Blood Type

Blood Type Number	Type	RH Factor

Donor

Donor Number	Cell Phone Number	First Name	Last Name	Blood Type Number*

Clinic

Clinic Number	Blood Type Number*	Donor Number*	Quantity	Last Called	NotEnoughInStock

Appointment

Appointment Number	Date	Time	Donor Number*	Clinic Number*

Staff

Staff Number	Clinic Number*	First Name	Last Name	Cell Phone Number	Date Started	First Day

Donor Address

Donor Number*	City	Postal Code	Street	Province

Clinic Address

Clinic Number*	City	Province	Street	Postal Code