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**](mailto: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