



Sunnybrook Health Sciences Centre
Pulmonary Function Laboratory
D-Wing, 6th/Floor, Rm D670
2075 Bayview Ave
Toronto, ON, Canada M4N 3M5
Phone: (416) 480-4427 Fax: (416) 480-4186

Date (YY/MM/DD)

**REQUISITION FOR
PULMONARY FUNCTION TESTS (PFTs)**

B R A D M A

PATIENT INFORMATION (*Please print*) Health Card Number: _____ Version code: _____
Name (First, Last): _____ Date of Birth: (yyyy): _____ (mm): _____ (dd): _____
Address: _____ City: _____ Prov.: _____ Postal Code: _____
Phone: Day () _____ - _____ Phone: Evening () _____ - _____ Email: _____

Please check ONE only: ☐ SHSC Out-Patient Clinic ☐ SHSC In-Patient ☐ Private Out-Patient

Appointment Date: _____ Time: _____ A.M./P.M.

REFERRING PHYSICIAN (*Please Print*) SHSC Out-Patient Clinic: _____
Name (First, Last): _____ Phone: () _____ - _____ Fax: () _____ - _____
Address: _____ City: _____ Prov.: _____ Postal Code: _____

CLINICAL INFORMATION (*If any in the line below checked, recommend postponing PFTs*)

☐ MI past 3 months ☐ Unstable Angina ☐ Suspect active TB ☐ Hemoptysis ☐ Eye surgery < 4 weeks ago
Diagnosis: _____ Hb: _____ g/L Date (yy/mm/dd): ____ / ____ / ____

☐ Non-smoker ☐ Smoker or Ex-Smoker: _____ pack years _____ years quit

Respiratory Medications: _____

ADDITIONAL INFORMATION

If previous PFTs, ☐ Sunnybrook or ☐ Specify: _____ Do not mail report, but fax to: _____

INDICATION/REASON FOR TEST

☐ Diagnosis ☐ Pre-operative ☐ Baseline ☐ Comparison ☐ Compensation ☐ Specify: _____

TEST(S) REQUESTED (*Note: In order to obtain reliable results, patient must be able to follow verbal instructions*)

- ☐ Spirometry ☐ Diffusing Capacity ☐ Lung Volumes
- ☐ All of the ABOVE (Routine PFTs) **with** ☐ **Bronchodilator Response **and** ☐ Oxygen Saturation at Rest
- ☐ Maximum Inspiratory/Expiratory Pressures **or** ☐ SNIP ☐ Supine Spirometry ☐ Cough Peak Flow
- ☐ **Methacholine Challenge **and** Routine PFTs
- ☐ **Exercise-Induced Bronchoconstriction (*Only done with negative or normal Methacholine Challenge*)
- ☐ Independent Exercise Assessment (*To qualify for home O₂ when Arterial Blood Gas is not possible*)
- ☐ 6-Minute Walk Test ☐ On O₂ at _____ L/min or _____ % F_IO₂ (*Restricted to Respiriology ONLY*)
- ☐ Oxygen Titration at Rest and Exercise (*To assess flow rate needed for patients already on home O₂*)
- ☐ Overnight Oximetry (*In-Patient ONLY*)

***Special patient instruction to withhold certain medications is required. Please see REVERSE.*

Physician Name (*please print*) and Signature: _____

General Preparations

- Please make sure to complete the “**Patient Information**” on reverse page before call or fax us for an appointment. Incomplete “Patient Information” will delay the first available slot.
- **You MUST bring this original requisition and your health card** (and Sunnybrook Card if you have one) for your appointment. (*Note: Your appointment may be cancelled without this Requisition*)
- Please arrive for your appointment on time. (*Note: Your test may be delayed or re-scheduled for late arrival.*)

DO NOT:

- exercise (especially running) on the day of your appointment
- smoke at least ONE hour before appointment time
- eat heavy meal two (2) hours before test
- eat food or drink contains caffeine (i.e.: coffee, tea, cola chocolate etc.)
- wear nail polish if Exercise Test is requested.
- take, if asked, the breathing (inhaler/puffer), beta-blocker for blood pressure, and anti-histamine medications (see “Stop Medications” below for instructions)
- come for your appointment if you have a cold or flu with fever; or unable to follow “Stop Medications” instructions, call us at (416) 480-4427 for further instruction.

DO:

- wear loose-fit comfortable clothing (wear gym clothes and running shoes if you are coming for an exercise test)
- bring an interpreter with you if you do not speak nor understand English
- discuss with your doctor whether you can stop beta-blocker medicine for your high blood pressure for 24 hours and inform the Laboratory if you are unable to stop the beta-blocker medicine
- discuss with your doctor to postpone the Methacholine Challenge if you are pregnant or breastfeeding.
- call us if you are unable to keep the appointment or you have any questions or concerns at (416) 480-4427

Stop Medications

Certain medications, especially breathing (asthma) medications (inhaler/puffer), will interfere with the result of this test. Therefore you should stop these medications for the period of time indicated on the chart below. If you have any concern about stopping the medication, you should discuss with your doctor or phone the Laboratory (416) 480-4427 for further information.

Stop for 8 hours before Test	Stop for 24 hours before Test
Short-acting inhaled Bronchodilators (Puffers)	Medium-acting inhaled Bronchodilators (Puffers)
Salbutamol (Ventolin, Airomir, Apo-Salvent)	Ipratropium (Atrovent, Combivent)
Terbutaline (Bricanyl)	Leukotriene (Singulair), etc.
Fenoterol (Berotec)	
Sodium cromoglycate (Intal), etc.	Stop for 3 days before Test
	Anti-histamines
Stop for 48 hours before Test	Dimenhydrinate (Gravol)
Long-acting inhaled Bronchodilators (Puffers)	Hydroxazine (Atarax)
Salmeterol (Serevent, Advair)	Cetirizine (Reactine), etc.
Formoterol (Oxeze, Symbicort)	
Nedocromil Sodium (Tilade), etc.	
Tiotropium Bromide Monohydrate (Spiriva)	

BETA-BLOCKER MEDICATION

Please inform the Laboratory if you are taking the following beta-blocker medication to control your high blood pressure. Discuss with your doctor whether you can stop it 24 hours before test.

- Atenol-APO (Atenolol), Betaloc (Metoprolol tartrate), Brevibloc (Esmolol HCl)
- Lopresor (Metoprolol tartrate), Monacor (Bisoprolol fumarate), Nadol-APO (Nadolol)
- Propanolol-APO (Propranolol HCl), Sectral (Acebutolol HCl), Slow-Trasicor (Oxprenolol HCl)
- Timol-APO (Timolol maleate), Transdate (Labetalol HCl), Visken (Pindolol)
- etc.