



Thunder Bay Regional
Health Sciences
Centre

Cardio/Respiratory
Diagnostic Testing

REFERRAL REQUISITION
Pulmonary Function



Cardio/Respiratory Bookings Office:
Telephone: 807-684-6680 / Fax: 807-684-5907

Guidelines:

1. Physicians must complete and sign requisitions. Stamps are prohibited. Incomplete requisitions will be returned resulting in delay of study.
2. Fax requisition to (807) 684-5907. Completed requisitions will be filed in the booking office.
3. Patients should be given the appropriate test information sheet available online at <http://tbrhsc.net/programs-services/diagnostic-services/cardio-respiratory-services/>

Note: Testing will be canceled or rescheduled if patient has active or suspected tuberculosis, acute respiratory illness, or, if contraindicated. Contraindications include, but are not limited to, recent MI or unstable cardiac status, hemoptysis of unknown origin, recent pulmonary embolism, thoracic/cerebral aneurysms, aortic aneurysms, recent surgery of the eye/abdomen/thorax.

Reason for test: _____ Clinical Diagnosis: _____

Medication History (include respiratory and cardiac related medications):

Spirometry: indicated for suspected or monitoring of airways disease (Asthma, COPD)

- Flow volume loop on regular inhaled medication – recommended for disease monitoring
- Flow volume loop with inhaled medications held for 48 hours (Ventolin® held only 8 hours) - recommended for diagnosis

Complete Pulmonary Function Test: indicated for initial assessment of lung disease other than Asthma or COPD.

- Flow volume loops, lung volumes, diffusion capacity and, oximetry.

Note: Bronchodilators will *not* be given if the pre test results are within normal predicted values.
Bronchodilators will be given if airflow limitations exist on pre test and response not already demonstrated

Special Procedures:

- Methyl Choline Challenge:** indicated to rule out asthma when spirometry unclear. ***Prerequisite:** spirometry with bronchodilator ideally done within 4-8 weeks of challenge. Patient must be at least 10 years of age and able to generate accurate and reproducible results.
- Exercise Asthma Study:** indicated when major asthma trigger is exercise. ***Prerequisite:** spirometry with bronchodilator. Must be able to walk on a treadmill.
- Cardio/Pulmonary Exercise Test:** to assess exercise limitation when cause is not clear. ***Prerequisite:** complete pulmonary function test and thorough cardiopulmonary work up. Must be able to cycle.
- MIPS/MEPS:** indicated for suspected respiratory muscle weakness
- Walking Oximetry:** 6 minute walk test to monitor SpO2 with exertion on Room Air or ___ LPM oxygen
- Independent Exercise Assessment:** Single-blind Air/Oxygen exercise oximetry: to qualify for home oxygen
- Arterial Blood Gases** Room Air or ___ LPM Oxygen

Physician's Name: _____
(please print)

Physician's Signature: _____

Date: _____

Copies to: _____

