



**Hotel Dieu Hospital  
GI Function Testing Unit  
Breath Tests & Fecal Fat Requisition**

Telephone: 613-544-3400 Ext 2417

Fax: 613-544-4137

Internet: www.kingstonhsc.ca

Referring Physician: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

- 13C UREA BREATH TEST** (for H.pylori)
- LACTOSE HYDROGEN BREATH TEST / HYDROGEN BREATH TEST**
-  **GLUCOSE HYDROGEN BREATH TEST** - Bacterial Overgrowth
-  **FECAL FAT – 72 HOUR**
- FECAL WEIGHT** -  48 Hour Collection  
 72 Hour Collection

\_\_\_\_\_  
SIGNATURE (Referring Physician)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE (YYYY/MM/DD)

\_\_\_\_\_  
REFERRING PHYSICIAN ADDRESS

\_\_\_\_\_  
TELEPHONE #

\_\_\_\_\_  
FAX #

***FAX Referral to the GI Function Testing Unit – Fax #613-544-4137***

***Please notify patients that they will:***

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

 **Test available after assessment by appropriate Specialist only.**

**(Medicine, Surgery, Gastroenterology, Pediatrics)**