Cardiac Investigation Unit, Salisbury NHS Foundation Trust

**Outpatient Cardiac Test Request**

**Patient Name:** Click here to enter text.

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

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

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

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

**Test reason / Clinical details:**

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.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 and hospital where usually checked)*

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

[ ] 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