

# Lung centre paediatric request form

Cromwell  
Hospital

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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"/> 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 diagnostics		Tick as appropriate
Available for children from the age of 1			Available from the age of 1		
150095	Skin Prick Allergy Test (tick extended panels) <input type="checkbox"/> Animals <input type="checkbox"/> Foods <input type="checkbox"/> Trees/Pollens		150035	Ambulatory Overnight Oximetry (take-home) (respiratory effort)	
Available for children from the age of 3			551925	Inpatient Polysomnography (EEG, EOG, EMG, ECG, respiratory effort and video)	
150007	Exhaled Nitric Oxide (FeNO) (To assess airway inflammation)		558008	Home Polysomnography (EEG, EOG, EMG, ECG, respiratory effort and video)	
150008	Impulse Oscillometry (IOS) (Airways resistance PRE/POST 400mcg/2.5mg of Salbutamol)		552027	Polysomnography with PAP review (Includes PAP download and consultation)	
Available for children from the age of 6			420003	Transcutaneous CO2 monitoring (Can be added to all sleep investigations)	
150001	Spirometry (includes relaxed and forced manoeuvres)		Available from the age of 5		
150000	Spirometry with Reversibility (PRE/POST with 400mcg Salbutamol)		552028	Polysomnography & Multiple Latency Sleep Test (24 hour inpatient admission required)	
150010	Full Lung Function Test (Spirometry and Lung Volumes)				
150011	Full Lung Function Test with Reversibility (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)				

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