**ER TO RELATIONAL MAPPING:**

**User**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **User\_ID** | Name | Date\_of\_Birth | Medical\_insurance | Medical\_history | Street | City | State |

**User\_phone\_no**

|  |  |
| --- | --- |
| **User\_ID** | **phone\_no** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization\_ID** | Organization\_name | Location | Government\_approved |

**Organization**

**Doctor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor\_ID** | Doctor\_Name | Department\_Name | organization\_ID |

**Patient**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient\_ID** | **organ\_req** | reason\_of\_procurement | Doctor\_ID | User\_ID |

**Donor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donor\_ID** | **organ\_donated** | reason\_of\_donation | Organization\_ID | User\_ID |

**Organ\_available**

|  |  |  |
| --- | --- | --- |
| **Organ\_ID** | Organ\_name | Donor\_ID |

**Transaction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient\_ID** | **Organ\_ID** | Donor\_ID | Date\_of\_transaction | Status |

|  |  |
| --- | --- |
| **Organization\_ID** | Phone\_no |

**Organization\_phone\_no**

**Doctor\_phone\_no**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization\_ID** | **Employee\_ID** | Name | Date\_of\_joining | Term\_length |

|  |  |
| --- | --- |
| **Doctor\_ID** | Phone\_no |

**Organization\_head**