

# **SPRINT 3 OUTPUT:**

# Plasma Donor Application

Donor Login <u>Click Here</u> Recipient Login <u>Click Here</u> Hospital In-Charge Login <u>Click Here</u>

## **DONOR PAGES**

DONOR Login Page

Email Enter Email
Password Password

New User ? Click to Sign-Up

Submit

You are signed-in using this email gowrishankarj2001@gmail.com Log Out Welcome sfv
Are you between the age 16 and 70?
Are you being weight more than 50 kgs?
Are you being height more than 150 cms?
Have you ever injected drugs not prescribed by a doctor?
Have you been pregnant or given birth in the last 9 months?
Have you taken iron medication prescribed by a doctor?
Have you had an endoscopy in the last 4 months?
Have you had a cough, cold, sore throat or influenza in last 28 days?
Have you, or anyone in your household, had diarrhoea or vomiting symptoms in the last 28 days?
Have you tested positive for COVID-19 in the last seven days?
Have you taken antibiotics in the last seven days?
Check
SHECK .
You are signed-in using this email gowrishankarj2001@gmail.com Log Out Welcome sfv
Username
Firstname
Email
Phone number
District Erode V
Hospital name 🗸
Donation date dd-mm-yyyy
Blood Group
Submit

You are signed-in using this email gowrishankarj2001@gmail.com Log Out Welcome dfbvdsfbdf dfbvdsfbdf have applied for donation on 2022-11-10 in Gowrishankar Hospital, Namakkal.

#### **RECIPIENT PAGES**

RECIPIENT Login Page

Email Enter Email

Password Password

New User ? Click to Sign-Up

Submit

You are signed-in using this email gowrishankarj2001@gmail.com Log Out Request:

Name

Email

Phone number

District erode 

Hospital name 

Blood Group 

Submit

You are signed-in using this email gowrishankarj2001@gmail.com Log Out Welcome Shankar have applied for requesting blood on tomorrow in dummy1, namakkal. You need get it tomorrow.

## **INCHARGE PAGES**

INCHARGE Login Page		
	Email	
	Enter Email	
	Password	
	Password	
	New User ? Click to	
	<u>Sign-Up</u>	
	Submit	
You are signed-in using this email gowrishankarj2001@gmail.com Log Out		
Enter donor details:		
Email		
Donated Yes ✓		
Submit		
Enter recipient details:		
Name of the Recipient		
Email of the blood Receiver		
Email of the blood donator		
Withdrawal of blood succeeded ? Yes ✓		
Hospital Name		
Submit		

## **HTML PAGES**

- √ templates
  - donationform.html
  - donorauthentication.html
  - donorhome.html
  - donorlogin.html
  - donorregister.html
  - donorstatus.html
  - inchargeauthentication.html
  - inchargehome.html
  - inchargelogin.html
  - inchargeregister.html
  - indexpage.html
  - recipientauthentication.html
  - recipienthome.html
  - recipientlogin.html
  - recipientregister.html
  - recipientstatus.html