

OPA Date:
OPA Time:
Test Duration:

**Pulmonary Function Test (PFT)
Request Form for PRIVATE PATIENTS Only**

Hospital Number: _____ DOB: _____
Patient Surname: _____ Forename: _____
Patient Home N^o: _____ Mobile N^o: _____
Patient E-mail: _____

| | |
|---------------------------|--|
| Diagnosis: | |
| Contraindications: | <input type="checkbox"/> Yes (please provide details on page 2) <input type="checkbox"/> no |
| To be booked for: | <input type="checkbox"/> 2WW (<2 weeks) <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: |

| <u>Standard Lung Function Tests</u> | | <u>£ Cost</u> | <u>Office</u> |
|---|--|---------------|---------------|
| <input checked="" type="checkbox"/> | Oximetry | 0.00 | |
| <input type="checkbox"/> | Relaxed Spirometry | 40.00 | |
| <input type="checkbox"/> | Forced Spirometry | 59.00 | |
| <input type="checkbox"/> | Gas Transfer Factor | 67.00 | |
| <u>Additional Pulmonary Function Tests</u> | | | |
| <input type="checkbox"/> | Haemoglobin Measurement | TBA | |
| <input type="checkbox"/> | Fraction Exhaled Nitric Oxide | 67.00 | |
| <input type="checkbox"/> | Reversibility testing to Salbutamol (SABA) | 117.00 | |
| Static Lung Volumes – please tick ONE below: | | | |
| <input type="checkbox"/> | - Body Plethysmography (performed as default if patient is <120kg) | 119.00 | |
| <input type="checkbox"/> | - Helium Dilution Technique | 66.00 | |
| <u>Specialist Respiratory Physiology Investigations</u> | | | |
| <input type="checkbox"/> | Sniff Nasal Inspiratory Pressure | 80.00 | |
| <input type="checkbox"/> | Maximal Inspiratory / Expiratory Pressure (MIPs & MEPs) | 80.00 | |
| <input type="checkbox"/> | Postural Spirometry (seated vs. supine VC) | 80.00 | |
| <u>Provocation Testing</u> | | | |
| <input type="checkbox"/> | Bronchial Challenge Test (via Mannitol Provocation agent) | 273.00 | |
| <u>Fixed Fees</u> | | | |
| <input checked="" type="checkbox"/> | Physiology Fee (per hour) | 63.00 | |
| <input checked="" type="checkbox"/> | Room Fee | 79.00 | |
| <input checked="" type="checkbox"/> | Cancellation notice charge (<24hrs notice) | 142.00 | |
| Total Cost: | | £ | |

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P.T.O.

PRIVATE Respiratory Function Request

| Contraindications <u>(Please tick any that apply)</u> | |
|---|--------|
| Absolute: | |
| <input type="checkbox"/> Unstable cardiovascular status e.g. recent MI (<6 weeks) <input type="checkbox"/> Aortic aneurysms (>6cm). Cerebral aneurysm <input type="checkbox"/> Acute pulmonary embolism (<6 weeks) <input type="checkbox"/> Unresolved pneumothorax <input type="checkbox"/> Cerebral haemorrhage <input type="checkbox"/> Active TB | |
| Relative: | |
| <input type="checkbox"/> Recent thoracic, abdominal or eye surgery (<6 weeks) <input type="checkbox"/> Resolved pneumothorax (< 6 weeks) <input type="checkbox"/> Haemoptysis of unknown cause <input type="checkbox"/> Severe cognitive impairment <input type="checkbox"/> Acute disorders affecting test performance e.g. D&V, Delirium etc. <input type="checkbox"/> Difficulty performing spirometry of acceptable quality. | |
| <u>Please ensure your patient is able to follow instructions.</u> | |
| Provide details here: | |
| Processed by: Kate Nash <input type="checkbox"/> | |
| 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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