

Project Proposal:

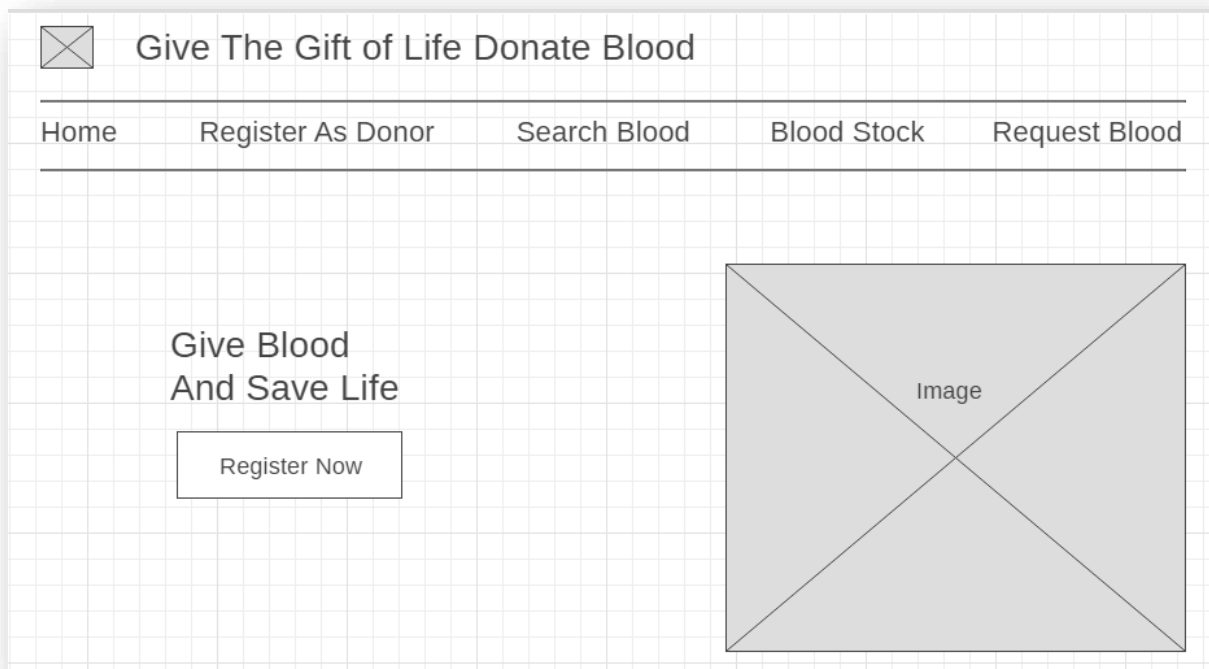
Project Name: Give The Gift of Life Donate Blood

Description:

- I am planning to develop a simple **Blood Bank Management System**.
- Using this system people are able to **register** them self to donate the blood.
- Donor will be ask to provide some personal information like name, address, email, telephone number, blood group, etc. And their information will be stored in the database.
- We can see the entire **donors list** as well **search** for appropriate donor(s) for particular blood group type.
- We can display the amount of different blood groups available in **storage** of blood bank depends on the data available in the database.
- Also people can **request for blood** donation by filling blood request form. Patient's information will be stored into the database.

Mock Up or Wireframe:

(1) Home



(2) Register As Donor

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Register As Donor

| | | | |
|--------------|---|-------------|----------------------|
| First Name | <input type="text"/> | Street No | <input type="text"/> |
| Last Name | <input type="text"/> | Street Name | <input type="text"/> |
| Blood Group | <input type="text"/> | City | <input type="text"/> |
| Age | <input type="text"/> | Province | <input type="text"/> |
| Gender | <input type="radio"/> Male <input type="radio"/> Female | Country | <input type="text"/> |
| Phone Number | <input type="text"/> | Postal code | <input type="text"/> |
| Email | <input type="text"/> | | |

Register

(3) Search Blood

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Search Blood

Blood Group

| First Name | Blood Group | Province | City | Phone |
|------------|-------------|----------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(4) Blood Stock


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Blood Stock

| Blood Bank | Blood Group | No of Bottles | City | Phone |
|------------|-------------|---------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(5) Request Blood

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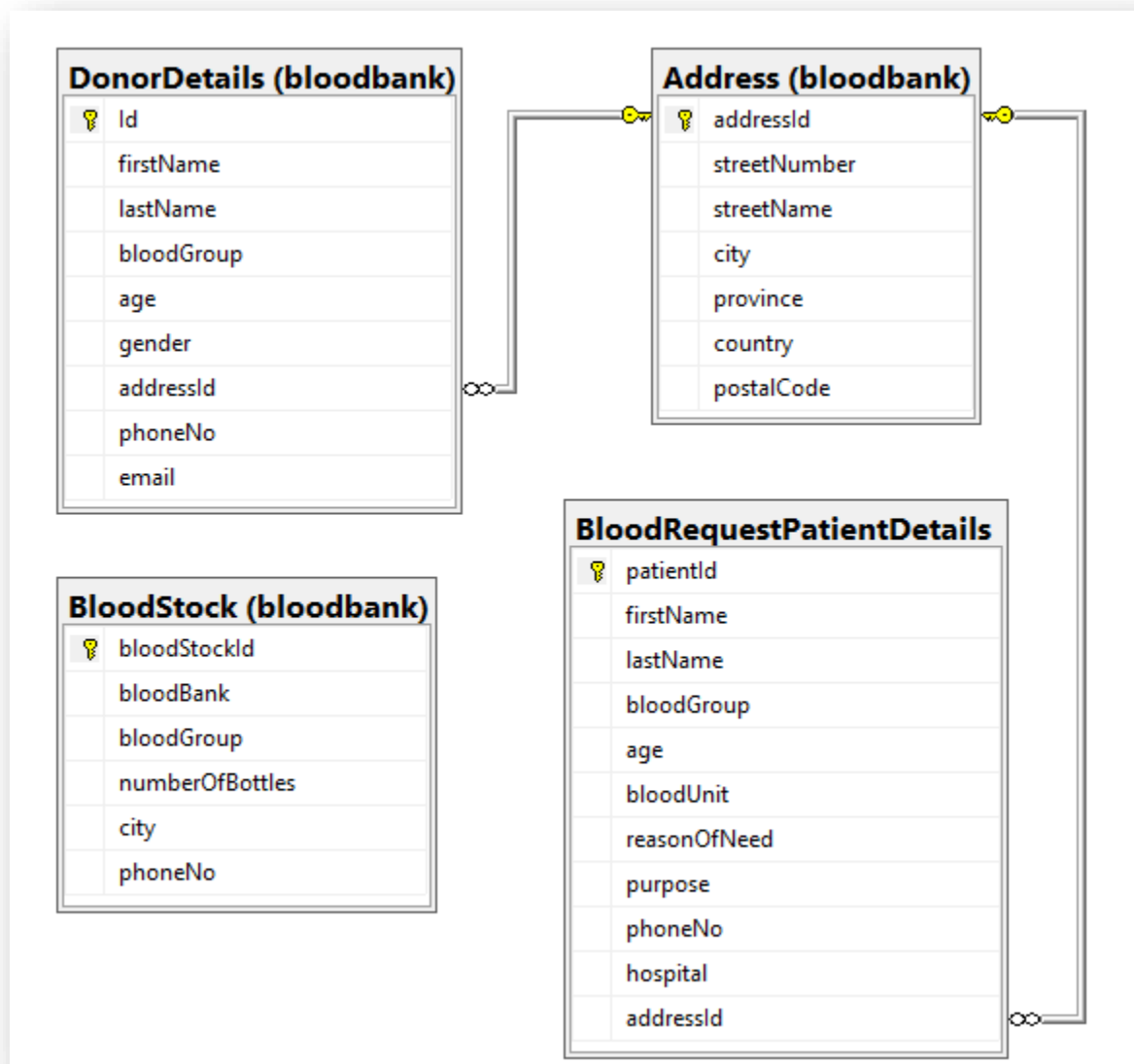
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Request Blood

| Patient Information | | Hospital Information | |
|---------------------|--------------------------------|----------------------|----------------------|
| Patient Name | <input type="text"/> | Hospital | <input type="text"/> |
| Blood Group | <input type="text" value="▼"/> | Street No | <input type="text"/> |
| Age | <input type="text"/> | Street Name | <input type="text"/> |
| Blood Unit | <input type="text"/> | City | <input type="text"/> |
| Why Need blood | <input type="text"/> | Province | <input type="text"/> |
| Purpose | <input type="text"/> | Country | <input type="text"/> |
| Phone | <input type="text"/> | Postal code | <input type="text"/> |

Send Request

Database Diagram:



Flow Chart:

