

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 – Respirologist 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 (Respirologists/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: _____

Name
DOB
Health Card #
CR#
Phone #

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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.