

BC Generic Pulmonary Diagnostics Requisition

IMPORTANT: Please indicate site below

Patient Name: _____	
PHN: _____	
DOB: _____	
Address: _____	
Telephone: _____	
Physician: _____	
Return Fax: _____	Return Phone: _____

TO BOOK AN APPOINTMENT PLEASE FAX REQUISITION

APPOINTMENT DATE: _____ **TIME:** _____

PRECAUTIONS: MRSA VRE TB Other: _____

ALLERGIES/INTOLERANCES: (include drugs, food, latex and contrast media): _____

REASON FOR TESTING: FOR DIAGNOSIS: Withhold respiratory medications – See reverse
 MONITORING THERAPY: Continue respiratory medications

Please book an appointment

Spirometry (FVC, FEV1, Flow volume loop) Pre bronchodilator Pre and post bronchodilator

SPECIALIZED TESTING

- Complete Pulmonary Function Test (includes pre/post flow volume loop, DLCO, lung volumes)
- Diffusing Capacity (DLCO)
- Bronchial Challenge Test – A RECENT PRE AND POST SPIROMETRY TEST IS REQUIRED PRIOR TO BOOKING
- Ventilatory Muscle Strength

GAS EXCHANGE/OXYGENATION

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Resting oximetry: | <input type="checkbox"/> On room air | <input type="checkbox"/> On oxygen _____ L/min | |
| <input type="checkbox"/> Walking oximetry: | <input type="checkbox"/> On room air | <input type="checkbox"/> On oxygen _____ L/min | |
| <input type="checkbox"/> Overnight study: | <input type="checkbox"/> On room air | <input type="checkbox"/> On oxygen _____ L/min | <input type="checkbox"/> with CPAP _____ cm H ₂ O |
| <input type="checkbox"/> Arterial Blood Gas: | <input type="checkbox"/> On room air | <input type="checkbox"/> On oxygen _____ L/min | <input type="checkbox"/> Shunt calculation |

EXERCISE TESTING (SPECIALISTS ONLY SECTION)

STANDARD STAGE I Cardiopulmonary Exercise Test (MVO₂)

Does the patient have an Internal Cardiac Defibrillator? YES NO (Mandatory information required before test can be booked)

If Yes, please indicate the location where the ICD follow-up takes place: _____

Exercise Induced Asthma Test (Eucapnic Voluntary Hyperventilation)

6 Minute Walk Test: On room air On oxygen _____ L/min

RESPIRATORY EDUCATION CENTRE (Referral includes pre/post spirometry on initial visit)

Clinical Diagnosis : _____
Referring Physician: _____ # _____
Respirologist: _____ Additional Copies to: _____
Signature: _____ Date: _____

Referrals without a Clinical Diagnosis and Signature will not be processed

The back of this requisition contains important information for your patient

For all tests :

- Wear comfortable clothing for testing
- Do not eat a large meal within 2 hours of testing
- Do not exercise prior to testing
- Do not consume alcohol within 4 hours of testing
- Do not smoke the day of your test

PULMONARY FUNCTION TESTS

Some medications will interfere with pulmonary function testing and should not be taken prior to your test, if possible. However, if you do not think that you can go without, or you develop significant respiratory symptoms, then continue your usual routine and inform the therapist that you have taken your medications before starting your test.

DO NOT TAKE THE FOLLOWING MEDICATIONS:

- **Short-acting bronchodilators** for at least **8 hours** before your test
Example: AIROMIR (salbutamol), ATROVENT (ipratropium), BRICANYL (terbutaline), VENTOLIN (salbutamol)
- **Long-acting bronchodilators** for at least **24 hours** before your test
Example: ADVAIR (salmeterol-fluticasone), OXEZE (formoterol), SEREVENT (salmeterol), SYMBICORT (formoterol-budesonide), ZENHALE (formoterol-mometasone)
- **Long-acting anticholinergics** for at least **24 hours** before your test
Example: SPIRIVA (tiotropium)

CONTINUE TO TAKE THE FOLLOWING MEDICATIONS:

- **Anti-inflammatory (steroid containing) medications.**
Example: ALVESCO (ciclesonide), FLOVENT (fluticasone), PULMICORT (budesonide), QVAR (beclomethasone), prednisone
- This does **NOT** include combination medications such as ADVAIR (salmeterol-fluticasone) and SYMBICORT (formoterol-budesonide)

METHACHOLINE CHALLENGE / BRONCHIAL CHALLENGE TESTS

On the day of your methacholine challenge test **please avoid caffeine products such as coffee, tea, cola, or chocolate.** Some medications will interfere with the testing and should be withheld prior to your test if possible.

DO NOT TAKE THE FOLLOWING MEDICATIONS:

- **Short-acting bronchodilators** for at least **8 hours** before your test
Example: AIROMIR (salbutamol), BRICANYL (terbutaline), VENTOLIN (salbutamol)
- **Medium-acting bronchodilators** for at least **24 hours** before your test
Example: ATROVENT (ipratropium)
- **Long-acting bronchodilators** for at least **48 hours** before your test
Example: ADVAIR (salmeterol-fluticasone), OXEZE (formoterol), SEREVENT (salmeterol), SYMBICORT (formoterol-budesonide), ZENHALE (formoterol-mometasone)
- **Leukotriene receptor antagonists** for at least **24 hours** before your test
Example: ACCOLATE (zafirlukast) and SINGULAIR (montelukast)
- **Long-acting anticholinergics** for at least **7 days** before your test
Example: SPIRIVA (tiotropium)
- **Antihistamines** for at least **3 days** before your test
Example: ALLEGRA (fexofenadine), AERIUS (desloratadine), CLARITIN (loratadine), REACTINE (cetirizine), BENADRYL (diphenhydramine), CHLOR-TRIPOLON (chlorpheniramine)

CONTINUE TO TAKE THE FOLLOWING MEDICATIONS:

- **Anti-inflammatory (steroid containing) medications**
Example: ALVESCO (ciclesonide), FLOVENT (fluticasone), PULMICORT (budesonide), QVAR (beclomethasone), prednisone
- This does **NOT** include combination medications such as ADVAIR (salmeterol-fluticasone) and SYMBICORT (formoterol-budesonide)

AFTER YOUR TEST you may restart all your medications in the usual manner.