Organ Tracking and Validating Field Descriptions

Enter required data into organ tracking and validating form

A user has the ability to enter donor organ data into the organ tracking and validating system to update a package's intended destination, document receipt of the package, or create an ABO verification document.

Organ Check-In

Donor ID: OPTN assigned donor identification.

Organ: Organ type

ABO: Donor blood type and subtype.

Facility Type: Facility type that is checking the organ in (Values: Transplant Center, OPO). This field is **required**.

Transplant Center: Specific transplant center checking organ in. This field is **required**.

Check-In Location: Specific check-in location of organ at transplant center. This field is **required**.

Received By: Personnel checking organ in. This field is **required**.

Comments: Optional comments field.

Was this the expected Donor ID, organ, and laterality (if applicable)?: Question to ensure expected organ was received (Values: Yes, No). This field is **required**.

Organ Re-ship

Donor ID: OPTN assigned donor identification.

Organ: Organ type

ABO: Donor blood type and subtype.

Current Facility Type: Facility type that is reshipping the organ (Values: Transplant Center, OPO). This field is **required.**

Reship by User Name: Personnel reshipping organ. This field is **required.**

Where is the Organ Going?: Intended destination of organ. This field is **required.**

ABO Verification Document

First Anastomosis Time: Date and Time of the first anastomosis. This field is **required.**

Personnel Attesting to Visual Verification: Personnel who witnessed the visual verification. This field is **required.**

Title of Personnel Attesting to Visual Verification: Title of personnel who witnessed the visual verification. This field is **required.**

Transplant Surgeon Name: Name of transplant surgeon who performed verification. This field is **required.**

Transplant Surgeon Title: Transplant surgeon title. This field is **required.**

Licensed Health Professional Name: Name of licensed health professional who performed verification. This field is **required.**

Licensed Health Professional Title: Licensed health professional title. This field is **required.**