<?php

error\_reporting(1);

include('connection.php');

if(isset($\_POST['submit']))

{

$patient\_name = $\_POST['patient\_name'];

$hospital\_name = $\_POST['hospital\_name'];

$hospital\_address = $\_POST['hospital\_address'];

$doctor\_name = $\_POST['doctor\_name'];

$blood\_group = $\_POST['blood\_group'];

$city = $\_POST['city'];

$contact\_name = $\_POST['contact\_name'];

$contact\_number = $\_POST['contact\_number'];

$contact\_mail\_id = $\_POST['contact\_mail\_id'];

$other\_message = $\_POST['other\_message'];

$required\_date = $\_POST['required\_date'];

$status=0;

$query = "INSERT INTO requestblood (`patient\_name`,`hospital\_name`,`hospital\_address`,`doctor\_name`,`blood\_group`,`city`,`contact\_name`,`contact\_number`,`contact\_mail\_id`,`other\_message`,`required\_date`,`status`) VALUES('".$patient\_name."','".$hospital\_name."','".$hospital\_address."','".$doctor\_name."','".$blood\_group."','".$city."','".$contact\_name."','".$contact\_number."','".$contact\_mail\_id."','".$other\_message."','".$required\_date."','".$status."')";

$result = mysqli\_query($conn, $query);

if($result)

{

echo '<script> alert("Your details are recorded..!!! Donor help to you ASAP..!!! ");

window.location = " request\_blood.php"; </script>';

}

else

{

echo '<script> alert("Error."); </script>';

}

}

?>

<!DOCTYPE html>

<html>

<head>

<title></title>

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<link rel="stylesheet" type="text/css" href="CSS\stylerequestblood.css">

<link rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-awesome.min.css">

<script src="https://ajax.googleapis.com/ajax/libs/jquery/3.2.1/jquery.min.js"></script>

<script src="https://www.google.com/recaptcha/api.js" async defer></script>

<style type="text/css">

.nav > ul > li:nth-child(4)

{

color: white;

background-color: black;

}

</style>

</head>

<body>

<?php

include 'header.php';

?>

<div class="heading fix">

<label>Request Blood</label>

</div>

<div class="outerbox">

<div class="fixedbox">

<span class="content">

<h4>Hello, Friend!</h4>

<p>Enter your personal details and start journey with us</p>

</span>

</div>

<div class="scrollbox">

<div class="requestblood">

<form id="myform" action="request\_blood.php" method="post">

<div class="patient">

<h3>Patient Details</h3>

<table>

<tr>

<td>

<label>Patient Name:-</label>

<input type="text" name="patient\_name" pattern="[A-z ]+$" title="Use only character & white space" required>

</td>

<td>

<label>Hospiatal Name:-</label>

<input type="text" name="hospital\_name" pattern="[A-z ]+$" title="Use only character" required>

</td>

</tr>

<tr>

<td rowspan="3">

<label>Hospital Adddress:-</label>

<textarea name="hospital\_address" placeholder="---Type---" required class="hospital"></textarea>

</td>

<td>

<label>Doctor Name:-</label>

<input type="text" name="doctor\_name" pattern="[A-z ]+$" title="Use only character" required>

</td>

</tr>

<tr>

<td>

<label>Blood Group:-</label>

<input type="text" list="bloodgroup" name="blood\_group" placeholder="----Select----" required>

<datalist id="bloodgroup">

<option value="A+"></option>

<option value="A-"></option>

<option value="AB+"></option>

<option value="B+"></option>

<option value="B-"></option>

<option value="O+"></option>

<option value="O-"></option>

</datalist>

</td>

</tr>

<tr>

<td>

<label>City:-</label>

<input type="text" name="city" value="Chennai" readonly>

</td>

</tr>

</table>

</div>

<div class="contact">

<h3>Contact Details</h3>

<table>

<tr>

<td>

<label>Contact Name:-</label>

<input type="text" name="contact\_name" pattern="[A-z ]+$" title="Use only character" required>

</td>

<td>

<label>Contact Number:-</label>

<input type="text" name="contact\_number" required pattern="^[1-9]{1}[0-9]{9}$" title="Number is not valid">

</td>

</tr>

<tr>

<td>

<label>Contact Mail-Id:-</label>

<input type="email" name="contact\_mail\_id" required pattern="[A-Za-z0-9.\_%+-]+@[A-z0-9.-]+\.[a-z]{2,}$" title="Email id is not Valid">

</td>

<td rowspan="2">

<label>Other Message:-</label>

<textarea name="other\_message" placeholder="---Type---"></textarea>

</td>

</tr>

<tr>

<td>

<label>When Required ?</label>

<input type="date" name="required\_date" required>

</td>

</tr>

</table>

</div>

<span>

<input type="checkbox" name="terms" id="checkbox" required>

</span><p>I agree to have my contact details broadcasted to the PGHS.net</p>

<div class="btn">

<input type="submit" name="submit" value="Submit Request">

<input type="reset" name="reset" value="Reset Request">

</div>

</form>

</div>

</div>

</div>

<!--Responsive Table-->

<div class="rrequestblood">

<form id="myform" action="request\_blood.php" method="post">

<div class="rpatient">

<h3>Patient Details</h3>

<table>

<tr>

<td>

<label>Patient Name:-</label>

<input type="text" name="patient\_name" required pattern="[A-z ]+$" title="Use only character & whitespace">

</td>

</tr>

<tr>

<td>

<label>Hospiatal Name:-</label>

<input type="text" name="hospital\_name" required pattern="[A-z ]+$" title="Use only character & whitespace">

</td>

</tr>

<tr>

<td>

<label>Hospital Adddress:-</label>

<textarea name="hospital\_address" placeholder="---Type---" required></textarea>

</td>

</tr>

<tr>

<td>

<label>Doctor Name:-</label>

<input type="text" name="doctor\_name" required pattern="[A-z ]+$" title="Use only character & whitespace">

</td>

</tr>

<tr>

<td>

<label>Blood Group:-</label>

<input type="text" list="bloodgroup" name="blood\_group" placeholder="----Select----" required>

<datalist id="bloodgroup">

<option value="A+"></option>

<option value="A-"></option>

<option value="AB+"></option>

<option value="B+"></option>

<option value="B-"></option>

<option value="O+"></option>

<option value="O-"></option>

</datalist>

</td>

</tr>

<tr>

<td>

<label>City:-</label>

<input type="text" name="city" value="Chennai" readonly>

</td>

</tr>

</table>

</div>

<div class="rcontact">

<h3>Contact Details</h3>

<table>

<tr>

<td>

<label>Contact Name:-</label>

<input type="text" name="contact\_name" required pattern="[A-z ]+$" title="Use only character & whitespace">

</td>

</tr>

<tr>

<td>

<label>Contact Number:-</label>

<input type="text" name="contact\_number" required pattern="^[1-9]{1}[0-9]{9}$" title="Number is not valid">

</td>

</tr>

<tr>

<td>

<label>Contact Mail-Id:-</label>

<input type="email" name="contact\_mail\_id" required pattern="[A-Za-z0-9.\_%+-]+@[A-z0-9.-]+\.[a-z]{2,}$" title="Email id is not Valid">

</td>

</tr>

<tr>

<td>

<label>Other Message:-</label>

<textarea name="other\_message" placeholder="---Type---"></textarea>

</td>

</tr>

<tr>

<td>

<label>When Required ?</label>

<input type="date" name="required\_date" required>

</td>

</tr>

</table>

</div>

<span>

<input type="checkbox" name="terms" id="checkbox" required>

</span><p>I agree to have my contact details broadcasted to the PGHS.net</p>

<div class="btn">

<input type="submit" name="submit" value="Submit Request">

<input type="reset" name="reset" value="Reset Request">

</div>

</form>

</div>

<?php

include 'footer.php';

?>

</body>

<script type="text/javascript">

function share()

{

var a =document.getElementById("f");

var b=document.getElementById("g");

var c=document.getElementById("i");

var d=document.getElementById("y");

if (a.style.display === "none")

{

a.style.display="block";

b.style.display="block";

c.style.display="block";

d.style.display="block";

}

else

{

a.style.display="none";

b.style.display="none";

c.style.display="none";

d.style.display="none";

}

}

</script>

</html>