

ADULT REQUEST FORM LUNG CENTRE

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Patient details* (or sticker) Name: _____ DOB: dd / mm / yyyy MRN: _____ Contact Number: _____	Testing considerations* Specify purpose of investigation <input type="checkbox"/> Diagnostic <input type="checkbox"/> F/U <input type="checkbox"/> Surgical pre-assessment Specify infection/immunity status <input type="checkbox"/> Infectious <input type="checkbox"/> Immunocompromised <input type="checkbox"/> N/A if yes, please specify: _____
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Clinical details (Please include here symptoms, suspected diagnosis and relevant clinical history (previous surgery, known lung disease, other comorbidities))

Lung & airway	TICK as appropriate	Sleep & therapies	TICK as appropriate
Available for adults from the age of 18		Sleep diagnostics	
150001		150035	
Spirometry (includes relaxed and forced manoeuvres)		Ambulatory Overnight Oximetry (take-home) (Includes oximetry, airflow and chest/abdominal effort)	
150000		Sleep Therapy	
Spirometry with Reversibility (PRE/POST with 2.5mg Salbutamol Nebules)		150045	
150007		CPAP Trial (2 to 4 week trial) (Mask, remote monitoring and follow-up)	
Exhaled Nitric Oxide (FeNO) (To assess airway inflammation)		150060	
150008		NIV Trial (2 to 4 week trial) (Mask, remote monitoring and follow-up + blood gas)	
Impulse Oscillometry (IOS) (airways resistance PRE/POST 2.5mg Salbutamol Nebules)		420005	
150095		Sleep Positional Trainer Trial (4 week trial) (Includes repeat home sleep study at end of trial period)	
Skin Prick Allergy Test (tick extended panels) <input type="checkbox"/> Animals <input type="checkbox"/> Foods <input type="checkbox"/> Trees/Pollens		150067	
150131		Mandibular Advancement Splint Trial (4 week trial) (Includes repeat home sleep study at end of trial period)	
Basic Lung Function Test (includes Spirometry and Gas Transfer)		CPS	
150010		CPAP Purchase & Set-up (Includes mask, accessories and CPAP machine)	
Full Lung Function Test (includes Spirometry, Lung Volumes and Gas Transfer)		PCP	
150011		Portable CPAP Purchase & Set-up (Includes mask, portable CPAP machine and F/U)	
Full Lung Function Test with Reversibility (As above with PRE/POST 2.5mg Salbutamol Nebules)		PTS	
150030		Positional Trainer Purchase & Set-up (Includes Positional Training device for ongoing use)	
Capillary Blood Gas (CBG) (pH, PaO ₂ , PaCO ₂ , Hb, electrolytes and lactate)		Ventillation Support	
150005		150051	
Respiratory Muscle Strength Assessment (PImax, PEmax and SNIFF pressure)		CPAP/NIV Data Download (Only download and printout of therapy data)	
150020		150132	
Fitness-to-Fly (15% oxygen mixture to simulate in-flight conditions)		CPAP/NIV Physiologist Consultation (ad hoc) (Troubleshooting, consultation, no consumables)	
150055		150050	
Hyperventilation Assessment (blood gas and evaluation of dysfunctional breathing)		CPAP Download & Follow-up (ad hoc) (Troubleshooting and consultation with Physiologist)	
150025		150066	
Mannitol Bronchial Provocation (Cumulative increase in bronchial stimuli – indirect)		NIV Download & Follow-up (ad hoc) (Troubleshooting, blood gas and consultation)	
150012		BCN	
Methacholine Bronchial Provocation (Cumulative increase in bronchial stimuli – direct)		Bronze CPAP/NIV Support (1 year) (3 on site follow up visits)	
150082		SCN	
Exercise Induced Bronchial Provocation (Constant exercise ergometry with dry air inhalation)		Silver CPAP/NIV Support (1 Year) (3 onsite follow-up visits and consumables cover)	
150080		GCN	
6 - minute walk test (6MWT) (Includes SPO ₂ % and heart rate measurements)		Gold CPAP/NIV Support (1 Year) (Remote monitoring support and consumables cover)	
150015			
CardioPulmonary Exercise Test (incremental exercise ergometry with blood gas at peak)			

Requesting Doctor
The signature grants permission to the test operator to administer drugs & other agents according to the test specific protocol & are necessary to perform tests

NAME/SIGNATURE: _____ GMCN#: _____ DATE: _____

E-MAIL (encrypted to all non-Cromwell accounts): _____