

OPA Date:  
 OPA Time:  
 Test Duration:

**Pulmonary Function Test (PFT)  
 Request Form for NHS patients only**

**Patient Details:**  
 Hospital Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Patient Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
 Patient Home N<sup>o</sup>: \_\_\_\_\_ Mobile N<sup>o</sup>: \_\_\_\_\_

<b>Diagnosis:</b>	
<b>Contraindications:</b>	<input type="checkbox"/> Yes (please provide details on page 2) <input type="checkbox"/> no
<b>To be booked for:</b>	<input type="checkbox"/> <u>2WW (&lt;2 weeks)</u> <input type="checkbox"/> Soon (4-6 weeks) <input type="checkbox"/> Urgent (2-4 weeks) <input type="checkbox"/> Routine (6-8 weeks) <input type="checkbox"/> Other, please specify:
<b>To be performed as:</b>	<input type="checkbox"/> OPA <input type="checkbox"/> Inpatient (ward) :

**Standard Lung Function Tests**

- Oximetry  
 Relaxed Spirometry  
 Forced Spirometry  
 Gas Transfer Factor
- Hb: \_\_\_\_\_ g/L  
 Date: \_\_\_\_\_

**Additional Pulmonary Function Tests**

- Fraction Exhaled Nitric Oxide  
 Reversibility testing to Salbutamol (SABA)  
 Static Lung Volumes - please tick **ONE** below:  
 - Body Plethysmography (performed as default if patient is <120kg) **OR**  
 - Helium Dilution Technique (if >120kg, claustrophobic or limited mobility patients)

**Specialist Respiratory Physiology Investigations**

**Muscle Function Tests**

- Sniff Pressure (SNIP)  
 Maximal Inspiratory / Expiratory Pressure (MIPs & MEPs)  
 Postural Spirometry

**Provocation Testing**

- Bronchial Challenge Test (via Mannitol Provocation agent)

**P.T.O.**

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**Specialist Respiratory Physiology Investigations**

**Muscle Function Tests**

- Sniff Pressure (SNIP)  
 Maximal Inspiratory / Expiratory Pressure (MIPs & MEPs)  
 Postural Spirometry (seated vs. supine VC)

**Provocation Testing**

- Bronchial Challenge Test (via Mannitol Provocation agent)

**P.T.O.**

### Respiratory Function Request

<b>Contraindications</b>	<u>(Please tick any that apply)</u>
<p><b>Absolute:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unstable cardiovascular status e.g. recent MI (&lt;6 weeks)</li> <li><input type="checkbox"/> Aortic aneurysms (&gt;6cm). Cerebral aneurysm</li> <li><input type="checkbox"/> Acute pulmonary embolism (&lt;6 weeks)</li> <li><input type="checkbox"/> Unresolved pneumothorax</li> <li><input type="checkbox"/> Cerebral haemorrhage</li> <li><input type="checkbox"/> Active TB</li> </ul> <p><b>Relative:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent thoracic, abdominal or eye surgery (&lt;6 weeks)</li> <li><input type="checkbox"/> Resolved pneumothorax (&lt; 6 weeks)</li> <li><input type="checkbox"/> Haemoptysis of unknown cause</li> <li><input type="checkbox"/> Severe cognitive impairment</li> <li><input type="checkbox"/> Acute disorders affecting test performance e.g. D&amp;V, Delirium etc.</li> <li><input type="checkbox"/> Difficulty performing spirometry of acceptable quality.</li> </ul> <p><u>Please ensure your patient is able to follow instructions.</u></p>	
<b>Provide details here:</b>	
Requesting Department:	Date:
Requesting Doctor (print):	Bleep:
Requesting Doctor (sign):	

Please complete **in full** and return to:  
**PFT Lab, Respiratory Department, SDH**  
EXT: 2340.

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