**Administrator:**

|  |  |
| --- | --- |
| Name | String |
| Email | String |
| Password | String |
| Contact | Number |
| Designation | String |
| Role | String |

**User:**

|  |  |
| --- | --- |
| Name | String |
| Email | String |
| Password | String |
| CNIC | Number |
| Contact | Number |
| Organization | Number |
| Designation | String |
| Province | String |
| District | String |
| City | String |
| Street Address | String |
| Role | String |

**Patient:**

|  |  |
| --- | --- |
| Name | String |
| Email | String |
| Password | String |
| CNIC | Number |
| Age | Number |
| Sex | String |
| Contact | Number |
| Province | String |
| District | String |
| City | String |
| Street Address | String |
| Tumor Type | String |
| Tumor Subtype | String |
| Checked By | String |
| Role | String |

**Report:**

|  |  |
| --- | --- |
| User ID | Number |
| Patient ID | Number |
| Tumor Type | String |
| Tumor Subtype | String |
| Referred By | String |
| Timestamp | Date |