

LONDON MEDICAL

LUNG CENTRE REQUEST FORM



London Medical

Part of



Booking Office Telephone: +44 (0)800 0483 330
E-mail: lung_centre@londonmedical.co.uk

Patient details* (or sticker)	Testing considerations*
Name: _____ DOB: dd / mm / yyyy MRN: _____ Contact Number: _____ Home Address: _____	Specify purpose of investigation Diagnostic F/U Surgical pre-assessment Specify infection/immunity status Infectious Immunocompromised 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 for requested tests
Exhaled Nitric Oxide Testing (FeNO) (>3yr old only) (To assess airway inflammation)		
Spirometry (>5yr old only) (includes relaxed and forced manoeuvres)		
Spirometry with Reversibility (>5yr old only) (PRE/POST with 2.5mg Salbutamol via nebuliser)		
Basic Lung Function Test (>18yr old only) (includes Spirometry and Gas Transfer)		
Lung Function Test (>6yr old only) (includes Spirometry, Lung Volumes and Gas Transfer (18+ only))		
Lung Function Test with Reversibility (>6yr old only) (As above with PRE/POST 2.5mg Salbutamol Nebules)		
Respiratory Muscle strength Assessment (>18yr old only) (PImax, PEmax and SNIFF pressure)		
Skin Prick Allergy Testing (Available in all patients >1yr)		
<i>All allergens are unlicensed medications, please advise the patient on the risks associated. This is an exhaustive list of all allergens available; testing will proceed irrespective of the exhaustive stock list. Please highlight in comments any essential allergens which may delay testing.</i>		
Standard Allergens ONLY	Histamine, Saline, Alternaria Alternata, Aspergillus Fumigatus, Cladosporium Cladosporioides, D. Pteronyssinus, D. Farinae, Mixed Feather, Cat Dander, Dog Dander, Peanut, Mix Grass Pollens, Mix Park Tree Pollens, Milk (Cow), Egg, Penicillin	
Animals	Rabbit, Hamster, Horse	
Tree & Grass Pollen	Hazel, Alder, Birch, Beech, Ash, Elm, Poplar, Oak, Plane, Olive, Plantain, Mugwort, Ragweed, Rape, Nettle, Rye Grass, Timothy Grass	
Foods	Yeast, Beef, Sesame Seed, Lentil, Cod, Prawn, Mussel, Strawberry, Kiwi	

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 ^o : _____	DATE: _____
E-MAIL (encrypted to all accounts): _____		

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Request to use a Licensed Medicines for an unlicensed Use or “Off-Label Use”

Patient Details

First Name:	Surname:
Date of Birth:	Site/Location:
Sex:	Diagnosis:

Medicine Details

Drug and preparation requested (including strength and formulation) and dosage (including strength and frequency):
Clinical Indication for use:
What alternative treatments are available for this condition and have been tried?
What is the reason for preferred use of the named product and proposed benefits to the patient?
What are the serious and common side effects of the medicine?

The manufacturer is only likely to be found liable if harm results from a defect in the product. In situations where the product is not licensed or where the product is used outside its licensed indications the manufacturer carries no legal liability should an untoward event arise, putting a greater responsibility on individual prescribers and the clinic. The ultimate responsibility for prescribing any drug lies with the doctor who signs the prescription and is professionally accountable for his/her judgement. Doctors have a duty in common law to take reasonable care and to act in a way consistent with practice of a responsible body of their peers of similar professional standing. If use of this product is deemed to have significant risks, the request will be referred to the Medical Director.

The purpose of this policy is to provide an internal means of assessing the use of these products, thereby safeguarding patients against the risk of injury as well as minimising the likelihood of claims against the clinic.

Declaration by Consultant

- I have read the above and understand that the named product is to be used for an unlicensed indication.
- I accept responsibility for fully informing the patient of the fact the prescribed use is currently unlicensed. I will initiate each prescription for the patient and obtain their informed consent in line with clinic policy.
- Providing the above has been undertaken, I understand that this prescription and its consequence will be covered for vicarious liability under terms of my contract with the clinic.

Consultant Name:Signature:date.....

Pharmacy use only:

Date Received by pharmacy:

Pharmacist name Sign

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