



**Pulmonary Function Laboratory  
REQUEST FOR PULMONARY  
FUNCTION TESTS**

**Patient demographics must be completed in full in order  
for appointment to be booked.**

Phone: (604) 984-5888  
Fax: (604) 984-3766

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PHN #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER:  M  F  
APPOINTMENT: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
PHYSICIAN'S FAX #: \_\_\_\_\_

**PLEASE NOTE THIS IS A SCENT-FREE ENVIRONMENT. NO PERFUMES, COLOGNES, AFTERSHAVES OR  
OTHER SCENTED PRODUCTS.**

**PLEASE REPORT TO REGISTRATION SERVICES 10 MINUTES PRIOR TO TEST**

Infection Precautions?  No  Yes Specify: \_\_\_\_\_  
Supplemental Oxygen?  No  Yes Specify: \_\_\_\_\_  
Ambulatory?  No  Yes Specify: \_\_\_\_\_  
Interpreter Required?  No  Yes Specify: \_\_\_\_\_

**CLINICAL INFORMATION:**

**RESPIRATORY MEDICATIONS:** \_\_\_\_\_

Test(s) required (Please check appropriate box):

1.  Spirometry Pre/Post
2.  Detailed PFT (includes spirometry, lung volumes, DLCO, RAW)
3.  Oximetry: Rest: \_\_\_\_\_ Exertional: \_\_\_\_\_
4.  Overnight Oximetry: Room Air: \_\_\_\_\_ Oxygen: \_\_\_\_\_ L/min CPAP: \_\_\_\_\_ cmH<sub>2</sub>O
5.  ABG: Room Air: \_\_\_\_\_ Oxygen: \_\_\_\_\_ L/min
6.  Methacholine Challenge Test (A recent Pre and Post Spirometry is required prior to booking)

**PLEASE SEE REVERSE FOR PATIENT INSTRUCTIONS**

7.  Maximum Inspiratory and Expiratory Pressures
8.  Other: \_\_\_\_\_

**TEST 1, 2 AND 6 – SEE REVERSE FOR INSTRUCTIONS**

\_\_\_\_\_  
Ordering Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**PLEASE TURN OVER** ⇨

## INSTRUCTIONS TO DOCTOR'S OFFICE:

1. Please fax completed requisition to 604-984-3766 Lions Gate Hospital, Respiratory Therapy.
2. Information required:
  - Patient's name, date of birth and PHN, gender.
  - Diagnosis and/or clinical information
  - Patient's telephone numbers; home and cell
  - Most recent hemoglobin (if available): abnormal hgb affects DLCO result
  - Physician's fax number

## INSTRUCTIONS TO PATIENT:

### Tests 1 and 2 (Spirometry, detailed PFT)

- Do not use short-acting bronchodilators (Ventolin, Salbutamol, Bricanyl) for at least 4 hours prior to your test unless absolutely necessary. Long-acting bronchodilators and combination medications (Serevent, Oxeze, Advair, Symbicort) should be withheld for at least 12 hours.
- The detailed pulmonary function test takes approximately 45 minutes. You will be in a sitting position for the duration of the test, which consists of a series of breathing tests (fast, slow, breath-holding, etc.) A bronchodilator will be given during the test.

### Test 6 (Methacholine Challenge Test)

- This test will help to determine if you have asthma. Please withhold the following medications as outlined below:
  - Short-acting bronchodilators (Ventolin, Airomir, Salbutamol, Bricanyl) should not be taken 8 hours prior to test
  - Long-acting bronchodilators and combination medications (Oxeze, Serevent, Advair, Symbicort, Onbrez, Zenhale, BRIO, Anoro, Theodur, Uniphyll, Foradil) should not be taken 48 hours prior to test.
  - Singulair - withhold for 24 hours.
  - Continue to use corticosteroid medications as normal (Flovent, Pulmicort, Alvesco, Prednisone, Asmanex, Qvar)
  - Avoid caffeine for 8 hours prior to test.
  - Avoid for 7 days - Spiriva, Seebri, Tudorza
- A series of mists will be administered to you, which you will breathe in through a mouthpiece. Following each mist, your airway response will be measured by having you forcibly exhale into a measuring device. You may experience coughing, chest tightness, wheezing, and/or shortness of breath. Do not be alarmed. When the test is finished, you will be given a bronchodilator inhaler to help relieve these symptoms. Please note that most patients experience **NO** reactions whatsoever to the test.