

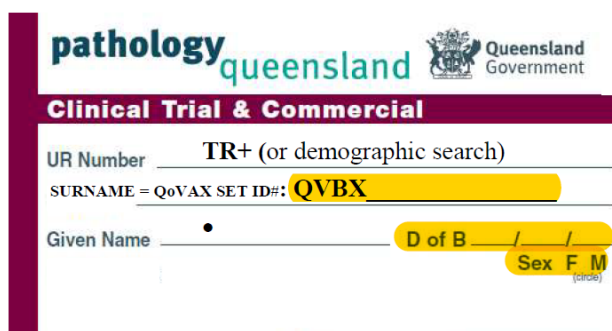
QoVAX SET Program


Participant Pathology Collection Guide

As a participant of the QoVAX SET Program studies, in order to obtain the most value for your involvement and to comply with our ethics approvals, can we please request you follow the process below:

For Participants:

1. Please print out **all** pages of the following document – this will include multiple Pathology Queensland request form pages and a QML request form page.
2. Fill in the highlighted fields on every page (explained below) **prior** to attending a collection centre:



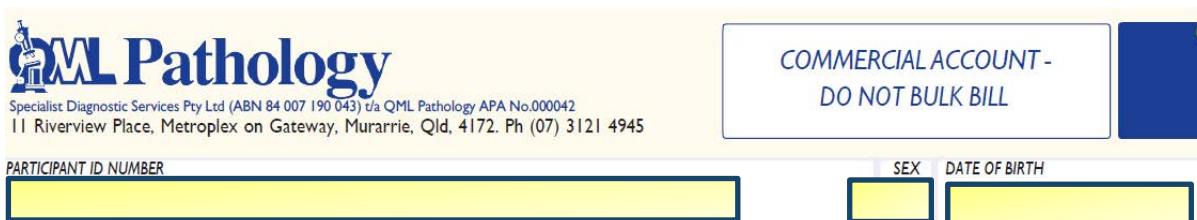
pathology queensland  Queensland Government

Clinical Trial & Commercial

UR Number **TR+** (or demographic search)

SURNAME = QoVAX SET ID#: **QVBX**

Given Name **.** D of B **/ /** Sex **F M** (circle)



QML Pathology
Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology APA No.000042
11 Riverview Place, Metroplex on Gateway, Murarrie, Qld, 4172. Ph (07) 3121 4945

COMMERCIAL ACCOUNT - DO NOT BULK BILL

PARTICIPANT ID NUMBER **[highlighted]** SEX **[highlighted]** DATE OF BIRTH **[highlighted]**

- a) In the Surname field, add your participant number. You would have received this via email when you signed up to the program. For Example: QVP11000020, QVMD10001853. If you don't know your participant number please either call 0457 197 699 or email QoVAXSETProgram@health.qld.gov.au and we can provide you this.
 - b) Your date of birth
 - c) Your gender
3. Ensure you take all these forms with you to the collection centre.

For Pathology Queensland collections

Please follow the instructions on the Pathology Queensland collection sheets and contact 0460 778 010 if any queries.

For QML Collections

Please follow the instructions on the QML collection sheets and contact 0460 778 010 if any queries.

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Clinical Trial & Commercial

UR Number TR (demographic search)

SURNAME = QoVAX SET ID#: QVBX

Given Name • D of B • / • / • Sex F M (circle)

HCF QOVAX From Ward VAX Results to Ward/Clinic VAX

Consultant DAVJ19 [Prof Janet Davies]

Requesting Practitioner DAVJ19 [Prof Janet Davies]

Signature _____

Date / /

Extra Copies To: Dr Address _____

Rec'd Time _____ Signed _____

ALL collectors must complete Fasting Y ☐ N ☐ Time _____ hrs

Signature _____ Date ____/____/____

Print Name _____ Collector Code _____

BOOST STUDY

(4 weeks after BOOSTER Vaccination)

Collection Centre (please complete):

☐ PQ: _____

☐ Non-PQ (QML)

Please collect:

1 x 5mL SST

2 x 10mL Lith Hep

Send to Pathology QLD,
Level 3, Block 7, RBWH
Attn. QoVAX BENCH

LAB USE ONLY

REFER

TRIAL BLEED1

Add to
EXTID: B1

EDTA
HEPARIN
SST
CITRATE
ESR
7 mL EDTA (Blood Bank)
FL OX
Blood Culture
GASES
Tissue Swab

QoVAX SET Pilot Program CT_4518

Any routine patient care is to be ordered on a separate request form.

Contact QoVAX Program Co-Ordinator: 0457197699

Email: govaxsetprogram@health.qld.gov.au

BILLING CATEGORY

TRIAL

Jan21 AZ

QoVAX SET POST BOOST VAX

LOCAL CSR registration

Please code
TRIAL + REFER
only

KEEP SAMPLES
TOGETHER &
LABEL SAMPLE
BAG QOVAX

Please add to
RB packing list

COOL ESKY
1 x SST

AMBIENT ESKY
1 X SALIVA SWAB
2 X LiHep

TRANSPORT TO
CENTRAL CSR

CENTRAL CSR

Unpack ESKY

DO NOT Unpack
QoVAX samples

Send QoVAX
Samples to
STARS QoVAX
Bench through
LAMSON

QoVAX BENCH at STARS

Unpack samples
from
LAMSON

Process QoVAX
samples as per
QoVAX Bench
Sample Handling
Instructions

ENTER CODES:
COVQG
BIOBK1
BIOBK2
BIOBK3

**BLEED1 (if PQ
Collected)**

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Clinical Trial & Commercial

UR Number **TR+** (or demographic search)

SURNAME = QoVAX SET ID: **QVBX**

Given Name **•** D of B **•** / **•** / **•** Sex **F M** (initials)

HCF QOVAX From Ward VAX Results to Ward/Clinic

Consultant **DAVJ19** [Prof Janet Davies]

Requesting Practitioner **DAVJ19** [Prof Janet Davies]

Signature _____

Date / /

Extra Copies To: Dr

Address _____

Extra Copies To: Dr

Address _____

ALL collectors must complete

Fasting Y ☐ N ☐ Time _____ hrs

Signature _____

Date / /

Print Name _____

Collector Code _____

Tests Requested

Visit (please tick):

☐ 4 weeks post Boost Vax (B1)

Collection Centre (please complete):

☐ _____

☐ Non-PQ (QML)

- **COVID-19 PCR Test**
Send to Pathology QLD,
Level 3, Block 7, RBWH
Attn. QoVAX BENCH

LAB USE ONLY

REFER TRIAL

Spec. Type =
SALIVA
Spec. Site =
SUCK SWAB

**Add visit
EXTID B1**

EDTA

HEPARIN

SST

CITRATE

ESR

7m EDTA (SkidBak)

FL OX

Blood Culture

GASES

Tissue Swab

QoVAX SET Pilot Program CT_4518

Any routine patient care is to be ordered on a separate request form.

Contact QoVAX Program Co-Ordinator: 0457197699

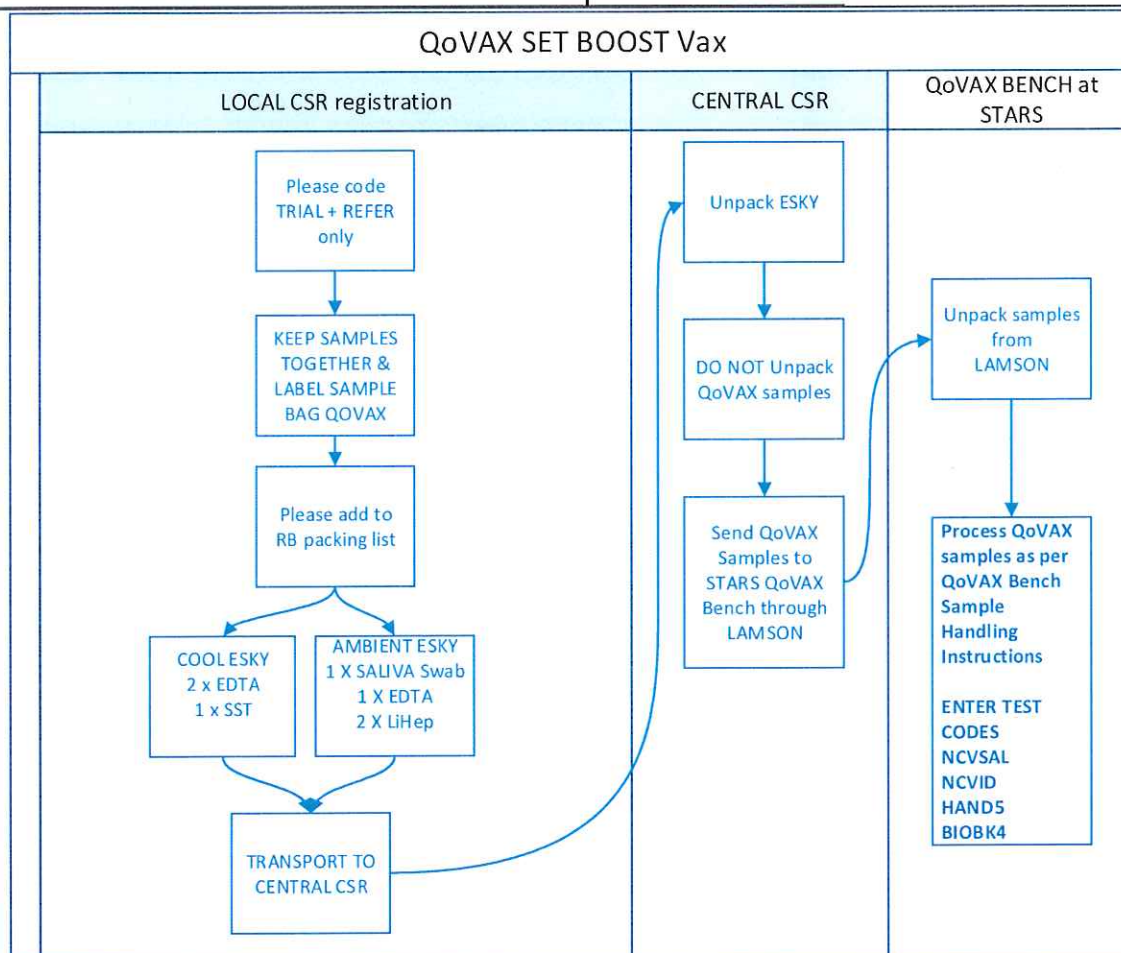
Email: qovaxsetprogram@health.qld.gov.au

BILLING CATEGORY

TRIAL

AUG2021/CT_4518/KM

QoVAX SET BOOST Vax



QoVAX SET Saliva testing: “Saliva Suck Swab”

Steps to complete QoVAX SET Saliva testing

- 1 x padded tip swab and vial
- 1 x pathology request form – QoVAX SET Trial request form
- 1 x Ziploc pathology specimen bag

Step 1: Pathology Queensland (PQ) staff will confirm your details

- QoVAX SET ID in Surname field
- DOB,
- Collection time i.e. T0, T1, T3, T4
- The PQ Collector will sign, time and date the request form and place in the exterior pouch

Step 2: PQ staff will label the collection container

- QoVAX SET ID
- DOB
- Date of Collection

Step 3: Wash your hands with soap or Sanitise with 70% alcohol hand gel

Step 4: Saliva Self Collection

- Participant is to place the swab between the teeth and cheeks and on top of tongue to absorb saliva (participant can close mouth if easier). About 30 seconds or until swab is wet.
- Place swab directly into collection tube and reseal tightly
- Ensure the Tube has QVS SALIVA SCREEN sticker on lid (see appendix 1)
- Place collection tube into Ziploc collection bag
- Washing hands with soap or Sanitise with 70% alcohol hand gel

Step 5 PQ staff will confirm the request form and swab meet minimum labelling requirements



COMMERCIAL ACCOUNT -
DO NOT BULK BILL

OCCUPATIONAL
PATHOLOGY
REQUEST

PARTICIPANT ID NUMBER

SEX DATE OF BIRTH

FILE No.

PATIENT ADDRESS

TEL(HOME)

TEL(BUS)

C/O QoVAX SET Program - Queensland Health
Level 6, Block 6 RBWH, Herston

POSTCODE
4006

TESTS REQUESTED

QoVAX SET CLINICAL TRIAL PROGRAM (CT 4518) – STRICT 24HR TAT

BOOST STUDY

QML Collector (Please Collect):

QML COLLECTOR -
PLZ CONFIRM
WITH PATIENT
WHICH VAX DOSE
& CIRCLE

Pre-Boost Vax	1 x Dry Floq Swab (Red Top) Saliva Swab
	2 x 9mL Lithium Heparin tubes
	1 x 8.5mL SST tube
	3 x 4mL EDTA tubes
Post Boost Vax (4 weeks Post Vax)	1 x Dry Floq Swab (Red Top) Saliva Swab
	2 x 9mL Lithium Heparin tubes
	1 x 8.5mL SST tube

ENSURE PARTICIPANT ID NUMBER IS RECORDED ONTO ALL REQUEST FORMS IN SURNAME FIELD & DOB IS RECORDED IN DOB FIELD

DO NOT ATTACH LAB NUMBER TO SAMPLES	
1 x Saliva Swab (Dry Floq swab) 2 x 9mL Lithium Heparin tubes 1 x EDTA (Boost Vax ONLY) With Pathology Queensland Request Forms	Clearly label as: QoVAX SET PROGRAM – ROOM TEMPERATURE SAMPLES
1 x 8.5mL SST 2 x EDTA (Boost Vax ONLY) With a copy of Pathology Queensland Request Form	Clearly label as: QoVAX SET PROGRAM – COLD TEMPERATURE SAMPLES

QML PATHOLOGY Commercial request form to be lab numbered and scanned through to Data Entry DESERVER.
Form to be kept at QML Pathology – DO NOT SEND THIS FORM WITH SAMPLES to Pathology Queensland.

SAMPLES MUST REACH RBWH WITHIN 24HRS OF COLLECTION

QML Referred Samples:

Please send specimens and Pathology Queensland Referral form to:

QoVAX SET Program (CT_4684)
Pathology Queensland
Block 7 Level 3 Central Specimen Reception
RBWH, Herston QLD 4006

QML Data Entry: SEI, T35

☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL ☐ CUMULATIVE REPORT

COMPANY DETAILS

URGENT PHONE FAX BY TIME:
PHONE/FAX No:
Bill Code: 6865 Is patient:
Fasting Non Fasting

QoVAX SET Program - Queensland Health
Level 6 Block 6, RBWH
Herston QLD 4006

COPY REPORTS TO:

REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER

QoVAX SET Program - Queensland Health
Level 6 Block 6, RBWH
Herston QLD 4006

BQV1E

For further information regarding
this account, please contact
QML Occupational Pathology Services
on (07) 3121 4945.

X...../...../.....
PATIENT'S SIGNATURE AND DATE

PERSON DRAWING BLOOD
I certify that the blood specimen(s) accompanying this request
was drawn from the patient named above. I established the
identity of this patient by direct inquiry and/or inspection of wrist
band and immediately upon the blood being drawn I labelled
the specimen(s).
Signature.....

Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
LUASBE	Received Date	Rec. Time	B/C	Clinic			
			6865				

QoVAX SET Research - QML nominated collection sites

Brisbane City	Alexandra House, Suite 14, Ground floor, 201 Wickham Tce	0800 – 1300 1330 – 1600
	Brisbane North	
Arana Hills	Shop 6, 4 Patricks Rd (via Nepean Ave)	0600 – 1800
Aspley	Aspley Fountain Shopping Centre, Shop 4, 1344 Gympie Rd	0730 – 1230 1330 - 1530
Caboolture	Shop 1, 3 Annie St	0700 – 1700
Chermside	Chermside Specialist Centre, 688 Gympie Rd	0600 – 1730
Everton Park	North West Specialist Centre, Suite 8, 137a Flockton St	0700 – 1700
Kallangur	Pathology Room 2, 1380 Anzac Ave	0630 – 1730
Nundah	Suite 7, Ground floor, 1220 Sandgate Rd	0600 – 1730
Sandgate	Bon Accord Shopping Centre, 7 Hancock St	0630 – 1500
Strathpine	Strathpine Specialist Centre, Suite 13, 32 Dixon St	0700 – 1700
	Brisbane South	
Annerley	Shop 1, 548 Ipswich Rd	0600 – 1800
Beenleigh	Unit 2, 70-72 City Rd	0600 – 1700
Browns Plains	Plains Junction Shopping Centre, Shop 2, 24-48 Browns Rd	0600 – 1700
Capalaba	Shop 10, 109 Old Cleveland Rd	0600 – 1800
Carina	Shop 2, 876 Old Cleveland Rd	0600 – 1800
Cleveland	Cleveland House, Suites 8 & 9, 120 Bloomfield St	0600 – 1700
Loganholme	Shailer Park Medical Centre, Suite 3/3a, 70 Bryants Rd	0600 – 1130 1200 – 1500
Springwood	Arndale Shopping Centre, Springwood Group General Practice, Shop 4, 17 – 27 Cinderella Dr	0700 – 1800
Wishart	Shop 9, 280 Newnham Rd	0600 – 1800
	Brisbane Metro West/Ipswich	
Acacia Ridge	Path Room, Acacia Ridge Family Practice, Shop 21a, Acacia Marketplace Shopping Centre, 1150 Beaudesert Rd	0800 – 1230 1300 – 1600
Ipswich	The Terrace, 14 – 16 Limestone St	0700 – 1700
Redbank Plains	Redbank Plains Family Health Care, Shop 52, 357 – 403 Redbank Plains Rd	0800 – 1630
Springfield	Springfield Medical Centre, Suite 5, 40 Topaz Rd	0700 – 1800
	Cairns Region	
Cairns	Cairns Day Surgery, Cnr Florence and Grafton Sts	0630 – 1830
Edmonton	Edmonton Medical Centre, QML Tenancy, Unit 3, 9 – 11 Stokes St	0630 – 1830
Woree	Woree Plaza Business Centre, Woree Plaza Clinic, 12 Toogood Rd	0630 – 1215 1315 - 1600