

Lung centre adult request form

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Patient details* (or label)	Testing considerations*
Name: _____ DOB: dd / mm / yyyy MRN: _____ Contact Number: _____	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: _____
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 of Salbutamol)		150045	
150007		CPAP Trial (4 week trial) (Device rental, accessories and follow-up)	
Exhaled Nitric Oxide (FeNO) (To assess airway inflammation)		150060	
150008		NIV Trial (4 week trial) (Device rental, accessories and follow-up with blood gas)	
Impulse Oscillometry (IOS) (Airways resistance PRE/POST 2.5mg of Salbutamol)		420005	
150095		Sleep Positional Trainer Trial (4 week trial) (Device rental and home sleep study at the end of trial)	
Skin Prick Allergy Test (tick extended panels) <input type="checkbox"/> Animals <input type="checkbox"/> Foods <input type="checkbox"/> Trees/Pollens		CPS	
150010		CPAP Purchase & Set-up (CPAP device, accessories and follow-up)	
Full Lung Function Test (Includes Spirometry, Lung Volumes and Gas Transfer)		PTS	
150011		Positional Trainer Purchase & Set-up (Includes Positional Training device for ongoing use)	
Full Lung Function Test with Reversibility (with PRE/POST Spirometry with 2.5mg of Salbutamol)		Ventilation Support	
150131		150051	
Basic Lung Function Test (Includes Spirometry and Gas Transfer)		CPAP/NIV Data Download (Only download and printout of therapy data)	
150030		150132	
Capillary Blood Gas (CBG) (pH, PaO ₂ , PaCO ₂ , Hb, electrolytes and lactate)		CPAP/NIV Physiologist Consultation (ad hoc) (Troubleshooting, consultation, no consumables)	
150005		150050	
Respiratory Muscle Strength Assessment (P _{lmax} , P _{Emax} and SNIFF pressure)		CPAP Download & Follow-up (ad hoc) (Troubleshooting and consultation with physiologist)	
150016		150066	
Sitting and Supine VC (Includes relaxed manoeuvre in both positions)		NIV Download & Follow-up (ad hoc) (Troubleshooting, blood gas and consultation with Physiologist)	
150020		BCN	
Fitness-to-Fly (15% oxygen mixture to simulate in-flight conditions)		Bronze CPAP/NIV Support (1 year) (includes 3 onsite follow-up visits)	
150055		SCN	
Hyperventilation Assessment (Blood gas and evaluation of dysfunctional breathing)		Silver CPAP/NIV Support (1 Year) (Includes 3 onsite follow-up visits and consumables)	
150025			
Mannitol Challenge Test (Cumulative increase in bronchial stimuli - indirect)			
150012			
Methacholine Challenge Test (Cumulative increase in bronchial stimuli - direct)			
150082			
Exercise Induced Bronchial Provocation (Constant exercise ergometry with dry air inhalation)			
150080			
6-minute walk test (6MWT) (Includes SP _{O2} % and heart rate monitoring)			
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 that are necessary to perform tests according to the specific protocol		
NAME/SIGNATURE: _____	GMC N ^o : _____	DATE: _____
E-MAIL (encrypted to all non-Cromwell accounts): _____		