Lung centre paediatric request form Hospital



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Patient details* (or label)			Testing considerations*		
Name:			Specify purpose of investigation ☐ Diagnostic ☐ F/U ☐ Pre-assesment		
DOB: dd / mm / yyyy MRN:			Specify infection/immunity status		
Contact Number:			☐ Infectious ☐ Immunocompromised ☐ N/A if yes, please specify:		
Lung & airway Tick as appropriate			Sleep diagnostics		Tick as
	Available for children from the age of 1	appropriate		Available from the age of 1	appropriate
150095	Skin Prick Allergy Test (tick extended panels)		150035	Ambulatory Overnight Oximetry (take-home) (respiratory effort)	
	□Animals □Foods □Trees/Pollens				
	Available for children from the age of 3			Inpatient Polysomnography	
150007	Exhaled Nitric Oxide (FeNO) (To assess airway inflammation)		551925	(EEG, EOG, EMG, ECG, respiratory effort and video)	
150008	Impulse Oscillometry (IOS)		558008	Home Polysomnography (EEG, EOG, EMG, ECG, respiratory effort and video)	
150008	(Airways resistance PRE/POST 400mcg/2.5mg of Salbutamol)		<u> </u>	Polysomnography with PAP review	
Available for children from the age of 6		552027	(Includes PAP download and consultation)		
150001	Spirometry (includes relaxed and forced manoeuvres)		420003	Transcutaneous CO2 monitoring (Can be added to all sleep investigations)	
150000	Spirometry with Reversibility (PRE/POST with 400mcg Salbutamol)				
150010	Full Lung Function Test		Available from the age of 5 Polysomnography & Multiple Latency Sleep Test		Τ
	(Spirometry and Lung Volumes) Full Lung Function Test with Reversibility		552028	(24 hour inpatient admission required)	
150011	(As above with PRE/POST 2.5mg of Salbutamol)				
Available for the children from the age of 10					
150100	Maximum Oxygen Consumption (MVO2) (Incremental exercise ergometry)				
150015	CardioPulmonary Exercise Test (CPET) (Incremental exercise ergometry)				
150082	Exercise Induced Bronchial Provocation (Constant exercise ergometry with serial Spirometry)				
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Requesting Doctor					
The signature grants permission to the test operator to administer drugs & other agents that are necessary to perform tests according to the specific protocol					
NAME/SIGNATURE:		GMC Nº: DATE:			
E-MAIL (encrypted to all non-Cromwell accounts):					