Organ Labeling and Packaging Fields to be completed by member

Form Section Donor Setup-Donor Hospital	Field Label Hospital Name
Donor Setup-Donor Hospital	City
Donor Setup-Donor Hospital	State
Donor Setup-Donor Hospital	Zip
Donor Setup-Donor Hospital	Time Zone
Donor Setup-Donor Hospital	DST Observed
Donor Setup-Donor Info	Donor ID ABO
Donor Setup-Donor Info Donor Setup-Donor Info	Date of Birth
Donor Setup-Donor Info	Donor Initials
Donor Setup-Donor Info	Local ID
Donor Setup-Donor Info	Verified Donor ID
Donor Setup-Donor Info	Verified ABO
Donor Setup-Donor Info	Verified Date of Birth
Donor Setup-Donor Info	Verified Donor Initials Verified Local ID
Donor Setup-Donor Info	verified Local ID
Blood & Culture Labels-Blood Tubes With ABO	Draw Date
Blood & Culture Labels-Blood Tubes With ABO	Draw Time
Blood & Culture Labels-Blood Tubes With ABO	Initials
Blood & Culture Labels-Blood Tubes With ABO	Comments
Blood & Culture Labels-Blood Tubes Without ABO	Draw Date
Blood & Culture Labels-Blood Tubes Without ABO	Draw Time
Blood & Culture Labels-Blood Tubes Without ABO	Initials
Blood & Culture Labels-Blood Tubes Without ABO	Comments
Blood & Culture Labels-Cultures	Draw Date
Blood & Culture Labels-Cultures	Draw Time
Blood & Culture Labels-Cultures	Initials
Blood & Culture Labels-Cultures	Type
Blood & Culture Labels-Cultures	Site
Infectious Disease Results Infectious Disease Results	Anti-HBc Anti-HIV I/II
Infectious Disease Results	HIV Ag/Ab Combo
Infectious Disease Results	HIV NAT
Infectious Disease Results	HBsAg
Infectious Disease Results	HBV NAT
Infectious Disease Results	Anti-HCV
Infectious Disease Results	HCV NAT
Infectious Disease Results	PHS Increased Risk Donor?
Infectious Disease Results Infectious Disease Results	Verified Anti-HBc Verified Anti-HIV I/II
Infectious Disease Results	Verified HIV Ag/Ab Combo
Infectious Disease Results	Verified HIV NAT
Infectious Disease Results	Verified HBsAg
Infectious Disease Results	Verified HBV NAT
Infectious Disease Results	Verified Anti-HCV
Infectious Disease Results	Verified HCV NAT
Infectious Disease Results	Verified PHS Increased Risk Donor?
Procurement Plan	Heart Left Lung
Procurement Plan Procurement Plan	Left Lung Right Lung
Procurement Plan	Lungs Enbloc
Procurement Plan	Liver
Procurement Plan	Liver Split Left
Procurement Plan	Liver Split Right
Procurement Plan	Pancreas
Procurement Plan	Left Kidney
Procurement Plan	Right Kidney
Procurement Plan	Kidneys Enbloc
Procurement Plan Procurement	Intestine Date
Procurement Procurement	Time

Procurement – Organ Detail	Ice Time
Procurement – Organ Detail	Initials
Procurement – Organ Detail	Ice Date 2
Procurement – Organ Detail	Ice Time 2
Procurement – Organ Detail	Initials 2
Tissue/Extra Vessel Labels	Ice Date
Tissue/Extra Vessel Labels	Ice Time
Tissue/Extra Vessel Labels	Initials
Tissue/Extra Vessel Labels	Ice Date 2
Tissue/Extra Vessel Labels	Ice Time 2
Tissue/Extra Vessel Labels	Initials 2
VCA Packaging	Excision Date (Right)
VCA Packaging	Excision Time (Right)
VCA Packaging	Excision Date (Left)
VCA Packaging	Excision Time (Left)
VCA Packaging	Ice Date
VCA Packaging	Ice Time
VCA Packaging	Initials
VCA Packaging	Ice Date 2
VCA Packaging	Ice Time 2
VCA Packaging	Initials 2

OMB No. 0915-0157; Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) c the following OPTN functions: to assess whether applicants meet OPTN Bylaw requ to monitor compliance of member organizations with OPTN Obligations. An agency not required to respond to, a collection of information unless it displays a currently control number for this information collection is 0915-0157 and it is valid until XX/, required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected of Privacy Act System of Records #09-15-0055). Data collected by the private non-pronumber of the Contractor's security features. The Contractor's security system meprescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems Security Program Handbook. The public reporting estimated to average 0.27 hours per response, including the time for reviewing ins and completing and reviewing the collection of information. Send comments regar of this collection of information, including suggestions for reducing this burden, to Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork

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Notes



ollects this information in order to perform irrements for membership in the OPTN; and / may not conduct or sponsor, and a person is / valid OMB control number. The OMB XX/202X. This information collection is vill be subject to Privacy Act protection off OPTN also are well protected by a ets or exceeds the requirements as ormation Systems, and the Departments : burden for this collection of information is tructions, searching existing data sources, ding this burden estimate or any other aspect HRSA Information Collection Clearance @hrsa.gov.