



# PULMONARY DIAGNOSTICS REQUISITION

To book an appointment, fax completed requisition to 604-806-8544.



Requisition date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB (DD/MMM/YYYY): \_\_\_\_\_  
 Address: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Phone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Can we text appointment reminders to you:  No  Yes  
 Gender:  M  F  Other: \_\_\_\_\_

**Please confirm the appointment details with your patient.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Requesting physician: \_\_\_\_\_  
 MSP Number: \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Additional copies to: \_\_\_\_\_

**STAMP**

*\* Requisitions without a diagnosis or physician signature will NOT be processed. \**

**DIAGNOSIS:** \_\_\_\_\_

**URGENCY:**

High Priority/Diagnostic (*Withhold respiratory medications*)  
 Routine/Monitoring of Therapy (*Continue respiratory medications*)

**PREFERRED LOCATION:**

St. Paul's Hospital 1081 Burrard St., Vancouver, BC Phone: 604-806-8333  
 Mount Saint Joseph Hospital 3080 Prince Edward St., Vancouver, BC Phone: 604-806-8333

**ALLERGIES:** \_\_\_\_\_

**PRECAUTIONS:**  MRSA  VRE  CPO  TB Other: \_\_\_\_\_

## TESTS:

**Spirometry:**

Pre Bronchodilator Spirometry  
 Pre and Post Bronchodilator Spirometry

**Detailed Tests:**

Complete Pulmonary Function Test - *Includes pre & post bronchodilator spirometry, diffusion capacity, and lung volumes*  
 Diffusion Capacity (DLCO) Only  
 Methacholine Challenge Test - *pre & post bronchodilator spirometry must be completed within the past 6 months.*

**Oxygenation & Gas Exchange:**

Arterial Blood Gas  
 Overnight Oximetry  
 Resting Oximetry  
 Walking Oximetry *Home Oxygen Assessment*

**Specify Oxygen Level:**

On Room Air  
 With Oxygen at \_\_\_\_\_ L/min O<sub>2</sub>  
 On CPAP level of \_\_\_\_\_ cm H<sub>2</sub>O

**Patient Education:**

Respiratory Education Centre (located at St. Paul's Hospital) - *Includes a pre & post bronchodilator spirometry and consult with a Respiratory Patient Educator*

**Only SPECIALISTS may request the following tests:**

6 Minute Walk Test - **specify:**  On Room Air  With Oxygen at \_\_\_\_\_ L/min  
 Ventilatory Muscle Strength (*MIP & MEP*)  
 Shunt Calculation  
 Altitude Simulation Test

# Pulmonary Diagnostics PATIENT INSTRUCTIONS

## PREPARING FOR YOUR TEST

THINGS TO DO	THINGS TO AVOID
<ul style="list-style-type: none"> <li>Arrive 15 minutes before your scheduled appointment</li> <li>Tests usually take between 30 and 60 minutes</li> <li>Wear comfortable clothing</li> <li>Bring your BC Services Card or other government-issued photo ID</li> <li>Bring a list of all your breathing medications</li> <li>Continue to take all your non-respiratory medications that have been prescribed by your doctor</li> </ul>	<ul style="list-style-type: none"> <li>DO NOT use perfume, aftershave or other scented products</li> <li>DO NOT do any physical exercise immediately before your test</li> <li>DO NOT smoke within 1 hour of your test</li> <li>DO NOT eat a large meal within 2 hours of your test (<i>a light meal or snack is okay</i>)</li> <li>DO NOT consume any alcohol within 4 hours of your test</li> <li>DO NOT use your inhalers unless you start to have significant respiratory symptoms.</li> </ul> <p>If you need to, take your medications as normally prescribed then before starting the test, tell the respiratory therapist that you have taken your medications</p>

### ADDITIONAL INSTRUCTION FOR METHACHOLINE CHALLENGE TEST ONLY

**DO NOT** eat or drink any products that contain caffeine such as *coffee, tea, colas, energy drinks or chocolate*, on the day of your test.

### RELIEVER MEDICATIONS

salbutamol (*AIROMIR, APO-SALVENT, VENTOLIN*)  
terbutaline (*BRICANYL*)

DO NOT use in the 8 hours before your test

ipratropium (*ATROVENT*)

DO NOT use in the 24 hours before your test

### CONTROLLER / MAINTENANCE MEDICATIONS

fluticasone (*FLOVENT*), budesonide (*PULMICORT*)  
ciclesonide (*ALVESCO*), beclomethasone (*QVAR*) mometasone (*ASMANEX*)

Continue to take as prescribed by your doctor

formoterol (*FORADIL, OXEZE*), salmeterol (*SEREVENT*)  
ipratropium-salbutamol (*COMBIVENT*)  
tiotropium (*SPIRIVA*), aclidinium (*TUDZORZA*), glycopyrronium (*SEEBRI*)  
*fluticasone-salmeterol (ADVAIR), budesonide-formoterol (SYMBICORT), fluticasone-vilanterol (BREQ), mometasone-formoterol (ZENHALE)*

**For Pulmonary Function Test:**  
DO NOT use any of these medications in the 24 hours before your test

**For Methacholine Challenge Test:**  
DO NOT use any of these medications in the 48 hours (2 days) before your test

Umeclidinium-vilanterol (*ANORO*), indacaterol-glycopyrrolate (*ULTIBRO*), indacaterol (*ONBREZ*), montelukast (*SINGULAIR*), omalizumab (*XOLAIR*), theophylline

DO NOT use in the 48 hours (2 days) before your test

Oral Corticosteroid (*predniSONE*), roflumilast (*DAXAS*)

Continue to take as prescribed by your doctor

### For Methacholine Challenge Test ONLY:

Oral Antihistamines: *fexofenadine (ALLEGRA), desloratadine (AERIUS), loratadine (CLARITIN), cetirizine (REACTINE), diphenhydramine (BENADRYL), loratadine-pseudoephedrine (CHLOR-TRIPOLON)*

DO NOT use in the 72 hours (3 days) before your test

### PERSONAL INFORMATION COLLECTION NOTICE

Providence Health Care (PHC) collects personal information from your referring physician for the purposes of scheduling appointments and providing care to you. We collect this information under Section 26(c) of B.C.'s Freedom of Information and Protection of Privacy Act. We will contact you via SMS text message prior to your appointment. The text message will confirm your appointment date and time and provide you with a contact number to call if you wish to cancel or rearrange. Please do not reply to the text message, as any responses will not be received by PHC. If you have any questions please contact the Pulmonary Function Lab at 604-806-8333 extension 62080.