

Registered User Patient Portal User Guide

1. In your browser type mdl.wichita.edu

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	Registration	Returning Patient/ View Test Results	Collector/Medical Professional	

2. Log In: Enter Username and Password

***FIRST TIME USERS:**

- Username is your email address *OR* if your email address is long, your Username is everything before the @ sign in your email address.
- You will be given a generic password during training and asked to **Log In**. Immediately change your password to a unique password that you will remember.



WICHITA STATE Providers & UNIVERSITY Providers &	Professionals ~ For Patients	-DSign In
	Log In Please enter your username and password Username d937z756 Password 	

- The Patient Portal contains **personally identifiable information protected by HIPPA. DO NOT SHARE** Log In credentials.
- Your organization's **Main Contact** can request additional **Registered Users** for your organization.



3. Click on New Requisition – COVID19

WICHITA STATE UNIVERSITY	Providers & Professionals ~	For Patients	▲ . d937z756i
My Orders	Requisitons Entry	Reports	
New Requisition			

- 4. Completing the Patient Requisition:
- For <u>New Patients</u> fill out all required fields highlighted in the Requisition starting with "Last Name"
- For Existing Patients, click on Patient Search



WSU Molecular Diagnostics Laboratory 4174 S. Oliver Bld. 174H Wichita, KS 67210 Created: 11/22/2020 Last Updated: 6/1/2021

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• Search for the Existing Patient by typing their testing code provided and clicking FIND.

Please note: testing code is Case Sensitive and must be typed in exactly as provided.

Patient Maint	aintenance Browser						3	x
Search in:	Both Patients and Pati	ent Registrations		Testing Code:			Find	
Patient ID:		Patient MRN:		First Name:			Clear	
Middle Name:		Last Name:		DOB:				
Sex:	~	Race:	*					
MRN	Testing Code First Na	me Middle Na	Last Name	SSN Dat	e of Birth Sex	Race	Patient ID	

• **Click** on the Existing Patient record from the list and click **SELECT**.

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Simple Search	New Req	uisition	×										
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			Last Name:		DOB:			Sex:		*			
		Street A	Race:	-								_	
			MRN	First Name	Middle Name	Last Name	S	SN	Date of Birth	Sex	Race		
			0000002877	SCC	J	ZZTEST A			4/11/30	М	В	1	
			0000002879	SCC	L	ZZTEST C			9/13/00	F	W		
			0002888	DOBBY		TEST			10/16/19	0			
			0002891	ANAKIN		TEST			10/5/20	м		*	
			0002900	STORMTROOPER		TEST			9/8/20	U		-	
			« <	Page 1 of 12	> > 2						Records 1 to 50 of total 5	70	
											Select	el .	

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• The Existing Patient's bio information will autofill into the New Requisition.

SARS-COY-2 (COVID-19) Requisition (vilow sections Required)	O New	🃸 Open	Cancel	🥒 E	fit		🔚 Sa	ve Draft	At	ttachmen	ts 💽	Subm	iit to Lab	
(Yellow Sections Required) Order #: Requisition #: Patient ID: Save Drott Submit to Lab Patient Information Last Name*: First Name*: DOB (MM/DD/YYYY)*: TEST PATIENTI 1201/2020 Patient Sector Street Address*: City*: State*: County: Zip*: STREET CITY FL ¥ Q TEST ¥ Q 11111 Passport Number: Preferred Contact Phone Number (DOO)(DOC/COCK: Confirm Phone Number: Biological sex*: Race*: (111)1111111 Female ¥ Q (111)1111111 Passport Number: Preferred Contact Phone Number (DOO)(DOC/COCK: Confirm Phone Number: Biological sex*: Race*: (111)1111111 V Female ¥ Q (111)111111 Date of Symptomatic Onset? Hospitalized? Resident in Congregated Care? ICU? First Test? Employee of Healthcare? Symptomatic as Defined by CDC?* Pregnant?	SARS-CoV	-2 (COV	ID-19)	Requisitio	n									
Order#: Requisition#: Patient ID: Save Draft Submit to Lab Patient Information	(Yellow Sections Require	ed)												
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	First Test?		Employee of H	ealthcare?		Symptomat	ic as Defir	ned by CDC	C?*	1	Pregnant?			
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• **Complete ALL fields** in the <u>Existing Patient's</u> **New Requisition** related to the current specimen collection.

****Please note, this includes the new "COVID Vaccine" required field.**

COVID Vaccine*	Date of COVID vaccine? (MM/DD/YYYY)
	**
Yes	Resident in Congregated Care? ICU?
No	• •
In Progress	Symptomatic as Defined by CDC?* Pregnant?
Unknown	
Patient verbal consent was obtained.	

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 At any time that you wish to SAVE the Requestion without completing all fields, click on SAVE A DRAFT. The Requisition will be saved and can be found in My Orders and reopened to edit by clicking Edit.

der#:	Requisiti	on#:	Patient ID:	Save Draft	Submit to Lab		
Patient Information							
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Orders		Dashboard					
ALL LOCATION V Q	Last Name:	Requisitions Reports	Order#	£₹	Patient ID:		
c: ALL LOCATION - Q Search & Clear y Orders	Last Name:	Requisitions Reports My Orders	Order	£. ▼	Patient ID:		

***When saving a DRAFT**, make sure to <u>uncheck the box</u> marked **COLLECTED**. This box should only be checked when the specimen is collected, as it auto fills the date and time the specimen is collected. Please make sure the **Collected Date Time** is correct.

Specimen Infor	Specimen Information Panel										
SpecimenType	Specimen Desc	Container Type	Container Desc	Barcode Tube #	Confirm Barcod	Collected	Collected DateT	Collected by			
SALIVA	Saliva	STERTUBE	Sterile Tube								

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- 6. Provide Patient with a copy of the WSU MDL "NOTICE AND AUTHORIZATION FOR COVID-19 TESTING AND RELEASE OF INFORMATION" document. If additional consent is required by your facility, please confirm at this time using your facility's protocols.
- 7. Obtain WSU MDL Patient verbal consent.
- 8. Check the Box: Patient verbal consent was obtained.

First Test?	Employee of Healthcare?	Symptomatic as Defined by CDC?*	Pregnant?
~	~	-	-
Patient verbal consent was obtained.			

- 9. For <u>New Patients</u> make sure, **Do You Want To Create a Profile** is checked.
- **10.**Enter a **4-digit PIN#** that will be required for the <u>New Patient</u> to confirm their identity when making a Patient Portal account to receive test results.
- **11.** Ask Patient to write the 4-digit PIN# at the top of their Consent Form.

Patient will receive an email from <u>mdlsender@wichita.edu</u> with a unique link to create a Patient Portal account. They will need to confirm their **DOB**, **Zip Code**, and **4-digit PIN#**.

- 12. Enter Patient Email Address and Confirm Email.
 - *Uncheck the box, if <u>New Patient</u> does not have an email account or is an <u>Existing</u> <u>Patient</u> that already has created a Patient Portal account.
 - *A profile will not be able to be created and test results will have to be delivered personally by your Organization which is the Sending Facility.

Profile Information			
	Email Address*:	Confirm Email*:	Four digit PIN number*:
Do you want to create profile? 🗹			

13. Your organization will be prefilled in Facility Name (Facility Code)

Sending facili	Sending facility										
Facility Type: Physician or Physician Group											
Facility Name (Fa	cility Code)*:				Address:						
C260	C260 Vichita State University Athletics 1845 Fairmont St.										
Clinic City: WICHI	Ilinic City: WICHITA Clinic State: KANSAS Clinic Zip: 67260 Clinic Country: USA										

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14.Select appropriate ICD-10 and Specimen Type*NOTE: at least one ICD-10 code is required: Check Z20.828

C260		₹ Q	Wichita State University Athletics	1845 Fairmont St.
Clinic City: WICHITA	Clinic State: KAN	VSAS	Clinic Zip: 67260 Clinic C	ountry: USA
Indications for te	sting (check all that apply)			
ICD-10 Code(s): Z1	11.59			
B99.9 Unspecified	Infectious Disease		J00 Acute Nasopharyngitis	J01.90 Acute Sinusitis, Unspecified
J06.9 Acute Uppe	r Respiratory Infection, Unspecif	fied	J22 Acute Lower Respiratory Infection, Unspecified	J98.9 Respiratory Disorder, Unspecified

- **15.**Type or Scan in the **BARCODE TUBE #** from the specimen label and confirm by entering BARCODE TUBE # in the **CONFIRM BARCODE #** field, ensuring accuracy.
 - Type in the numbers for the BARCODE TUBE # only, DO NOT INCLUDE THE DASHES. The dashes assist in reading the number string and are NOT part of the BARCODE TUBE #.
 - TIP: A barcode scanner can be helpful if entering large numbers of Requestions. We are using this <u>model found on Amazon</u>.
- 16.Select the Specimen Type; test requested will autofill based off the Specimen Type.
 *NOTE: When saving a DRAFT, make sure to <u>uncheck the box</u> marked COLLECTED. This box should only be checked when you are collecting the specimen as it includes the date and time the specimen was collected.

Specimen Information Panel										
SpecimenType	Specimen Desc	Container Type	Container Type Container Desc		Barcode Tube # Confirm Barcod		Collected DateT	Collected by		
SALIVA	Saliva	STERTUBE	Sterile Tube							

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17.Search for and select **Name** of Ordering Physician. If using WSU MDL Ordering Physician, Dr. Mark Leiker, type in **Code: D712**.

*Ordering physician code, name, phone, fax, email and NPI are populated automatically according to ordering physician's data provided in organization setup

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Simple Search New Re	× equisition								
		O New	Open 📀 Add	🥜 Edit	🔚 Save Draft	Attachments	Submit to Lab		
	Ordering physician and/or	other licensed	medical professiona	l.					
	Name*:	- Q			Phone:	Fax:	Email:	NPI:	
	Please add electronic signature Add Signature Clear	here:							
	New								
		_							
	Save Draft Submit to La	ab							

18. Double Check all entries for accuracy and click Submit to Lab.

Ordering physician and/o	or other l	censed medical professional				
Name*:			hone:	Fax:	Email:	NPI:
D712	₹ Q	Mark Leiker	(131)668-4285		mdl.mleiker@wichita.edu	1881698348
Please add electronic signatur	e here:					
Add Signature Clear						
New						
Save Draft Submit to I	Lab					

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