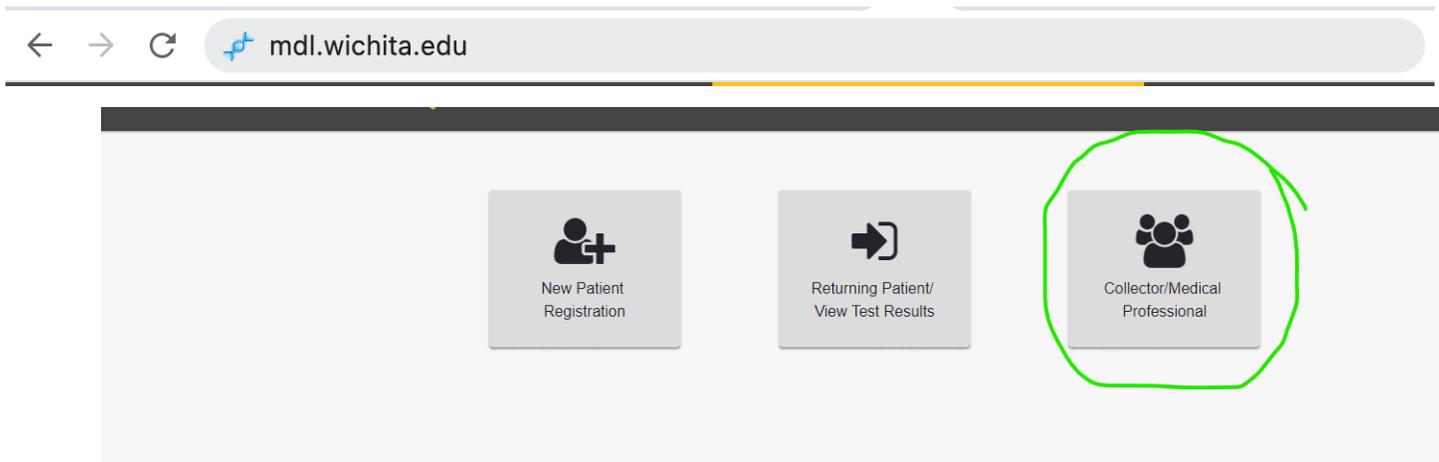


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Registered User Patient Portal User Guide

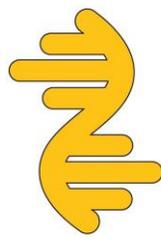
1. In your browser type mdl.wichita.edu



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.



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WICHITA STATE UNIVERSITY Providers & Professionals For Patients [Sign In](#)

Log In

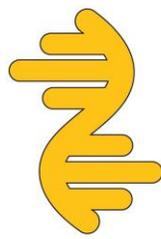
Please enter your username and password

Username

Password

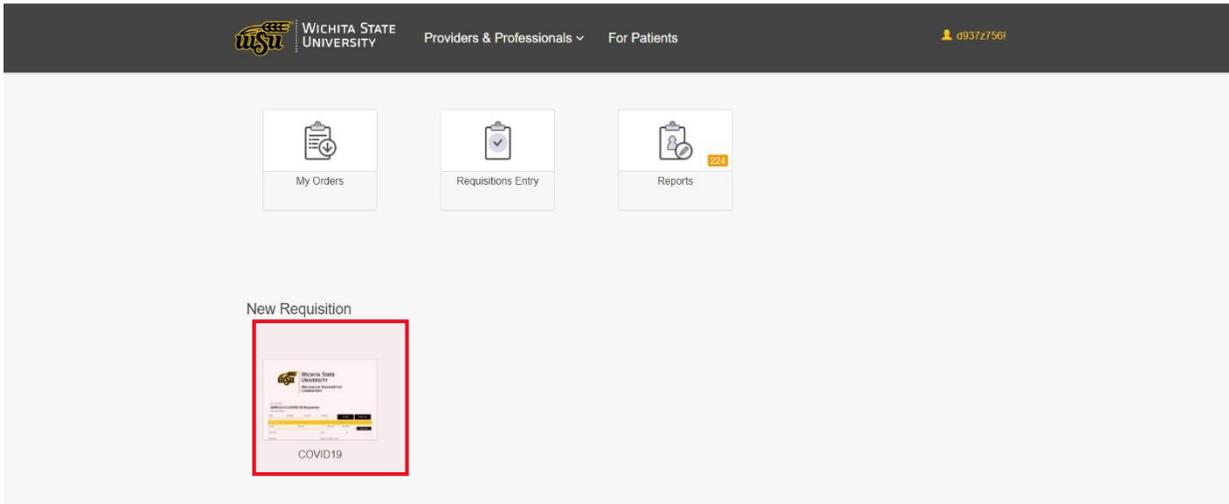
[Sign In](#)

- 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.



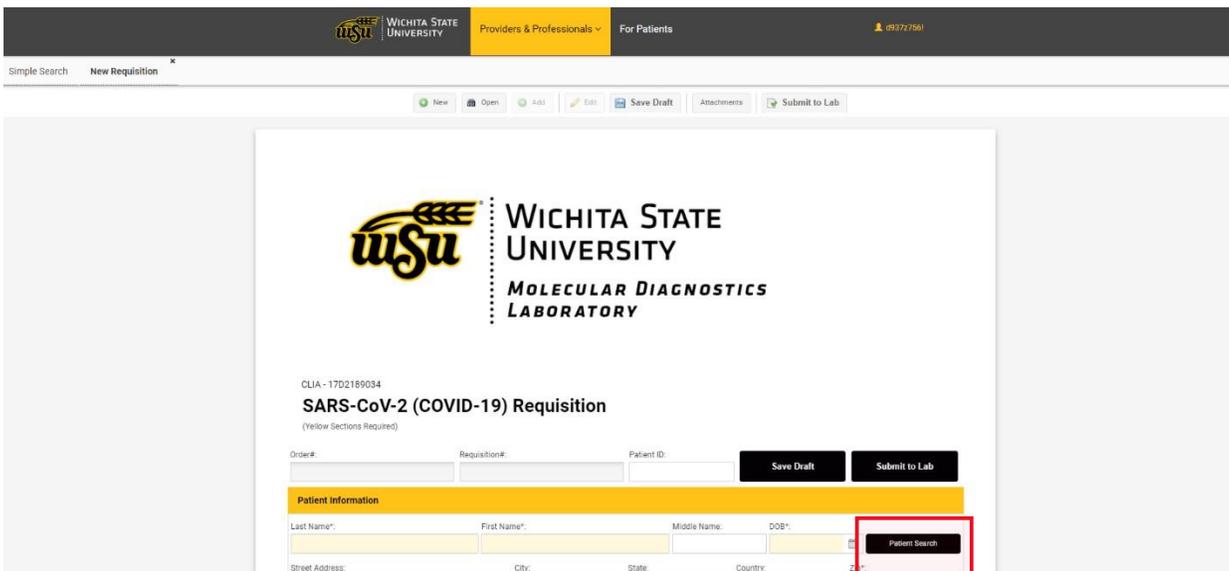
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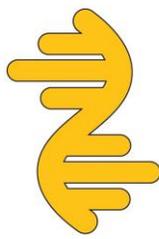
3. Click on **New Requisition – COVID19**



4. Completing the Patient Requisition:

- For New Patients fill out all required fields highlighted in the Requisition starting with “Last Name”
- For Existing Patients, click on **Patient Search**





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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 Maintenance Browser

Search in: Both Patients and Patient Registrations **Find**

Patient ID: Patient MRN: First Name: **Clear**

Middle Name: Last Name: DOB:

Sex: Race:

MRN	Testing Code	First Name	Middle Na...	Last Name	SSN	Date of Birth	Sex	Race	Patient ID
-----	--------------	------------	--------------	-----------	-----	---------------	-----	------	------------

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

Patient Maintenance Browser

Search in: Both Patients and Patient Requests **Find**

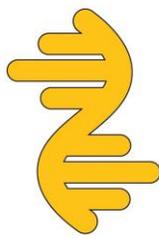
Patient MRN: First Name: Middle Name: **Clear**

Last Name: DOB: Sex:

Race:

MRN	First Name	Middle Name	Last Name	SSN	Date of Birth	Sex	Race
000002877	SCC	J	ZZTEST A		4/11/30	M	B
000002879	SCC	L	ZZTEST C		9/13/00	F	W
0002888	DOBBY		TEST		10/16/19	O	
0002891	ANAKIN		TEST		10/5/20	M	
0002900	STORMTROOPER		TEST		9/8/20	U	

Page 1 of 12 **Select** **Cancel**



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

- Complete ALL fields** in the Existing Patient's **New Requisition** related to the current specimen collection.

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



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

CLIA - 17D2189034

SARS-CoV-2 (COVID-19) Requisition

(Yellow Sections Required)

Order#: Requisition#: Patient ID: **Save Draft** **Submit to Lab**

Patient Information

Wichita State University | Providers & Professionals | For Patients | x566f449!

My Orders

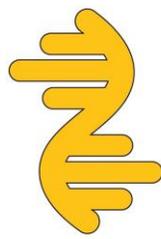
Clinic: ALL LOCATION | Last Name: | Order#: | Patient ID: | Search | Clear

My Orders | **My Orders** | Dashboard | Requisitions | Reports

New | Open | Add | **Edit** | Save Draft | Attachments | Submit to Lab

***When saving a DRAFT, make sure to uncheck the box 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 Information Panel								
SpecimenType	Specimen Desc...	Container Type	Container Desc...	Barcode Tube #	Confirm Barcod...	Collected	Collected DateT...	Collected by
SALIVA	Saliva	STERTUBE	Sterile Tube			<input type="checkbox"/>		
						<input type="checkbox"/>		



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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.**

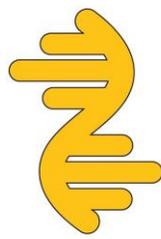
First Test?	Employee of Healthcare?	Symptomatic as Defined by CDC?*	Pregnant?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Patient verbal consent was obtained.			

9. For New Patients make sure, **Do You Want To Create a Profile** is checked.
10. Enter a **4-digit PIN#** that will be required for the New Patient 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 mdlsender@wichita.edu 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 New Patient does not have an email account or is an Existing Patient 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			
Do you want to create profile?	Email Address*:	Confirm Email*:	Four digit PIN number*:
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Sending facility			
Facility Type:	Physician or Physician Group		
Facility Name (Facility Code)*:	Address:		
C260	Wichita State University Athletics	1845 Fairmont St.	
Clinic 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**

Facility Name (Facility Code)*: C260 Address: Wichita State University Athletics 1845 Fairmont St.

Clinic City: WICHITA Clinic State: KANSAS Clinic Zip: 67260 Clinic Country: USA

Indications for testing (check all that apply)

ICD-10 Code(s): Z11.59

<input type="checkbox"/> B99.9 Unspecified Infectious Disease	<input type="checkbox"/> J00 Acute Nasopharyngitis	<input type="checkbox"/> J01.90 Acute Sinusitis, Unspecified
<input type="checkbox"/> J06.9 Acute Upper Respiratory Infection, Unspecified	<input type="checkbox"/> J22 Acute Lower Respiratory Infection, Unspecified	<input type="checkbox"/> J98.9 Respiratory Disorder, Unspecified
<input type="checkbox"/> J02.9 Acute Pharyngitis, Unspecified	<input type="checkbox"/> B05 Cough	<input checked="" type="checkbox"/> Z11.59 Encounter for screening for other viral diseases
<input type="checkbox"/> Z20.828 Contact with and (suspected) exposure to other viral communicable diseases		

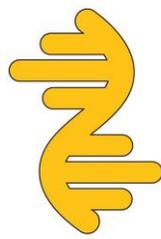
15. Type or Scan in the **BARCODE TUBE #** from the specimen label – and confirm by entering **BARCODE TUBE #** in the **CONFIRM BARCODE #** field, ensuring accuracy.

- 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 [model found on Amazon](#).

16. Select the **Specimen Type**; test requested will autofill based off the Specimen Type.

*NOTE: When saving a **DRAFT**, make sure to uncheck the box 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 Desc...	Barcode Tube #	Confirm Barcod...	Collected	Collected DateT...	Collected by
SALIVA	Saliva	STERTUBE	Sterile Tube			<input type="checkbox"/>		
						<input type="checkbox"/>		



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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

Ordering physician and/or other licensed medical professional

Name*:	Phone:	Fax:	Email:	NPI:
<input type="text" value="D712"/>	<input type="text" value="(131)668-4285"/>	<input type="text" value=""/>	<input type="text" value="mdl.mleiker@wichita.edu"/>	<input type="text" value="1881698348"/>

Please add electronic signature here:

Add Signature Clear

New

Save Draft Submit to Lab

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

Ordering physician and/or other licensed medical professional

Name*:	Phone:	Fax:	Email:	NPI:
<input type="text" value="D712"/>	<input type="text" value="(131)668-4285"/>	<input type="text" value=""/>	<input type="text" value="mdl.mleiker@wichita.edu"/>	<input type="text" value="1881698348"/>

Please add electronic signature here:

Add Signature Clear

New

Save Draft Submit to Lab