

## Organ Labeling and Packaging Field Descriptions

### Enter donor data into organ labeling and packing system to generate labels

A logged in user has the ability to enter donor data into the organ labeling and packing system to print labels for organs and other donor items related to transplantation (i.e. blood, spleen, nodes, extra vessels).

#### Donor Setup – Donor Hospital

**Hospital Name:** Donor hospital name. This field is **required**.

**City:** Donor hospital city.

**State:** Donor hospital state.

**Zip:** Donor hospital zip code.

**Time Zone:** Donor hospital time zone.

Eastern  
Central  
Mountain  
Pacific  
Alaska  
Hawaii  
Atlantic

**DST Observed:** Donor hospital time zone observes daylight savings time.

#### Donor Setup – Donor Info

**Donor ID:** OPTN assigned donor identification. This field is **required**.

**ABO:** Donor blood type and subtype. This field is **required**.

O  
A  
A1  
A2  
B  
AB  
A1B  
A2B

**Date of Birth:** Donor's date of birth. Format: MM/DD/YYYY. This field is **required**.

**Donor Initials:** Donor's initials. This field is **required**.

**Local ID:** Organ procurement organization assigned donor identification.

**Verified Donor ID:** Verified OPTN assigned donor identification. This field is **required**.

**Verified ABO:** Verified donor blood type and subtype. This field is **required**.

**Verified Date of Birth:** Verified donor date of birth. Format MM/DD/YYYY. This field is **required**.

**Verified Donor Initials:** Verified donor's initials. This field is **required**.

**Verified Local ID:** Verified organ procurement organization assigned donor identification.

### Blood & Culture Labels – Blood Tubes With ABO

**Draw Date:** Donor blood draw date for labels with ABO. Format: MM/DD/YYYY. This field is **required**.

**Draw Time:** Donor blood draw time for labels with ABO. Format: HH:MM. This field is **required**.

**Initials:** Initials of personnel drawing donor blood for labels with ABO. This field is **required**.

**Comments:** Optional comments for labels with ABO.

### Blood & Culture Labels – Blood Tubes Without ABO

**Draw Date:** Donor blood draw date for labels without ABO. Format: MM/DD/YYYY.

**Draw Time:** Donor blood draw time for labels without ABO. Format: HH:MM.

**Initials:** Initials of personnel drawing donor blood for labels without ABO.

**Comments:** Optional comments for labels without ABO.

### Blood & Culture Labels – Cultures

**Draw Date:** Donor culture draw date. Format: MM/DD/YYYY.

**Draw Time:** Donor culture draw time. Format: HH:MM.

**Initials:** Initials of personnel drawing culture.

**Type:** Type of culture drawn.

**Site:** Location of culture drawn.

## Infectious Disease Results

**Anti-HBc:** Infectious disease test result.

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**Anti-HIV I/II:** Infectious disease test result.

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**HIV Ag/Ab Combo:** Infectious disease test result (Values: Positive, Negative, Not done, Indeterminate, Pending).

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**HIV NAT:** Infectious disease test result (Values: Positive, Negative, Not done, Indeterminate, Pending).

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**HBsAg:** Infectious disease test result (Values: Positive, Negative, Not done, Indeterminate, Pending).

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**HBV NAT:** Infectious disease test result (Values: Positive, Negative, Not done, Indeterminate, Pending).

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**Anti-HCV:** Infectious disease test result (Values: Positive, Negative, Not done, Indeterminate, Pending).

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**HCV NAT:** Infectious disease test result (Values: Positive, Negative, Not done, Indeterminate, Pending).

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**PHS Increased Risk Donor?:** Predetermined set of conditions that put a donor at an increased risk for disease transmission status.

**Yes**  
**No**

**Verified Anti-HBc:** Verified infectious disease test result.

**Positive**  
**Negative**  
**Not done**  
**Indeterminate**  
**Pending**

**Verified Anti-HIV I/II:** Verified infectious disease test result.

**Positive**  
**Negative**

**Not done  
Indeterminate  
Pending**

**Verified HIV Ag/Ab Combo:** Infectious disease result.

**Positive  
Negative  
Not done  
Indeterminate  
Pending**

**Verified HIV NAT:** Verified infectious disease test result.

**Positive  
Negative  
Not done  
Indeterminate  
Pending**

**Verified HBsAg:** Verified infectious disease test result.

**Positive  
Negative  
Not done  
Indeterminate  
Pending**

**Verified HBV NAT:** Verified infectious disease test result.

**Positive  
Negative  
Not done  
Indeterminate  
Pending**

**Verified Anti-HCV:** Verified infectious disease test result.

**Positive  
Negative  
Not done  
Indeterminate  
Pending**

**Verified HCV NAT:** Verified infectious disease test result.

**Positive**

Negative  
Not done  
Indeterminate  
Pending

**Verified PHS Increased Risk Donor?:** Predetermined set of conditions that put a donor at an increased risk for disease transmission status.

Yes  
No

### Procurement Plan

**Heart:** Organ type selected for donation.

**Left Lung:** Organ type selected for donation.

**Right Lung:** Organ type selected for donation.

**Lungs Enbloc:** Organ type selected for donation.

**Liver:** Organ type selected for donation.

**Liver Split Left:** Organ type selected for donation.

**Liver Split Right:** Organ type selected for donation.

**Pancreas:** Organ type selected for donation.

**Left Kidney:** Organ type selected for donation.

**Right Kidney:** Organ type selected for donation.

**Kidneys Enbloc:** Organ type selected for donation.

**Intestine:** Organ type selected for donation.

### Procurement

**Date:** Date donor aorta was cross clamped. Format: MM/DD/YYYY. This field is **required**.

**Time:** Time donor aorta was cross clamped. Format: HH:MM. This field is **required**.

#### Procurement – Organ Detail

**Ice Date:** Date the donor organ was put on ice. Format: MM/DD/YYYY. This field is **required**.

**Ice Time:** Time the donor organ was put on ice. Format: HH:MM. This field is **required**.

**Initials:** User initials who entered the ice date/time. This field is **required**.

**Ice Date 2:** Second date the donor organ was put on ice. Format: MM/DD/YYYY.

**Ice Time 2:** Second time the donor organ was put on ice. Format: HH:MM.

**Initials 2:** User initials who entered the second ice date/time.

#### Tissue/Extra Vessel Labels

**Ice Date:** Date the donor organ was put on ice. Format: MM/DD/YYYY.

**Ice Time:** Time the donor organ was put on ice. Format: HH:MM.

**Initials:** User initials who entered the ice date/time.

**Ice Date 2:** Second date the donor organ was put on ice. Format: MM/DD/YYYY.

**Ice Time 2:** Second time the donor organ was put on ice. Format: HH:MM.

**Initials 2:** User initials who entered the second ice date/time.

#### VCA Packaging

**Excision Date (Right):** Date the VCA organ was excised. Format: MM/DD/YYYY.

**Excision Time (Right):** Time the VCA organ was excised. Format: HH:MM.

**Excision Date (Left):** Date the VCA organ was excised. Format: MM/DD/YYYY.

**Excision Time (Left):** Time the VCA organ was excised. Format: HH:MM.

**Ice Date:** Date the donor VCA organ was put on ice. Format: MM/DD/YYYY.

**Ice Time:** Time the donor VCA organ was put on ice. Format: HH:MM.

**Initials:** User initials who entered the ice date/time.

**Ice Date 2:** Second date the donor VCA organ was put on ice. Format: MM/DD/YYYY.

**Ice Time 2:** Second time the donor VCA organ was put on ice. Format: HH:MM.

**Initials 2:** User initials who entered the second ice date/time.