Test Case Planning
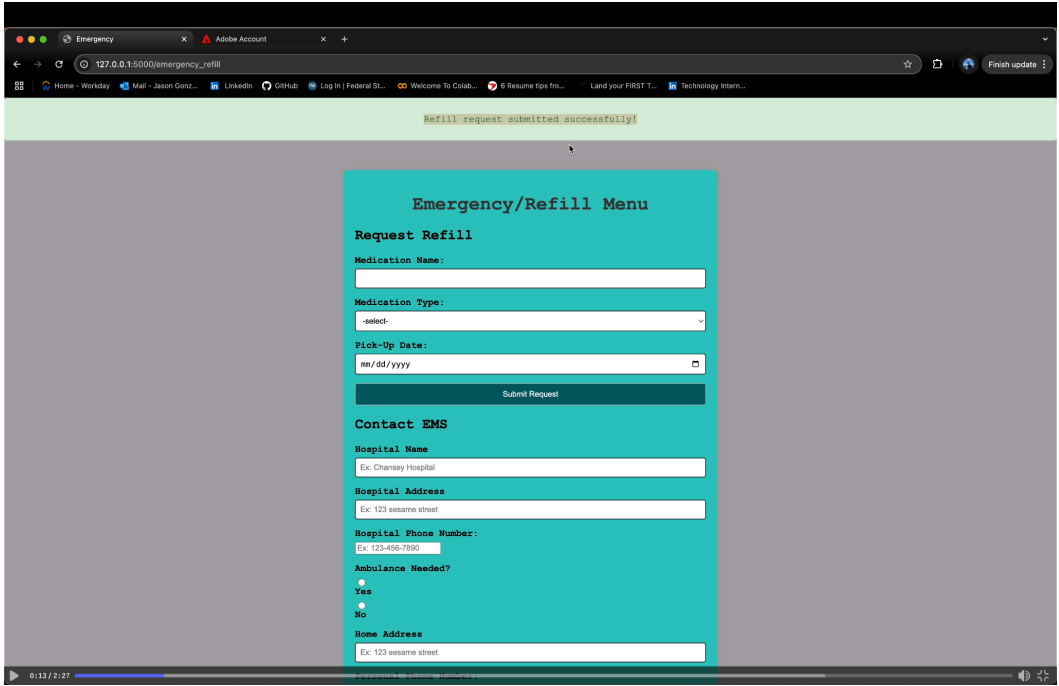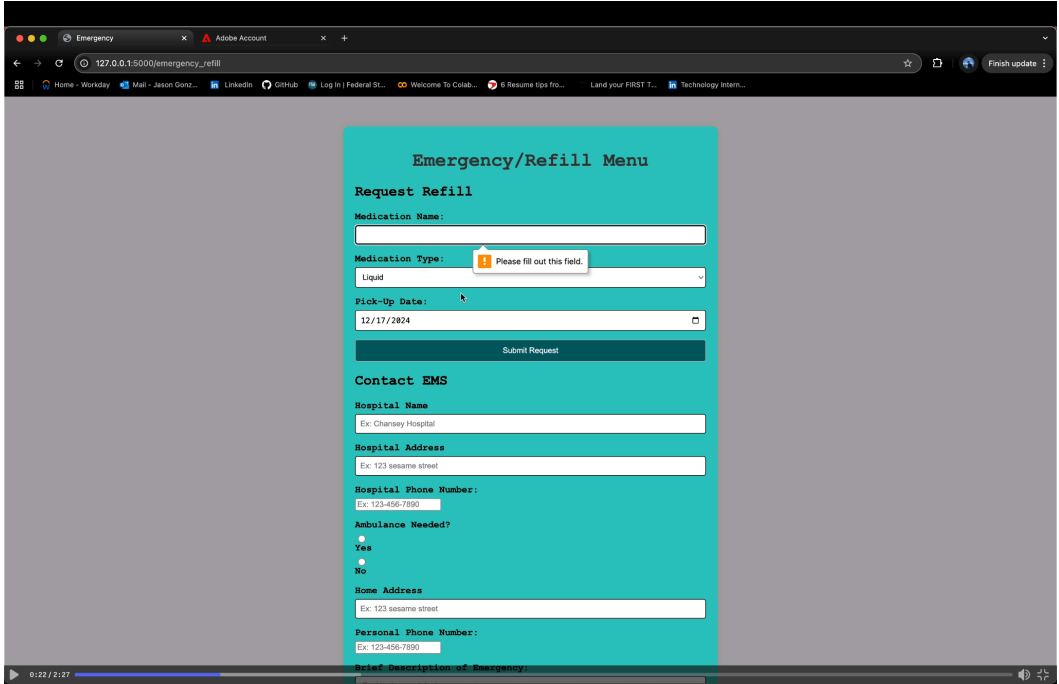
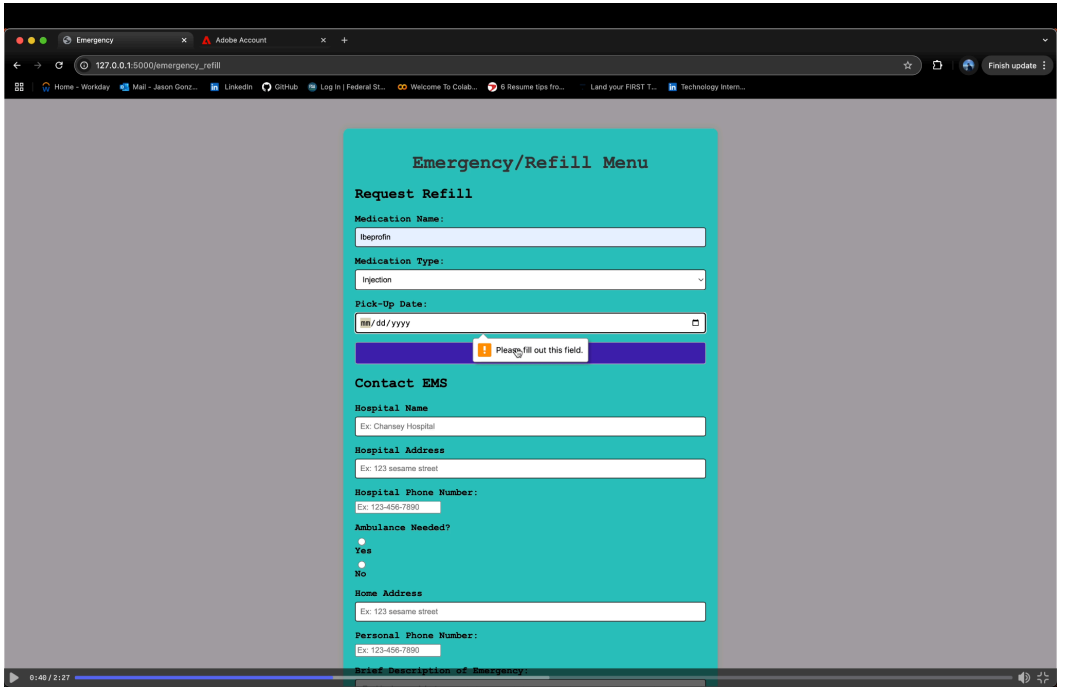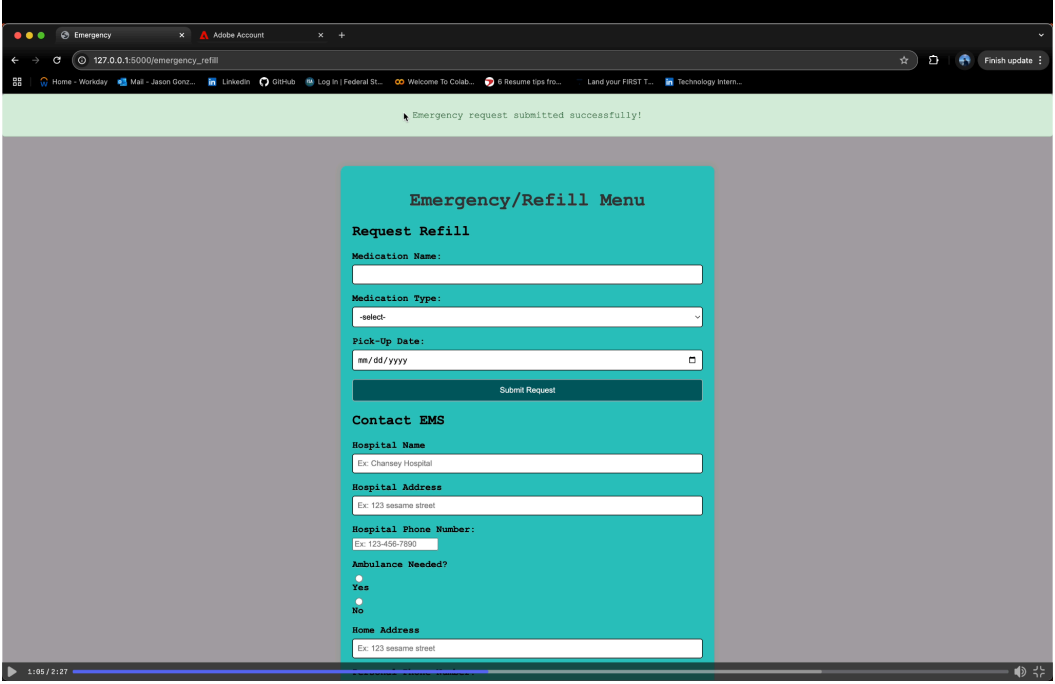| Group members	Govan Henry Katherine Leon Hudson Finocchio Jason Gonzalez Arnav Mohapatra Ty Battle Stephen Russell

1. Use Case - UC01 Emergency Menu

Test Case ID	TC01 -
Test Objective	**The user correctly submits request for refill**
Preconditions	The user must be signed in, have internet connectivity stable, and click on "Emergency/ Refill"
Test steps	1. Under Request Refill fill in three pieces of data 2. Fill in the information required for refill request 3. The user will enter all required fields correctly 4. Hit submit form
Input Values	Medication Name: Tylenol Medication Type: Liquid Pick-Up date: 12/11/2024 Click the Submit Request button
Expected results	Status bar at top of site will appear "Refill request submitted successfully!"

Test Case ID	TC02 -
Test Objective	**The user leaves out Medication name blank for refill request**
Preconditions	The user must be signed in, have internet connectivity stable, and click on "Emergency/Refill"
Test steps	1. User will enter information into sections 2. All other sections except for Medication Name are filled 3. The user will click on the submit form 5. A message should populate asking "Please fill out this field." underneath Medication Name
Input Values	Medication Name: *(left blank)* Medication Type: Liquid Pick-Up date: 12/17/2024 Click the Submit Request button
Expected results	An error message will display "Please fill out this field." Medication Name

Test Case ID	TC03 -
Test Objective	**The user does not fill out pick-up date for refill**
Preconditions	The user must be signed in, have internet connectivity stable, and click on "Emergency/Refill"
Test steps	1. User enters information into request refill

Test Case ID	TC03 -
	2. The user will now type in medication
	3. All other fields will be entered with the desired information with exception of pick-up date
	4. Error message displays "Please fill out this field"
Input Values	Medication Name: Ibeprofin Medication Type: Injection Pick-Up date: *(left blank)* Click the Submit Request button
Expected results	Displays error message "Please fill out this field." below Pick-up date

Test Case ID	TC04 -
Test Objective	**The user successfully submits request for emergency services**
Preconditions	The user must be signed in, have internet connectivity stable, and click on "Emergency/ Refill"
Test steps	1. The user scrolls to enter information in Contact EMS 2. User will enter information into each desired field 3. User clicks on Contact Services Button 4. Message appears at top of site to confirm success stating "Emergency request submitted successfully!"
Input Values	Contact EMS field below Request Refill Hospital name: VCU Hospital Hospital Address: 1601 Richmond st Hospital Phone Number: 804-366-1894 Ambulance needed: Yes or no buttons

Test Case ID	TC04 -
	Home Address: 1111 richmond st Personal Phone Number: 805-444-3421 Brief description of Emergency: my toe is broken Contact services is clicked when all fields are filled correctly
Expected results	Status bar at top of site will appear "Emergency request submitted successfully!"

Test Case ID	TC05 -
Test Objective	**The user leaves a field blank to contact emergency services**
Preconditions	The user must be signed in, have internet connectivity stable, and click on "Emergency/ Refill"
Test steps	1. User will enter information into each section under Contact EMS 2. The user will not enter Hospital Name field 3. All other sections are filled 4. The user will click on the Contact Services button 6. A message should populate to ask to "Please fill out this field" near the Hospital Name
Input Values	Hospital name: (*left blank*) Hospital Address: 1601 Richmond st Hospital Phone Number: 804-366-1894 Ambulance needed: Yes or no buttons

Test Case ID	TC05 -
	Home Address: 1111 richmond st Personal Phone Number: 805-444-3421 Brief description of Emergency: my toe is broken Contact Services button clicked
Expected result	Displays message "Please fill out this field." below Hospital Name