

DONOR

<u>Donor Number</u>	First Name	Last Name	Phone Number	Street Address	City	Postal Code	Province	Blood Number*
---------------------	------------	-----------	--------------	----------------	------	-------------	----------	---------------

APPOINTMENT

<u>Appointment Number</u>	Donor Number*	Clinic Number*	Date	Time
---------------------------	---------------	----------------	------	------

RECEIVES CALL FROM

<u>Donor Number*</u>	<u>Clinic Number*</u>	Last Call Date
----------------------	-----------------------	----------------

CLINIC

<u>Clinic Number</u>	Phone Number	Street Address	City	Postal Code	Province	Head Staff Number*	Start Date*
----------------------	--------------	----------------	------	-------------	----------	--------------------	-------------

CLINIC PHONE NUMBER

<u>Clinic Number*</u>	Phone Number
-----------------------	--------------

EMPLOYS

<u>Staff Number*</u>	<u>Clinic Number*</u>	Start Date
----------------------	-----------------------	------------

STAFF

<u>Staff Number</u>	Clinic Number*	First Name	Last Name	Phone Number
---------------------	----------------	------------	-----------	--------------

STOCKS

<u>Clinic Number*</u>	<u>Blood Number*</u>	Blood Stock	NotEnoughStock
-----------------------	----------------------	-------------	----------------

BLOOD

<u>Number</u>	Type	RH Factor	Percent
---------------	------	-----------	---------