

# Lung centre adult request form

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Patient details* (or label)	Testing considerations*
<p>Name: _____</p> <p>DOB: dd / mm / yyyy    MRN: _____</p> <p>Contact Number: _____</p>	<p>Specify purpose of investigation</p> <p><input type="checkbox"/> Diagnostic    <input type="checkbox"/> F/U    <input type="checkbox"/> Surgical pre-assessment</p> <p>Specify infection/immunity status</p> <p><input type="checkbox"/> Infectious    <input type="checkbox"/> Immunocompromised    <input type="checkbox"/> N/A</p> <p>if yes, please specify: _____</p>
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	Spirometry (Includes relaxed and forced manoeuvres)		150035	Ambulatory Overnight Oximetry (take-home) (Includes oximetry, airflow and chest/abdominal effort)	
150000	Spirometry with Reversibility (PRE/POST with 2.5mg of Salbutamol)		Sleep Therapy		
150007	Exhaled Nitric Oxide (FeNO) (To assess airway inflammation)		150045	CPAP Trial (4 week trial) (Device rental, accessories and follow-up)	
150008	Impulse Oscillometry (IOS) (Airways resistance PRE/POST 2.5mg of Salbutamol)		150060	NIV Trial (4 week trial) (Device rental, accessories and follow-up with blood gas)	
150095	Skin Prick Allergy Test (tick extended panels) <input type="checkbox"/> Animals <input type="checkbox"/> Foods <input type="checkbox"/> Trees/Pollens		420005	Sleep Positional Trainer Trial (4 week trial) (Device rental and home sleep study at the end of trial)	
150010	Full Lung Function Test (Includes Spirometry, Lung Volumes and Gas Transfer)		CPS	CPAP Purchase & Set-up (CPAP device, accessories and follow-up)	
150011	Full Lung Function Test with Reversibility (with PRE/POST Spirometry with 2.5mg of Salbutamol)		PTS	Positional Trainer Purchase & Set-up (Includes Positional Training device for ongoing use)	
150131	Basic Lung Function Test (Includes Spirometry and Gas Transfer)		Ventilation Support		
150030	Capillary Blood Gas (CBG) (pH, PaO <sub>2</sub> , PaCO <sub>2</sub> , Hb, electrolytes and lactate)		150051	CPAP/NIV Data Download (Only download and printout of therapy data)	
150005	Respiratory Muscle Strength Assessment (PImax, PEmax and SNIFF pressure)		150132	CPAP/NIV Physiologist Consultation (ad hoc) (Troubleshooting, consultation, no consumables)	
150016	Sitting and Supine VC (Includes relaxed manoeuvre in both positions)		150050	CPAP Download & Follow-up (ad hoc) (Troubleshooting and consultation with physiologist)	
150020	Fitness-to-Fly (15% oxygen mixture to simulate in-flight conditions)		150066	NIV Download & Follow-up (ad hoc) (Troubleshooting, blood gas and consultation with Physiologist)	
150055	Hyperventilation Assessment (Blood gas and evaluation of dysfunctional breathing)		BCN	Bronze CPAP/NIV Support (1 year) (includes 3 onsite follow-up visits)	
150025	Mannitol Challenge Test (Cumulative increase in bronchial stimuli - indirect)		SCN	Silver CPAP/NIV Support (1 Year) (Includes 3 onsite follow-up visits and consumables)	
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 SPO <sub>2</sub> % 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 <sup>o</sup> : _____	DATE: _____
E-MAIL (encrypted to all non-Cromwell accounts): _____		