

Pulmonary Function Laboratory (PFL) Referral and Test Request

Telephone: 613-548-2439 Fax: 613-547-2069

Internet: www.hoteldieu.com

Health Card #

CR#:

Name:

Date of Birth (yyyy/mm/dd):

Scanned to PFL Referral / Request

Referral date (yyyy/mm/dd): _____

Appointment date (yyyy/mm/dd): _____

Referring Practitioner: _____

Referring Practitioner Signature: _____

Diagnosis/Medical Information: _____

MRC (Medical Research Council) Dyspnea Scale: (check appropriate box)

- 1 No dyspnea except on severe exertion
- 2 Troubled by shortness of breath when walking on the level or a slight hill
- 3 Have to stop for breath when walking at own pace on the level
- 4 Able to walk slowly only 100 yards on the level
- 5 Breathless when dressing or talking

Previous Pulmonary Function test: NO YES, if yes where _____

Studies Requested: (check appropriate box)

- Routine Studies:**
- Routine (Flow volume loop (FVL), lung volumes, and (DLCO) diffusion)
 - Post bronchodilator (repeat Flow volume loop)
 - Blood gas only _____ on room air _____ L/min of oxygen
 - Spirometry / Flow volume loop only
 - COPD (Chronic Obstructive Pulmonary Disease) Protocol (FVL pre/post bronchodilator)
 - Neuromuscular Protocol (routine testing with supine FVL, maximal pressures & resting oxygen saturation)
- Challenge Studies: --see reverse side for practitioner instructions--**
- Methacholine bronchial provocation
 - Exercise induced asthma
 - Cold air and exercise
 - Sputum induction (cellular marker for inflammation)
- Exercise Studies:**
- Without arterial line (includes HR, VE, BP, ECG, oxygen saturation, VO₂, VCO₂)
- Oxygen Assessments:**
- Assessment for home oxygen (includes blood gas on room air / oxygen saturation at rest & exercise & on oxygen, if required)
 - Exertional Hypoxia test (single blind study - patient must have MRC of 4 on room air)
 - Oxygen saturation rest/exercise (oxygen saturation rest & exercise & on oxygen, if required)
- Allergy Testing:**
- Routine
- Other:**
- Six Minute Walk Test
 - Maximal pressures
 - Shunt (R – L Shunt)
 - Gas exchange (includes blood gas, V_D/V_T, A-a O₂ gradient, RQ)
 - Please specify: _____



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INSTRUCTIONS FOR PRACTITIONERS ORDERING CHALLENGE TESTS

Please check appropriate box below indicating how you would like us
to instruct your patient prior to testing.

If left incomplete, this form will be returned to your office and
the appointment will not be booked.

For a new diagnosis of suspected asthma:

- On **NO** respiratory controller medications * for 3 – 4 weeks prior to testing.
Patient may use short acting bronchodilators up to 8 hours prior to testing.

To assess severity of asthma and efficacy of treatment (e.g., work-related asthma):

- CONTINUE** maintenance dose of controller medications*.
Withhold long acting beta agonists (including combination agents) for
48 hours. Patient may use short acting bronchodilators up to 8 hours
prior to testing.

For verification of previous asthma diagnosis:

- STOP** maintenance dose of controller medication* for 3 – 4 weeks prior to
testing, if possible. If symptoms deteriorate, resume use of medication
but withhold long acting beta agonists (including combination agents) for
48 hours. Patient may use short acting bronchodilators up to 8 hours
prior to testing.

***Controller medications include:** oral steroids, inhaled corticosteroids, leukotriene receptor
antagonists, long-acting beta-agonist.

FAX Referral to the Pulmonary Function Lab - Fax # 613-547-2069

Please inform patients that they will:

1. Be contacted by the Hospital with the appointment date and time.
2. Need to bring their health card and medications with them.