

# RESPIRATORY DEPARTMENT REQUEST FORM



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Email: lung.centre@cromwellhospital.com

Patient details or sticker Name _____ DOB _____ MRN _____	Reason for investigation:
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Smoking status (circle): Current / Never / Ex

Pack years: \_\_\_\_\_

Infectious status:

MRSA   
  TB   
  HIV   
  Other (please state) \_\_\_\_\_

Respiratory Investigations		
150001	Spirometry	
150000	Spirometry + Reversibility (prescription below)	
150010	Full Lung Function	HB (if known):
150011	Full Lung Function + Reversibility (prescription below)	HB (if known):
308600	Exhaled Nitric Oxide Testing (FeNO)	
150025	Bronchial Provocation Test - Mannitol (prescription below)	
150020	Hypoxemia Tests - Fit-to-Fly (prescription below)	
150015	Cardiopulmonary Exercise Test (CPX)	
150005	Respiratory Muscle Strength	MIP / MEP / SNIP
150055	Hyperventilation Provocation Test	
150035	Ambulatory Overnight Oximetry	
150030	Capillary Blood Gas (Transvasin prescription below)	
150095	Skin Prick Allergy Testing	
150100	MV02 Exercise Test - Cardiac Protocol	

Prescription and Medication						
	Route	Dose	Doctor's signature	Dose administered	Signature	Time and date
Salbutamol MDI	INHALED	400-600mcg				
Mannitol Osmohale®	INHALED	See Protocol				
15% O <sub>2</sub> Balance N	INHALED	See Protocol				
Transvasin®	INHALED	Small pea-sized amount				

Requesting Doctor	
Doctor's Name	
Signature	
Date	

Return Report to (please complete 1 of the below)			
Fax (safe haven)		Email (emails to non-Cromwell accounts will be encrypted)	
Name and Address			