

# Review Request Form Live Organ Donor

To be completed in full by the donor. Please complete this form if you disagree with the information presented in the Application outcome letter provided by the Ministry of Health. You can ask for help to complete this form from the donor liaison coordinator.

Client ID

## Contact details

Please supply your contact details. This information allows the Ministry of Health to contact you easily.

Family name

Given name(s)

Date of birth

NHI number

Date    Month    Year

Phone number

Mobile number

Email

## Review details

Please attach a copy of the Ministry of Health decision you are requesting be reviewed.

Date you received the decision from Ministry of Health

Date    Month    Year

Please review

The rate of earnings compensation

The payment period

Other (Please specify)

Are you applying for the decision review within 30 days of the decision date?  Yes  No

If no, please explain why you were unable to apply within 30 days.

You can include information that supports your reasons, eg, waiting for your medical certificate.

Please explain the reasons why you are requesting a review. Include all information that supports your request for review. You can attach extra pages if you like.

What would you like to happen as a result of this review?

For example – ‘I would like to receive compensation for two additional weeks of recuperation from surgery.’

Name

---

Signature of donor or their representative

Date

This form can be completed in full by the potential organ donor with support from the donor liaison coordinator

For help completing the form, phone: **0800 855 066**

Once you have completed the form and any supporting documents you can:

- **Email** everything to: [liveorgandonation@moh.govt.nz](mailto:liveorgandonation@moh.govt.nz)

- **Mail** everything to: Live Organ Donor Compensation  
Sector Operations  
Ministry of Health  
PO Box 1026  
Wellington 6140  
New Zealand