Cardiac Investigation Unit, Salisbury NHS Foundation Trust **Outpatient Cardiac Test Request**

**Patient Name:**

**Hospital number:**

**Date of Birth:**

**Clinic:**

**Consultant:**

**Clinical details:**

**Requested by:**

**Date Requested:**

**To finish requesting the test(s), attach this form to an email and send it to:** [**sft.outpatientcardiactests@nhs.net**](mailto:sft.outpatientcardiactests@nhs.net)

(Email address monitored 8am-5pm Mon-Fri)

Incomplete forms will be returned to sender

**Please highlight the relevant test(s)**

**Transthoracic Echo**

* Standard Echo
* Bubble Echo

**Device check**

* Pacemaker check (if not currently checked at Salisbury, please provide pacemaker generator details here)
  + Brady pacemaker
  + CRT- P pacemaker
* Implantable Loop recorder check (ILR)
* Implantable Cardiac Defibrillator check (ICD / CRT-D)

**Ambulatory monitoring**

* 24hr ECG
* 48hr ECG
* 7 day ECG
* 7 Day Novacor ECG
* 24hr Blood Pressure

**Exercise Tolerance Test**

* Maximal OR
* Modified Bruce
* Supervised OR
* Unsupervised (Must be signed off by consultant)

To be performed:

* Whilst on beta-blocker
* Beta-blocker to be held 48hours before

**Tilt table test**

* Carotid sinus massage (CSM) only
* CSM and Tilt table test
* Tilt table test only