		000000		
SAMPLE				
JOHN DOE 123 ANYWHERE ST WINNIPEG MB R3B 3M9				
VALID ONLY IF RESIDENT OF MANITOBA VALABLE SEULEMENT POUR LES RÉSIDENTS DU MANITOBA				
NAME(S)/NOM(S)	REG. #	000000	Birthdate Date de naissance	Coverage Date Entrée en vigueur de la garantie
JOHN	000 000 000	M	01 01 66	01 01 66
SAMPLE				
ORGAN AND TISSUE DONOR CARD				
Consent under <i>The Human Tissue Act C.C.S.M. c.H180</i>				
I, _____				
consent to the use, after my death: (please check ✓)				
<input type="checkbox"/> any needed organs or parts of my body; or <input type="checkbox"/> the following specified organs or parts of my body, namely:				
for the following purposes:				
<input type="checkbox"/> transplant and other therapeutic purposes; <input type="checkbox"/> medical education purposes; <input type="checkbox"/> medical research purposes.				
Donor Signature _____				
Co-signature of parent or guardian where donor is under 18 years of age. _____				
MANITOBA TRANSPLANT PROGRAM (204) 787-1897				