| **Test Name** | | Edit error submission form – Change names of fields | | | |
| --- | --- | --- | --- | --- | --- |
| **Use Case Tested:** | | Use Case 12 – Edit error submission form | | | |
| **Test Description:** | | User changes or disables one of the following fields:   * Date * Time * Patient MRN * Patient name * Error type * Description/comment * Person making error notified * Where error detected * IIMS completed * Medication * Medication type * Physician notified * Physician provider number * Physician name * Patient diagnosis * Physician comments | | | |
| **Pre-conditions** | | User has successfully logged in as administrator.  Error page is presented to user | | | |
| **Post-conditions** | | The Error Entry form has been successfully updated with new field names | | | |
| **Notes:** | | Administrator can only rename fields and hide or show all fields relating to a table.  This UAT is for testing renaming of each field and the updating of the Error Entry form. One field at a time should be renamed and tested.  To ensure database is updated correctly after changes, UAT for Error Form Entry should be performed in conjunction. | | | |
| **Result (Pass/Fail/Warning/Incomplete)** | |  | | | |
|  | **TEST STEP** | | **EXPECTED TEST RESULTS** | P | F |
|  | Date field is renamed | | Change is accepted |  |  |
|  | Time field is renamed | | Change is accepted |  |  |
|  | Patient MRN field is renamed | | Change is accepted |  |  |
|  | Patient name field is renamed | | Change is accepted |  |  |
|  | Patient type field renamed | | Change is accepted |  |  |
|  | Error type field is renamed | | Change is accepted |  |  |
|  | Error description/comment is renamed | | Change is accepted |  |  |
|  | Person making error notified field is renamed | | Change is accepted |  |  |
|  | Where error detected field is renamed | | Change is accepted |  |  |
|  | IIMS completed field is renamed | | Change is accepted |  |  |
|  | Medication field is renamed | | Change is accepted |  |  |
|  | Medication type field is renamed | | Change is accepted |  |  |
|  | Physician notified field is renamed | | Change is accepted |  |  |
|  | Physician provider number field is renamed | | Change is accepted |  |  |
|  | Physician name field is renamed | | Change is accepted |  |  |
|  | Patient diagnosis field is renamed | | Change is accepted |  |  |
|  | Physician comments field is renamed | | Change is accepted |  |  |
|  | User selects Submit button | | Entry form is updated with renamed fields |  |  |

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| **Test Data Table** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Date: |  |  |  |  |  |
| Time: |  |  |  |  |  |
| Patient MRN: |  |  |  |  |  |
| Patient Type: |  |  |  |  |  |
| Error Type: |  |  |  |  |  |
| Error Description/Comment: |  |  |  |  |  |
| Person Making Error Notified: |  |  |  |  |  |
| Where Error was Detected: |  |  |  |  |  |
| IIMS Completed: |  |  |  |  |  |
| Medication: |  |  |  |  |  |
| Medication Type: |  |  |  |  |  |
| Physician Notified: |  |  |  |  |  |
| Physician Provider Number: |  |  |  |  |  |
| Physician Name: |  |  |  |  |  |
| Patient Diagnosis: |  |  |  |  |  |
| Physician comments: |  |  |  |  |  |