



DONOR

<u>Donor_id</u>	Donor_Name	DOB	Gender	Blood_group	Street	City	State	Email
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RECEIPT

<u>Recipient_id</u>	Recipient_Name	DOB	Gender	Blood_group	Street	City	State	Email
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HOSPITAL

<u>Hospital_id</u>	Hospital_name	Street	City	State
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ORGAN

<u>Organ_ID</u>	Type	Donor_ID	Donation_date	Expiry_date	Status	Hospital_Id
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BLOOD UNIT

<u>BloodUnit_ID</u>	Blood_group	Donation_date	Expiry_date	Status	Donor_id	Hospital_id
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DOCTOR

<u>Doctor_id</u>	Doctor_Name	Speciality	Hospital_id
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TRANSPLANT

<u>Transplant_id</u>	Type	Transplant_date	Recipient_ID	Doctor_id	Hospital_ID	BloodUnit_ID	Organ_ID
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Donor_contact

<u>Donor_id</u>	Contact_no
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Recipient_contact

<u>Recipient_id</u>	Contact_no
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Doctor_contact

<u>Doctor_id</u>	Contact_no
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Hospital_contact

<u>Hospital_id</u>	Contact_no
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