Date: 04 September 2014

# NOTTO HOSPITAL USER MANUAL VERSION-1.4

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## Hospitals

In this section the list of hospitals where Retrievals are done and hospitals where Transplants are done or both will be displayed. There is also a provision of Registration **on Website** for filling details of the Hospitals **Registered under THOA**. After successful registration, Hospitals will be able to fill details of Hospital and he must have to send printed details to Notto, which will be approved by Notto. After Approval from NOTTO he will be able to fill the details for Donors/Recipients of Organs / Tissues.

There are four sections in Hospital Registration Form.

- 1. Basic Details
- 2. Department Details
- 3. Staff Details
- 4. ICU Details

#### Features of Hospital Registration:

- 1. This form has facility to **Save as Draft**. User has to Click on **"Save As Draft"** button to Save Details of each section in Draft. User can edit detail in future that is already saved as Draft.
- Once User Click on "Submit" button then Record will be Submitted and User will not be able to Edit because all field will be Disable. To Edit the Form again, Go to Hospital Registration Form again. There will be a link to generate OTP only then User can Edit there Hospital Details.
- 3. There is a **Preview** option of all the Details filled by user after **Save as Draft** or **Submit**.
- 4. User also can take Print of Details after Final Submition of Form through Submit button
- 5. There is a Cancel option also clicking on which Home page will appear.

#### To Register in Website as a new user (As a Hospital):

#### Step 1:



Home > Hospitals

# Step 2:

NOTTO (NATIONAL ORGAN & TISSUE TRANSPLANT ORGANISATION	Skip to main content   🕢 A A A A A I A I MA I LOGOUT
GOVERNMENT OF INDIA	HOME   RTI ACT   LINKS   NGOS   PHOTO GALLERY   PUBLIC FORUM   CONTACT US
i about us ? How do I 🕒 Hospitals 🔕 Waiting List	🔱 AWARENESS 🥼 DONOR PLEDGE 🜔 DOWNLOAD FORMS
HOSPITALS	
Home > Hospitals	Wabaita
<u>Click here for approved hospitals list</u> Click Here to Register of	Website
For New User	
Hospitals are required to Register first through website by submitting the requisite	details so that they may
be authorized by Ministry of Health and Family Welfare for Organ/Tissue Transplantation	or Retrieval.
After registration, a verification mail will be sent on your registered email id for verificatio	n and allow to fill the
Application form.	
Please verify your email id through the link sent on your email id.	

# Step 3:

GOVERNME	- Health & Family Wel NT of India	rane		HOME   RTI ACT   LINK	S   NGOS   PHOTO GALLER	/   PUBLIC FORUM   CONTACT
ABOUT US	? HOW DO I	HOSPITALS	WAITING LIST	S AWARENESS		
REGISTRA	TION					8
> Registration						
GISTRATION						
USER TYPE *		Hospital	🔹 🚽 Sel	l <mark>ect Hospital</mark>		
HOSPITAL NAME	*		- Fill	Hospital Name		
NODAL OFFICER	'S DETAIL:					
FIRST NAME *				ill First Name		
MIDDLE NAME				Fill Middle Name		
LAST NAME *				ill Last Name		
MOBILE NO. *				ill Mobile Number (Only	Ten Digit)	
EMAIL / USER ID	) *			Fill Email Id (will be us	ed as userid/login id)	
CREATE NEW P	ASSWORD *			Fill Password as per ins	truction mention below	
		Please set password by Password needs to be n One lowercase characte One uppercase characte One digit: 0-9 One special character: !	r complying following requir ninimum length of 8 charac rr. a-z ar. A-Z \$%&/()=?+*#,;:	ements: der and max 10.		
CONFIRM PASS	WORD *			Fill Password to Confirm		

After Successful Registration a Verification e-mail will be sent to your Registered e-mail as informed in below Image.

MINISTRY OF HEALTH & FAMILY WELFAR GOVERNMENT OF INDIA	3AN & TISSUE TRANSPLANT ORGANISATIC E	N)	NGOS   PHOTO GALLERY	Search
i ABOUT US ? HOW DO I	HOSPITALS 🗞 WAITING LIST		DONOR PLEDGE	O DOWNLOAD FORMS
REGISTRATION		S		R
COOL IN MICH				



### Step 4:

Please check your e-mail and Click on Link given in e-mail for Verification. (\*Note : See below Image for Reference).

RML

Please click on below link to verify your email address.

Click here to verify your email.

Thanks, Notto Administrator

## Step 5:

After e-mail Id verification it will redirect to below page(**First Image**) and again a e-mail sent with OTP password as in below image (**Second Image**).

i ABOUT US ? HO OTP VERIFICAT me > Email Verification > OTP Ve Your email verification is succ	DW DO I 💽 HOS	SPITALS 🕞 WAITING	LIST S AWARENESS	donor pledge	O DOWNLOAD FO
OTP VERIFICAT me > Email Verification > OTP Ve Your email verification is succ	ION			and a	- 1
me > Email Verification > OTP Ve			LUS .		0
Your email verification is such	rification				
	essful. We have send ar	n OTP to your mobile/mail id, Pl	lease submit the OTP.		
User ID:4921 OTP:		Fill OTP Paasowrd	(This password already sent on	Your registered mail) . Kin	dly check Mail
Submit					
	Click	on Submit			
					_
ar Notte Hospital					
IF OTP ID: 3696	4. 757209	46			
OIP vernication	code: /5/398	40			
mks					
tto Administrator					
ILU AUTOUSILOUS					

#### Step 6:

After Successful verification, a message will be diaplayed as below. You will be able to Login only when **NOTTO Administrator** Activate your Account. An e-mail will be sent to you after Activation.



Your verification is successful, An email will be sent to your email address, then you can fill the Hospital details.

## After activation an e-mail will be sent to you as below:



## Step 7:

After that Login with your Credential as below . Only then Hospitals will be able to fill Hospital Details.

# Login Page

LOGIN	
LOGIN	
	Username e.g.: xyz@example.com Password Verification Code VWH 2.Y Forgot Password?   New User Login

# Step 8: Click on Hospital as shown below in Images

WINISTRY OF HEALTH & FAMILY WELFARE GOVERNMENT OF INDIA	NSPLANT ORGANISATION	Skip to mair 1) e HOME   RTI ACT   LINI	n content   A-) (A) (A+) [A Welcome Administrator Not KS   NGOS   PHOTO GALLERY	LOGOUT
i ABOUT US ? HOW DO I 💽 HOSPITALS	WAITING LIST	S AWARENESS	DONOR PLEDGE	
HOSPITALS				8

#### Step 9: A Page will be displayed as below. Click on Link as shown below

<u>Click here for approved hospitals list</u>

# For New User

Hospitals are required to Register first through website by submitting the requisite details so that they may

be authorized by Ministry of Health and Family Welfare for Organ/Tissue Transplantation or Retrieval.

- After registration, a verification mail will be sent on your registered email id for verification and allow to fill the
   Application form.
- Please verify your email id through the link sent on your email id.

# For Registered User

- Hospital can save their details as drafts through "Save as Draft" button and can edit details in future before final submission of application form.
- No further provision of change/edit any information after submission.
- · After Successful submission of application, an email would be sent to your registered email id for confirmation.
- In case email is not received please check that you have submitted your application or still it is in "Draft Mode".
  - In case it is "Draft Mode", please submit the same by clicking on Submit.
  - If it is successfully submitted, please confirm from Ministry of Health and Family Welfare.
- After successful submission, please take the final printout of application form and send the same to below
  mention address for further processing and approval.

Now you may enter by using registered email id or Click Here for filling Hospital Details

Click Here for Complete Hospital Registration

# Step 10:

Hospital Form will be opened as below.

# **Basic Details:**

HOSPITAL REG	ISTRATION Registration		1.87		ß		0		R
<ul> <li>= mandatory field</li> <li>- mandatory field for "Ac</li> </ul>	Jd More"					_			
Basic Details	Departmen	t Details	Staff De	tails	ICU Details				
Hospital Name*		Address*			Street			State* Select State	-
City* Select City	T	Pin code*			STD Code*	Office Phone No	o.•	Year of Establishment* -Select-	T
Type of Hospital* Select	•								
Yearly Details									
Year * No. of Be	eds * Patients still in Hospital as on 1st Jan *	Patients Admitted *	Total Patient Admitted <sup>1</sup>	Patients Discharged *	No. of Deaths *	Patients still in Hospital as on 31st Dec *			
2011									
2012									
2013									

		Notto				
Teaching/NonTeaching						
Teaching O NonTeaching						
Course Recognised *						
MBBS MD P	NS Mch DN	DNB				
Registered for *						
Transplant      Retrieval						
Hospital Registered Under THOA for	r: Ridney	Liver	Panoreas	🗌 Heart 🔲 Lu	ing 🔲 intestine	Comea
						Save As Dialt
ms and Conditions						
ms and Conditions I have read and agree to NOTTO's privac s you check in <b>Tran</b> n Hospital Establish	y statement and terms of use. <b>splant done</b> ch ment Year.	eck Boxes the	n page will app	bear as below	Preview Submi	t Cancel
ms and Conditions I have read and agree to NOTTO's privac s you check in <b>Tran</b> n Hospital Establish Registered for *	y statement and terms of use. <b>splant done</b> ch ment Year.	eck Boxes the	n page will app	bear as below	Preview Submit	t Cancel
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ms and Conditions I have read and agree to NOTTO's privac s you check in <b>Tran</b> n Hospital Establish Registered for * (a) Transplant (b) Retrieval Transplant Done *	y statement and terms of use. <b>splant done</b> ch ment Year.	eck Boxes the	n page will app	bear as below	Preview Submit	t Canosi
ms and Conditions I have read and agree to NOTTO's privac s you check in <b>Tran</b> n Hospital Establish Registered for * (a) Transplant (b) Retrieval Transplant Done * Hospital Registered Under THOA for :	y statement and terms of use. <b>splant done</b> ch ment Year. Kidney Other Tissue	eck Boxes the	n page will app	ear as below	Preview Submit	t Canoel

After filling this information click on the button Add THOA Details. You will get the message of

"Added Successfully". As show below in image. Now Click on OK

User manual version 1.4

I have read and agree to NOTTO's privacy statement and terms of use.

Terms and Conditions

Save As Draft

Cancel

Preview

Submit

Tear	No. of Beds *	Patients still in Hospital as on 1st Jan *	Patients Admitted *	Total Patient Admitted *	Patients Discharged *	No. of Deaths *	Patients still in Hospital as on 31st Dec *	
2011								
2012								
2013	2000	5000	4000	9000	8000	1000	0	
NonTeach Course Reco	ognised *	MS D	Moh 🔲 Di	И		OK		
Transplant D	ilant 🔘 Re	trieval						

After that this will appeared as below. You must have to click on **Save as Draft** at the end of this Section as mentioned in below steps:-

ospital Registered Under THOA for :	Kidney	Liver Pancreas	Heart	Lung	Intestine	Comea
	Other Tissue					
	Organ/Tissue	Date of First Registration	Renewal Dates	Edit	Dele	
	Pancreas	05/12/2012		1	×=	
	Liver	05/12/2012		P	×	
					-	
	•	III			•	
						Save As Draft

Click on **Save as Draft** You will get the message of **Record Added Successfully!** As below in image.

	ľ	NOLLO			
OBA MOTTO			Skip to main content	🗠 (A) 🗛 🗛   🏧	Logout
M NUIIU	(NATIONAL ORGAN & TISSUE TR	ANSPLANT ORGANISATION	) Weld	ome Notto Hospital Search	1
BUILD MINISTRY OF HEA	LTH & FAMILY WELFARE INDIA	ном	E RTI ACT LINKS NGOS PH	OTO GALLERY PUBLIC FOR	JM CONTACT US
ABOUT US ?	HOW DO I HOSPITAL	S 🙆 WAITING LIST	& AWARENESS	DONOR PLEDGE	
O DOWNLOAD FOR	RMS				
Home > Hospitals > Hospital	Registration	Record Added S	uccessfully !		-6
* = mandatory field ** = mandatory field for	"Add More"		ОК		
Basic Details	Department Details				
Hospital Name*	Address*		Street	State*	
RML	dsvfsd		fdgbdr	DELHI(UT)	
City*	Pin code* 567567		STD Code* Office Phone No.* 011 26251355	Year of Establishment* 2012	
MEW Delli			11111111111111111111111111111111111111	and the second se	

As you Click on OK next **Department Details** will open as below

Basic Details	Department Details	Staff Details	ICU Details	
Basic Science Depart	ment			
Select/Unselect All				
Anatomy	Physiology	Other Other		
Paraclinical Departme	ent			
Select/Unselect All				
Pathology	Pharmacology	Blochemistry Other	Forensic Med	Nuclear Med
Clinical Department				
Select/Unselect All				
Medicine	Surgery	Orthopedics	Ophthamology	Obs. Gynae
Anesthesiology	C Other	E Poyonau y	C. ENI	Les Dermatology
Superspeciality Depa	rtment			
Select/Unselect All				
Urology	Hematology	Gastroenterology     Neurosurgery	GI Surgery	Endocrinology
Pediatric Surgery	Cother			

After filling required information Click on **Save as Draft**, you will get the message of **Record Added Successfully!** 

Notto Skip to main content | A+ A A+ A A I Logout NOTTO (NATIONAL ORGAN & TISSUE TRANSPLANT ORGANISATION) Welcome Notto Hospital Search MINISTRY OF HEALTH & FAMILY WELFARE GOVERNMENT OF INDIA HOME RTI ACT LINKS NGOS PHOTO GALLERY PUBLIC FORUM CONTACT US 🛔 ABOUT US 🤶 HOW DO I 💽 HOSPITALS 🚳 WAITING LIST 🥈 AWARENESS 🍵 DONOR PLEDGE Record Added Successfully ! = mandatory field \* = mandatory field for "Add More" OK Department Details Basic Details Hospital Name" Street State" dsvfsd fdgbdr STD Code\* Office Phone No. New Delhi 567567 26251355 -Type of Hospital\* Private -

As you Click on OK next Staff Details will open

#### **Staff Details**

**Note:** There is **Add More** Option in this section for **Transplant Team Member** and **Transplant Coordinator**. To Add Transplant Team Member and Transplant Coordinator, user must have to click on **Add More** button after filling Corresponding Field of **Transplant Team Member** and **Transplant Coordinator**.

	Department Details	Staff Details	ICU Details	
Nodal Officer for Regist	Ŋ			
First Name*	Middle Name		Last Name**	Email ID*
Notto			Hospital	vivek.kumar@silvertouch
STD Code* Office Phor	ne No.* STD Code	Res. Phone No.	Mobile No.	
			9438548514	
Fransplant Team Membe	9F			
First Manuald	Middle News		Last Manual	Energi (Det
First Name**	Middle Name		Last Name**	Email ID**
First Name** Designation	Middle Name		Last Name** STD Code** Office Phone No.**	Email ID** STDCode Res. Phone No.
First Name** Designation	Middle Name		Last Name** STD Code** Office Phone No.**	Email ID** STDCode Res. Phone No.
First Name** Designation	Middle Name		Last Name** STD Code** Office Phone No.**	Email ID** STDCode Res. Phone No.
First Name** Designation	Middle Name		Last Name** STD Code** Office Phone No.**	Email ID** STDCode Res. Phone No. Add More Car
First Name** Designation Transplant Coordinator	Middle Name		Last Name** STD Code** Office Phone No.**	Email ID** STDCode Res. Phone No. Add More Cat
First Name** Designation Transplant Coordinator [Note:To save the	Middle Name	ils, first click on "A	dd More" button and then click on	Email ID** STDCode Res. Phone No. Add More Car "Save As Draft" or "Submit" button.]
First Name** Designation Transplant Coordinator [Note:To save the First Name**	Middle Name Mobile No.	ils, first click on "A	Last Name** STD Code** Office Phone No.** dd More* button and then click on	Email ID** STDCode Res. Phone No. Add More Cat Save As Draft" or "Submit" button.] Email ID**
First Name** Designation Transplant Coordinator [Note:To save the First Name**	Middle Name Mobile No.	ils, first click on "A	dd More" button and then click on	Email ID**
First Name** Designation Transplant Coordinator [Note:To save the First Name** STDCode** Office Ph	Middle Name Mobile No. Transplant Coordinator detai Middle Name one No.** STDCode	ils, first click on "Ar Res. Phone No.	dd More" button and then click on	Email ID** STDCode Res. Phone No. Add More Car Save As Draft" or "Submit" button.] Email ID**

After filling required information Click on **Save as Draft**, you will get the message of **Record Added Successfully** 

#### **ICU Details**

**Note:** There is **Add More** Option for this section that only list your ICU Details and show in front of you in **Table** but to save the record you must have to Click on **Save as Draft** button. User can add one or more than one Record of ICU.After Fill all Details in ICU Details Section user need to click on Add More button and if user want to add more record then he can

again fill record and again click on Add More button.it will list all added ICU Detail in Table. In the end, you must have to Click on Save as Draft button to save record.

	ic Details		)epartmen	t Details	Staf	f Details	IC	U Details	¥				
ICU De	talls												
[No	te:To save	the ICU o	letails, firs	t click on '	"Add More"	button a	nd then c	lick on "Sa	ave As Draft"	or "Submit	button.]		
туре о	ficu**												
Se	ect		-										
ICU Yea	arly Detalls												
kar**	No. of Beds **	Patients still in	Patients Admitted**	Total Patient	Patients Discharged	No. of Deaths **	Patients still in	No. of Brain	No. Referred to	No. of Families	No. of Families	No. of Organ	No. of Whole
		as on 1st Jan **		Admitted	-		as on 31st Dec**	Dead Declared**	Coordinator	for for Donation**	Accepted	Donors	Body Donated**
2011													
2012													
2013													
Organ()	s) / Tissue(s Odney komea	) Donated**	Ver ther Tissue		Pancre	:85	.,	Heart	Lung	Inte	stine		
										+Add Mo	ore	Canoel	
													8ave As Draft

After filling required information Click on **Save as Draft**, you will get the same message of **Record Added Successfully.** 

Once user Click on Submit button he will not able to edit the form again.

C leacning Non le	saching			
Registered for *				
Transplant Retr	ieval			
Transplant Done *				
Hospital Registered Und	Pr THOA for : Do you w	rant to final Submission, After that you can r	not edit the record?	Cornea
	liver	05/12/2012	₽ X	
	Panoreas	05/12/2012	e x	
	٠	m	*	

If you click on OK then you will get this message as below:-

				Skip to	main content   (A-) (A) (A+)	A A Logout				
		RGAN & TISSUE TR	ANSPLANT ORGANISAT	ION)	Welcome Notto Hos	pital Search				
BOURNA SEA GOVERNMENT OF	INDIA			HOME   RTI ACT	HOME   RTI ACT   LINKS   NGOS   PHOTO GALLERY   PUBLIC FORUM   CONTACT					
i ABOUT US ?	HOW DO I	HOSPITALS	& WAITING LIS	T 🔱 AWARENE	SS 💧 DONOR PLEDGE					
	CIETRAT	TON	Papard Add			E				
HUOPTINE RE	ore i forti	*****	Record Add	o ouccessiony :	TOSI'					
Home > Hospitals > Hospital Re	egistration			ОК						
* = mandatory field ** = mandatory field for "	Add More"									
Basic Details	Departm	ient Details	Staff Details	ICU Details						
Hospital Name*		Address*		Street	State*					
RML		dsvfsd		fdgbdr	DELHI	(UT) 🔻				
City*		Pin code*		STD Code* Office	Phone No.* Year of E	Establishment*				
New Delhi	•	567567		011 262	251355 2012	•				

After submitting the form, a message will appear on the screen as below:-

Notto				
Home > Hospitals > Thanks				
	INSTITUTO (NATIONAL ORGAN & TISSUE TRANSPLANT ORGANISATION)			
	Your Registration No is: T07094001			
	take the print of your Hospital Registration 🗞 Back Cancel			

In above screen you will get an option to take the print of your Hospital Registration. Clicking on link displayed in blue (Hospital Registration) a page will be open in new window/next tab. This page will displayed form details filled by you with Print Button option. User can take print using Print Button.

**Back**: Clicking on **Back** Button you will go to your form section. **Cancel**: Clicking on **Cancel** it will redirect you on Home page.

After that you will get a final message through e-mail on your e-mail Id:-

RML

Thanking you for filling Hospital Details. We will sent you an email after Approval or Rejection of Hospital.

Thanks, Notto Administrator

If User wants to edit the form again then OTP password will required. Go through as below for getting OTP password.

**Step 1:** Login with Credential and go to Hospital Page again and then Click on link Shown as below in bottom of page.

Reg	istered for *
۲	Transplant O Retrieval
Trai	isplant Done *
Но	spital Registered Under THOA 🛛 Kidney 🖉 Liver 🖓 Pancreas 🖓 Heart 🗌 Lung 🗌 Intestine 📄 Cornea 📄 Other Tiss
	Click on this link to generate OTP that will be used to Edit Hospital Registration Form again
	OrganTissue Date of first Regsitration Renewal Dates Edit Delete
	Pancreas 14/11/2013 05/11/2009 2 * -
	Save A
Terms	and Conditions e read and agree to NOTTO's privacy statement and terms of use.
	Click here to Edit Hospital details after final submissio
ten 2	Then nage will be open as below. Click on ok

Step 3: Then next screen will be opened as below (Image 1). An e-mail also sent for OTP on your e-mail id (as in image 2)

Click here to generate a new password to Edit the Hospital Registration Details

OTP Login ID

OTP Login ID and OTP is sent to your EmailID/Mobile, Please check.

Sign in to continue

ОК

HOSPITAL REGISTRATIO

\* = mandatory field

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AB& NOTTO			Skip to mair	n content   🗛 🔺 🗛	
MINISTRY OF HEALTH & FAMILY WEL	ORGAN & TISSUE TRAN FARE	SPLANT ORGANISATION	1)	Welcome Ahtesham	Ali Search
GOVERNMENT OF INDIA			HOME   RTI ACT   LIN	(S   NGOS   PHOTO GALLER	Y   PUBLIC FORUM   CONTACT US
ABOUT US ? HOW DO I	HOSPITALS	S WAITING LIST	S AWARENESS	donor pledge	O DOWNLOAD FORMS
HOSPITAL REGISTRAT			R.		R
Click here to generate a	a new password to Edit th	e Hospital Registration De	tails.		
			1. An mail i	OTP Password will send d pleasec check mail ar	l on your registered nd fill OTP passowrd
		Sign in to co	ntinue		
	OTP Login ID	2398			
	OTP Login Pass	word	- 2 Th	n Click on Submit	
			2.10		
ACT AND RULES OF THOA   FEEDBACK   O	CONTACT US   SITEMAP	DISCLAIMER	Contents owned a	WebSite Hosted & Main & updated by Ministry of Health & Co	tained by National Informatics Centre Family Welfare, Government of India pyright 2013 NIC. All rights reserved

You will get e-mail in your e-mail id as below:-

Dear Notto Hospital
Hospital Registration
your OTP Login ID is: 9963
OTP Login Password is: 44911244
Thanks, Notto Administrator

**Step 4:** Fill the OTP password and then click on submit.it will redirect on Hospital registration Detail Form. Now user can edit their details again.

Again Hospital details form will appear, now there is Only Submit, Preview and Cancel button will be displayed. User can edit details using submit button. After submitting the form, a message will appear on the screen as below:-

Notto				
Home > Hospitals > Thanks				
	WINTER CONTROL INATIONAL ORGAN & TISSUE TRANSPLANT ORGANISATION)			
	Your Registration No is: T07094001			
	take the print of your Hospital Registration 🗞 Back Cancel			

In above screen you will get an option to take the print of your Hospital Registration. Clicking on link displayed in blue (Hospital Registration) a page will be open in new window/next tab. This page will displayed form details filled by you with Print Button option. User can take print using Print Button.

**Back**: Clicking on **Back** Button you will go to your form section. **Cancel**: Clicking on **Cancel** it will redirect you on Home page.

After that you will get a final message on your e-mail:-

RML

Thanking you for filling Hospital Details. We will sent you an email after Approval or Rejection of Hospital.

Thanks, Notto Administrator