NHS
Salisbury
NHS Foundation Trust

REFERRAL FOR IMAGE GUIDED LUNG BIOPSY

Request for procedure must be completed in MDT or out patient clinic

Patients who are : unwell, with poor lung function, with pulmonary hypertension, those who live alone OR have only dependent relatives at home are unsuitable for day case biopsy and will require routine admission.

Full Name …… ……..	Date ……
D.O.B. …… UR …….	Consultant ……..
Address ……	Requested by …….
……	(**Print Name)**
Telephone Number ……	Breach Date ……..
ATTACH ADDRESSOGRAPH HERE	

Any specific requirements (e.g. interpreter) ……

LESION SIDE		**INDICATION**		**POTENTIAL CONTRAINDICATION**	
Left	☐	Lung Mass	☐	MI (last 6 weeks)	☐
Right	☐	Mediastinal Mass (see below)	☐	Abnormal Coagulation	☐
Comments : …… …… …… …… …… …… ……		Pleural Mass	☐	Abnormal Lung Function (see below)	☐
		Suspected Infected Lesion	☐	Extensive Emphysema	☐
		Other (specify) : …… …… ……		Chronic Renal or Hepatic Insufficiency	☐
				Previous Pneumonectomy/ Lobectomy	☐
				eGFR if one stop	☐

THE BALANCE OF BENEFIT AGAINST RISK OF THE PROCEDURE MUST BE ASSESSED BY CONSULTANT OR AT MDT.

RELEVANT PAST MEDICAL HISTORY :	
DIABETES YES/NO	**ON METFORMIN YES/NO**

CO-MORBIDITY :	
ANTICOAGULANTS YES/NO **REASON PRESCRIBED :**	**ASPIRIN YES/NO** **CLOPIDOGREL YES/NO**
ALLERGIES YES/NO **COMMENTS :**	
PRESCRIBED MEDICATIONS :	

CLINICAL CONDITION SATISFACTORY FOR BIOPSY YES/NO
CARER SUPPORT AVAILABLE FOR FOLLOWING 24 HOURS YES/NO
SUITABLE FOR DAY CASE YES/NO
PATIENT INFORMATION LEAFLET GIVEN YES/NO

DATE	INVESTIGATION REQUIRED	RESULTS
	Pulmonary Function : FEV1 > 1.02	
	Pulmonary Function : TLCO > 40%	
	Prothrombin Time (INR) < 1.4	
	Act. Partial. Thrombo. Time (APPT) <1.4	
	Platelet Count > 100,000	
	ECG (if cardiac hx)	
	Echo if LVH or cardiac murmur	
	Oral Anti-coagulants	**Date Stopped :**

ACCEPTED : YES/NO

Signed by (Requester):..... Date: .....

Full Name (Block Capitals):.....

Signed by (Radiologist) : …… Date : ……..

Full Name (Block Capitals) : ……...

In patient	
Out patient	
Day case	

Please return this form to Radiology, Level 3 Salisbury District Hospital or email to:
sft.radiologyoffice@nhs.net