



PULMONARY FUNCTION LAB REQUISITION

Please note testing will be cancelled if: recent heart attack; recent surgery of eye, chest, or abdomen (in the last 6 weeks); acute respiratory illness; active or suspected tuberculosis

Reason for testing: _____

Smoking History: non-smoker
 smoker.....years smoked: _____# cigarettes/day (max): _____
 ex-smoker: Quit Date: _____ years smoked: _____# cigarettes/day (max): _____

Test	Please notify your patient:		
	Appointment Date	Appointment Time	Please instruct your patient: (further details on reverse)
<input type="checkbox"/> Spirometry (Appointment recommended, walk in possible, may include post bronchodilator spirometry)			Withhold breathing medications/inhalers on day of test unless otherwise indicated
<input type="checkbox"/> Full Pulmonary Function Test (PFT) (Includes: spirometry, airways resistance, lung volumes, diffusion capacity, post bronchodilator spirometry, and may include resting oxygen saturation)			Same as above, plus do not smoke for 6 hours prior to test
<input type="checkbox"/> Methacholine Challenge Test (Prerequisite is a full PFT with bronchodilator, or a pre & post spirometry. Patients who have not recently completed these tests will be scheduled for both a complete PFT with bronchodilator as well as the methacholine challenge test)			Same as above, plus avoid caffeine on day of test Do not exercise on the day of the test. Withhold beta-blocker on day of test unless contraindicated
<input type="checkbox"/> Oxygen Saturation at rest			None
<input type="checkbox"/> Oxygen Saturation on exercise (6 minute walk test)			Wear closed walking or running shoes
<input type="checkbox"/> Respiratory Muscle Strength (Maximal inspiratory pressure / maximal expiratory pressure – MIP/MEP)			None
<input type="checkbox"/> Maximum Voluntary Ventilation (MVV)			
<input type="checkbox"/> Smoking Cessation Counselling			None
<input type="checkbox"/> Other:			

Physician Name: _____ Fax #: (_____)_____-____ Phone #: (_____)_____-_____

Signature: _____ Billing #: _____ Date: ____/____/____
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GENERAL PATIENT INSTRUCTIONS FOR PULMONARY LAB TESTS:

- Fasting is NOT required, but avoid eating a heavy meal at least 2 hours before the test.
- Wear loose, comfortable clothing.
- Do not use perfume, cologne, scented lotions, or other fragrances.
- Do not smoke for at least 6 hours before the test.
- Postpone this test if you are feeling ill (e.g. cold, flu, fever, severe headache)

WHAT TO EXPECT DURING YOUR TEST:

Spirometry (allow 15 minutes) or **Spirometry with bronchodilator** (allow 30 minutes):

- You will be asked to blow into a machine as fast and hard as you can.
- For spirometry with bronchodilator, you will repeat the blow into the machine after taking a breathing medicine (bronchodilator); this may allow your doctor determine if a breathing medication (bronchodilator) helps you to breathe better.

Full Pulmonary Function Tests (PFT's) (allow 1 hour):

- The full test includes spirometry as well as tests to measure the size of your lungs, the strength of the muscles you use to breathe, and how fast oxygen gets into your blood.

Methacholine Challenge Test (allow 60 minutes):

- This test measures how sensitive your airways are, and involves inhaling a mist that contains a medication named methacholine.
- You will be asked to do spirometry after inhaling different doses/ amounts of methacholine.
- You may be given medication (e.g. salbutamol and/ or ipratropium bromide inhaler) at the end of the test.
- Postpone this test if you are pregnant or breastfeeding, and consult with your doctor.
- Do not exercise on the day of the test.
- Follow physician instructions given to you with regards to your beta blocker if applicable

Oxygen Saturation at rest (allow 5 minutes):

- Oxygen saturation checks how much oxygen is in your blood.

Oxygen Saturation on Exercise - 6 Minute Walk Test (allow 30 minutes):

- Oxygen saturation on exercise checks your blood oxygen level while you walk briskly.

<http://www.womenscollegehospital.ca/patients-and-visitors/>