

# KEEP BORDERS SAFE—KEEP ON TRUCKING

WA Transport Freight & Logistics Directions apply from August 14, 2020.  
This supports the Federal Government advice on heavy vehicle trucking.

For testing within the 7 day cycle or for a 48 hour test notice, you may have  
your sample collected by Clinipath Pathology.

This is to ensure safe travel between borders and to keep the trucking  
industry, trucking.

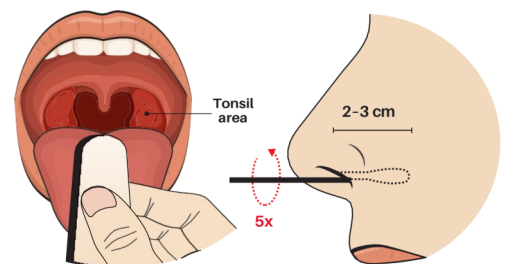
If you have no symptoms (cough, fever, etc.) and need testing, this can be done at  
a convenient location. Click here to book: [www.clinipathbookings.com.au](http://www.clinipathbookings.com.au)

**If you have symptoms, you must seek medical advice by calling 1300 316 555**

## What happens during the test?

The collection for Covid-19 is a simple throat and nasal swab. Unlike the *nasopharyngeal* swab, which is more invasive and uncomfortable, Clinipath collectors swab the tonsil and back of throat, followed by a swab of both nostrils where the swab is only inserted 2-3cm.

**This collection process is quick, simple and most people find it painless.**



## How do you organise a test?

Book online [www.clinipathbookings.com.au](http://www.clinipathbookings.com.au) or call 9371 4210

- A GP referral is NOT required
- A Trucking Referral is to be completed with your details
- Testing is by appointment
- We have collection centres state-wide
- All testing is Bulk Billed

You will be provided a testing confirmation document following  
collection of your sample



**CLINIPATH  
PATHOLOGY**



BARCODE

## COVID FREIGHT INDUSTRY DRIVER REFERRAL FORM

### PATIENT INFORMATION

LAST NAME: _____	MOBILE NO: □ □ □ □ □ □ □ □ □ □
FIRST NAME: _____	COMPANY NAME: _____
DOB: _____ SEX: _____	ATSI STATUS: ABORIGINAL <input type="checkbox"/> TORRES STRAIT ISLANDER <input type="checkbox"/>
ADDRESS: _____	ABORIGINAL & TSI <input type="checkbox"/>
SUBURB: _____ POSTCODE: _____	

MEDICARE NO: □ □ □ □ □ □ □ □ □ □ REF: EXPIRY DATE: ...../...../.....

TESTS REQUESTED: COVID-19 (SARS COV-2) TEST ONLY. TEST CODE: TWCOV DR CODE: T3472 PAYCAT: BB

### COLLECTION DETAILS

### PATIENT CONSENT

COLLECTION CENTRE: \_\_\_\_\_

SWAB SITE: \_\_\_\_\_ NO. SWABS \_\_\_\_\_

COLLECTION DATE & TIME: \_\_\_\_\_

COLLECTOR NAME: \_\_\_\_\_

SYMPTOMATIC:  COLLECTOR TO TICK & INITIAL

**Collector has provided information sheet, instructed to self isolate and immediately phone 1300 316 555.**

**Collector to contact your area coordinator**

I consent to a Throat and Nose Swab collection for COVID-19 PCR Testing.  
I understand results will be sent to me via SMS.  
I acknowledge results will be reported to the WA Department of Health.

PATIENT SIGNATURE .....

DATE: ..... / ..... / .....

**MEDICARE ASSIGNMENT** (Section 20A of the Health Insurance Act 1973) By this declaration I assign my right to benefits to the approved pathology practitioner who will render the requested pathology services. I declare none of the services claimed in this form relate to an accident, injury or illness which has, or may result in the payment of compensation or damages.

PATIENT SIGNATURE .....

DATE: ..... / ..... / .....

## COVID FREIGHT INDUSTRY DRIVER TESTING CONFIRMATION



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Partnering with the trucking industry.  
Keeping Transport on the road. Safely.

For queries about testing  
Call 9371 4210

**If you have symptoms or develop symptoms  
call 1300 316 555**

TIME OF COLLECTION: .....

DATE STAMP: .....

PATIENT NAME: .....

**THIS DOCUMENT CONFIRMS COVID TESTING IS UNDERWAY.  
RESULTS ARE SENT BY SMS TO YOUR MOBILE NUMBER IN 24-48 HRS**