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| CSE435\_Project Report  Project: Inventory Management System |
| |  |  |  | | --- | --- | --- | | [Author name] | 7/30/18 | CSE435 | |

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| Test Scenario | Test Case ID | Test Steps | Test Data | Expected Results |
|  |  |  |  |  |
| Patient Registration | TC-01 | Enter Patient ID  Enter First Name  Enter last name  Enter DOB  Enter Phone number  Enter email  Enter state  Enter Plan  Click Register | 9  “Ashik”  “Mahmud”  23-10-1994  1822393689  “abcdefg@gmail.com”  1  1 | Show a massage, “ Record inserted Successfully” |
|  | TC-02 | Enter Patient ID  Enter First Name  Enter last name  Enter DOB  Enter Phone number  Enter email  Enter state  Enter Plan  Click Register | 9  “Ashik”  “Mahmud  23-10-1994  1822393689  “nmo@gmail.com”  1  1 | Show a massage  “Please enter a valid email” |
|  | TC-03 | Enter Patient ID  Enter First Name  Enter last name  Enter DOB  Enter Phone number  Enter email  Enter state  Enter Plan  Click Register | 9  “Ashik”  “Mahmud”  23-10-1994  “ ”  “nmo@gmail.com”  1  1 | Show a massage  “Please enter a phone number” |
|  | TC-04 | Enter Patient ID  Enter First Name  Enter last name  Enter DOB  Enter Phone number  Enter email  Enter state  Enter Plan  Click Register | 9  “Abdullah”  “Sayket”  23-10-1994  1822393689  “xyz@gmail.com”  1  1 | “First and last exits please enter another one” |
|  | TC-5 | Click on Go Home button |  | “Redirected to home page” |
| Physician Registration | TC-6 | Enter Physician ID  Enter First Name  Enter last name  Enter Department  Enter EQ  Enter YOE  Enter stateID  Enter PlanID  Click Register | PR001  “Alim”  “Mia”  2  “MBBS”  4  2  1 | Show a massage, “ Record inserted Successfully” |
|  | TC-7 | Enter Physician ID  Enter First Name  Enter last name  Enter Department  Enter EQ  Enter YOE  Enter stateID  Enter PlanID  Click Register | PR001  “Alim”  “ ”  2  “MBBS”  4  2  1 | Show a massage, “Please enter last name” |
|  | TC-8 | Click on Go Home button |  | Redirected to home page |
| Search Physician | TC-9 | Enter department  Enter state  Enter plan  Click search | “Eye”  1  2 | “Physian details will be shown.” |
|  | TC-10 | Enter department  Enter state  Enter plan  Click reset |  | “Default information will be shown.” |
|  | TC-11 | Click on Go Home button |  | “Redirected to home page” |
| View Patient History | TC-12 | Enter Patient ID  Enter First Name  Enter last name  Click search | 1002  “Arif”  “Mia” | “Showing the patient history.” |
|  | TC-13 | Enter Patient ID  Enter First Name  Enter last name  Click search | 1002 | “Please enter first name and last name” |
|  | TC-14 | Click on Go Home button |  | “Redirected to home page” |

All-Pair Testing Tables:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | ID | Email | Phone number | departmet | Experience |
| Valid | valid | Valid | valid | valid | yes |
| Valid | Invalid | Invalid | invalid | invalid | no |
| valid | Blank | blank | blank | blank | yes |
| Blank | valid | invalid | valid | valid | yes |
| Blank | invalid | blank | invalid | blank | no |
| Blank | blank | valid | blank | invalid | yes |
| Invalid | Valid | blank | valid | invalid | no |
| Invalid | Invalid | valid | invalid | blank | yes |
| Invalid | blank | invalid | blank | valid | no |

Requirement Traceability Matrix

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|  | TC\_1 | TC\_2 | TC\_3 | TC\_4 | TC\_5 | TC\_6 | TC\_7 | TC\_8 | TC\_9 | TC\_10 | TC\_11 | TC\_12 | TC\_13 | TC\_14 |
| Req-1 | \* |  |  |  |  | \* |  |  |  |  |  |  |  |  |
| Req-2 |  | \* |  |  |  |  |  |  |  |  |  |  |  |  |
| Req-3 |  |  | \* | \* |  |  | \* |  |  |  |  |  | \* |  |
| Req-4 |  |  |  |  | \* |  |  | \* |  |  | \* |  |  | \* |
| Req-5 |  |  |  |  |  |  |  |  | \* | \* |  | \* |  |  |