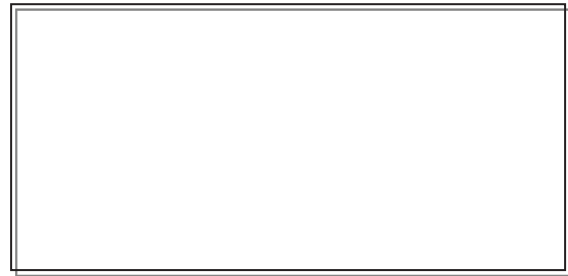




Pulmonary Function Diagnostic Requisition
Bookings: (416) 242-1000 Ext. 47202
Fax: (416) 242-1066



Humber River Hospital
Respiratory & Neuro Diagnostics Clinics
 Level 1 - Portal B
 1235 Wilson Ave.
 Toronto, ON, M3M 0B2

Appointment Date: _____

Time: _____ AM PM

Referring Physician: _____

Copies to: _____

Reason for Test: _____

Current medications: _____

Relevant Past Medical History: _____

ROUTINE PULMONARY FUNCTION TESTS -

Please check if you DO NOT want respiratory medications held prior to procedure

- Spirometry *without* Bronchodilator (BD)**
- Spirometry *with* Pre/Post Bronchodilator (BD)**
 Includes:
 - SpO2 and HR at rest

- Full Pulmonary Function Study *without* BD**
- Full Pulmonary Function Study *with* BD**
 Includes:
 - SpO2 and HR at rest
 - Spirometry Pre/Post Bronchodilator
 - Lung Volume Measurement
 - Diffusing Capacity (DLCO)

OTHER TESTS

- Methacholine Challenge Test**
 Date of MCT _____
 - *must have a previous Full PFT study or pre/post bronchodilator test) within 2 months*
- Supine Forced Vital Capacity**
- Maximal Inspiratory and Expiratory Pressures**
- Six Minute Walk Test (Oximetry with Exercise)**
 Indicate: **on Room Air** or **on Oxygen** _____ L/Min
- Arterial Blood Gas**
 Indicate: **on Room Air** or **on Oxygen** _____ L/Min

HOME OXYGEN ASSESSMENT (as per Ministry of Health and Long-term Care Guidelines)

- Initial Assessment**
 Includes Arterial blood Gas if indicated
- Renewal**
 Arterial Blood Gas not included

Note: Referring Physician to setup Home Oxygen if required

Physician Signature: _____

****PLEASE SEE REVERSE FOR INSTRUCTIONS ON HOW TO PREPARE FOR YOUR TEST including medication withholding times****



Patient Instructions

1. Please arrive 30 minutes before your appointment. Traffic and parking can be a challenge so please allow extra time.
2. You will need to follow specific instructions during the test. If language is a barrier for you, please bring an interpreter with you.
3. If you have a new cough, fever (temperature at or above 38°C), chills, or flu-like symptoms, please call the clinic to reschedule your appointment.

Please bring:

- A list of the medicines you are currently taking, including over-the-counter or herbal medicines, vitamins or supplements.
 - A valid Health Card (OHIP)
4. Humber River Hospital is a fragrance-free environment. Please do not wear scented products or perfumes to the hospital.

How do I prepare for the test? Please do not smoke/vape 1 hour before the test . No vigorous exercise 1 hour before the test	
For a ROUTINE PULMONARY FUNCTION TEST:	For a METHOCHOLINE CHALLENGE TEST (MCT):
<p><u>Medication Withholding Times</u> <u>i.e. Time between last dose taken to appointment time</u></p> <p>SABA: 4 - 6 hours (i.e. Ventolin and Bricanyl) SAMA: 12 hours (i.e. Atrovent, Combivent) LABA: 24 hours (i.e. Onbrez, Oxeze Serevent) LAMA: 36 hours (i.e. Incruse, Seebri, Spiriva, Tudorza) Ultra-LABA 36 hours (i.e. Advair, Anoro Ellipta, Breo, Duaklir, Inspiolto Respimat, Symbicort, Trelegy, Ultibro, Zenhale)</p> <p>Alcohol: 8 hours</p> <p>Note: withholding times for post bronchodilator testing is shorter than MCT because bronchoprotection from these agents lasts longer than bronchodilation effects. For multiple agents please select the longer time to withhold medication</p>	<p><u>Medication Withholding Times</u> <u>i.e. Time between last dose taken to appointment time</u></p> <p>SABA: 6 hours (i.e. Ventolin and Bricanyl) SAMA: 12 hours (i.e. Atrovent, Combivent) LABA: 12 hours (i.e. Onbrez, Oxeze Serevent) Oral Theophylline: 12-24 hours ICS/LABA: 48 hours (i.e. Advair, Breo, Symbicort, Zenhale) LAMA: 1 week (i.e. Incruse, Seebri, Spiriva, Tudorza) LABA/LAMA: 1 week (i.e. Anoro Ellipta, Duaklir, Inspiolto, Ultibro)</p> <p>Alcohol: 8 hours</p>
For a 6 MINUTE WALK TEST/OXYMETRY WITH EXERCISE TEST or HOME OXYGEN ASSESSMENT:	
<ul style="list-style-type: none"> • Please wear comfortable shoes with a rubber sole and comfortable clothing. • If you use a walker/cane, or are on home oxygen, please bring these devices with you. 	
For an ARTERIAL BLOOD GAS (ABG) TEST:	
<input type="checkbox"/> There is no preparation needed. You may experience mild discomfort during this procedure.	

TO BOOK, CANCEL, RESCHEDULE, OR ASK QUESTIONS ABOUT YOUR TEST, CALL (416) 242-1000 Ext. 47202

(Please be mindful that there is a long waitlist for these tests. If you cannot attend your appointment, please provide 48 hours notice so that we can fill your vacant spot with another patient)