Cardiac Investigation Unit

**Inpatient Cardiac Test Request**

**(Do not use to request an echo)**

**Patient Name:** Type Name.

**Hospital number:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**Ward:** Click here to enter text.

**Consultant:** Click here to enter text.

**Test reason / Clinical details:**

Click here to enter text.

**Infection / Covid status:** Click here to enter text.

**Requested by:** Click here to enter text.

**Date Requested:** Click here to enter text.

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

Email address monitored 8am-5pm Mon – Fri

 Salisbury NHS Foundation Trust

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

**Device check**

[ ] Pacemaker check (*if not currently checked at Salisbury, please provide pacemaker generator details here*)

Click here to enter text.

[ ] Brady pacemaker

[ ] CRT- P pacemaker

[ ] Implantable Loop recorder check (ILR)

[ ] Implantable Cardiac Defibrillator check (ICD / CRT-D)

**Ambulatory monitoring**

[ ] 24hr 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

Incomplete forms will be returned to sender