



Name

DOB

Health Card #

CR#

Phone #

Pulmonary Function Laboratory Referral and Test Request

Telephone: 613-548-2439 **Fax:** 613-547-2069 **Internet:** <https://kingstonhsc.ca/>

Appointment date (yyyy/mm/dd): _____

Referring Physician/Nurse Practitioner (print name) _____

Referring Physician/Nurse Practitioner Signature: _____

Diagnosis/Medical Information: _____

Studies Requested: (check appropriate box)

- Routine Studies:**
- ☐ Routine (flow volume loop (FVL), lung volumes, and (DLCO) diffusion)
 - ☐ Post bronchodilator (repeat flow volume loop)
 - ☐ Arterial blood gas (ABG) on:
 - ☐ room air
 - ☐ supplemental oxygen at _____ L/min
 - ☐ Spirometry / FVL only
 - ☐ Spirometry/FVL and slow vital capacity (SVC) (pre/post bronchodilator)
 - ☐ Neuromuscular Protocol (routine testing with supine FVL, maximal pressures, and resting oxygen saturation)
 - ☐ Post bronchodilator (repeat flow volume loop)

Challenge Studies: --see next page for physician instructions--

- ☐ Methacholine bronchial provocation
- ☐ Exercise induced asthma
- ☐ Cold air and exercise
- ☐ Mannitol challenge
- ☐ Sputum induction (cellular marker for inflammation – Respiriologist referral only)

- Exercise Studies:**
- ☐ Without arterial line (includes HR, VE, BP, ECG, oxygen saturation, VO₂, VCO₂)
 - ☐ With arterialized blood gases

- Oxygen Assessment:**
- ☐ Assessment for home oxygen program/exertional hypoxia test (includes ABG on room air if required, oxygen saturation at rest and exercise and on oxygen if required)

- Allergy Testing:**
- ☐ Routine (Respiriologists/respiratory Nurse Practitioner referrals only)

- Other:**
- ☐ Six Minute Walk Test
 - ☐ Maximal pressures only (MIPs, MEPs, SNIP)
 - ☐ Spirometry/FVLs in different positions (upright and supine)
 - ☐ Spirometry with lung volume recruitment (pre/post breath stacking)
 - ☐ Shunt (R – L Shunt)
 - ☐ Blood gas with gas exchange (includes ABG, V_D/V_T, A-a O₂ gradient, RQ)
 - ☐ Flight Hypoxia Test
 - ☐ Please specify: _____



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INSTRUCTIONS FOR PHYSICIAN'S ORDERING CHALLENGE STUDIES

**Please check the appropriate box below indicating the reason for the test.
When the appointment is booked, the patient will be provided specific instructions
about withholding their inhaler(s)**

**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
- ☐ To assess severity of asthma and efficacy of treatment (e.g. work-related asthma):
- ☐ For verification of previous asthma diagnosis

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.