



Pulmonary Function Test Requisition

Please bring proof of Health Insurance Coverage and St. Michael's Hospital Card if you have one.

Pulmonary Function Lab
 Rm. 6-020, Bond Wing
 30 Bond Street, Toronto, Ontario
 M5B 1W8
 Tel: (416) 864-5220
 Fax: (416) 864-5417

Patient ID

J#	Date of Birth		
	D	M	Y
Name	Gender <input type="radio"/> M <input type="radio"/> F		
Address			
Address		Daytime Phone #	
Postal Code		Health Card No.	

APPOINTMENT						
Date:		Does the patient understand English well enough to comprehend instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, ask patient to bring an interpreter				
Time: <input type="checkbox"/> AM <input type="checkbox"/> PM						
REQUESTING PHYSICIAN	Name (please print)		Additional copy of report to be sent to	Name (please print)		
	Mailing Address			Mailing Address		
	OHIP Billing # CPSO #					
	Telephone Number	Fax Number		Telephone Number	Fax Number	
TEST(S) REQUESTED	<input type="checkbox"/> Full Pulmonary Function Test (Includes options A, B, C) Please check D or E if also required OR Individual options: <input type="checkbox"/> A - Flow Volume Curve (including resting oximetry) <input type="checkbox"/> B - Diffusion <input type="checkbox"/> C - Lung Volumes <input type="checkbox"/> D - Bronchodilator (Salbutamol inhaler 4 puffs = 400 mcg) (unless FEV ₁ & FEV ₁ /FVC normal) <input type="checkbox"/> E - Bronchodilator (Ipratropium inhaler 4 puffs = 80 mcg) (unless FEV ₁ & FEV ₁ /FVC normal)		<input type="checkbox"/> Arterial Blood Gases <input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ _____ lpm <input type="checkbox"/> Resting Oximetry <input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ _____ lpm <input type="checkbox"/> Exercise Oximetry <input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ _____ lpm <input type="checkbox"/> Oxygen Titration (if necessary) <input type="checkbox"/> 6 minute walk test <input type="checkbox"/> Methacholine Challenge (see instructions on reverse) <input type="checkbox"/> Exercise Induced Asthma Test (see instructions on reverse) *Consider methacholine challenge test prior to EIA <input type="checkbox"/> Stage 1 Exercise (see instructions on reverse) <input type="checkbox"/> MIP and MEP <input type="checkbox"/> Home Oxygen Assessment <input type="checkbox"/> Other _____			
	Provisional Diagnosis					
Available Haemoglobin: _____ g/l / Day / Month / Year / If within 1 month of test.						
<div style="display: flex; justify-content: space-between;"> <div> _____ MD Requesting Physician Signature </div> <div>Date of Request: _____</div> </div>						

Instructions for Pulmonary Function Tests

Please follow instructions for the specific test you are booked for.

FULL PULMONARY FUNCTION (flow volume, lung volumes & diffusion) & BRONCHODILATOR RESPONSE TEST

- No preparation required **OR** follow your doctor's instructions if provided.

METHACHOLINE CHALLENGE TEST

Please inform the Pulmonary Function Lab if you are **pregnant or nursing**, as we will need to reschedule your appointment.

Continue to take the following medications, as **usual**:

- Flovent, Pulmicort, Alvesco, QVAR, Asmanex, Arnuity, prednisone

Please **DO NOT TAKE** the following as indicated below:

Stop 8 Hours Prior to Test	Stop 48 Hours Prior to Test	Stop 1 Week Prior to Test
<ul style="list-style-type: none">Ventolin, Airomir (salbutamol)Bricanyl (terbutaline)Atrovent (ipratropium bromide)Combivent Respimat (ipratropium bromide/salbutamol)	<ul style="list-style-type: none">Serevent (salmeterol xinafoate)Oxeze (formoterol fumarate dehydrate)Symbicort (budesonide/formoterol fumarate dehydrate)Advair (fluticasone propionate/salmeterol xinafoate)Onbrez (indacaterol maleate)Breo (fluticasone furoate/vilanterol)Foradil (formoterol)Zenhale (mometasone/formoterol)Accolate (zafirlukast)Singulair (montelukast)Antihistamines	<ul style="list-style-type: none">Spiriva (tiotropium bromide monohydrate)Seebri (glycopyrronium bromide)Tudorza (aclidinium bromide)Anoro (umeclidinium/vilanterol)Ultibro (indacaterol/glycopyrronium)Incruse (umeclidinium)Duaklir Genuair (aclidinium/formoterol)Inspiolto Respimat (tiotropium/olodaterol)
NO CAFFEINATED FOODS OR BEVERAGES ON DAY OF TEST (i.e. coffee, tea, cola, chocolate, energy drinks)		

EXERCISE INDUCED ASTHMA TEST

- Bring or wear loose-fitting clothing (i.e. shorts or jogging pants) and rubber soled shoes
- Follow *Methacholine Challenge Test Instructions*

STAGE 1 PULMONARY EXERCISE TEST

- DO NOT** consume alcohol for 24 hours prior to test
- Have a **light meal** (i.e. glass of juice & toast) on test day. **Stop** foods 2 hours prior to test
- Bring or wear loose-fitting clothing (i.e. shorts or jogging pants) and rubber soled shoes
- DO NOT** heavily exert yourself the day of the test
- If you have a cold or fever or do not feel well **please contact us, as we may rebook your appointment**
- Continue to take heart (i.e. beta-blockers) and blood pressure medications as usual.**

HIGH ALTITUDE SIMULATION TEST (HAST)

No preparation required. Continue oxygen use as prescribed, and bring your portable oxygen device (if you have one) to the appointment.

****If you are unwell and feel you need your medication, take it and let us know at the appointment****