

## 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. This field is **required**.

**Transplant Center**  
**OPO**

**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. This field is **required**.

**Yes**  
**No**

#### 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. This field is **required**.

Transplant Center  
OPO

**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**.