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**](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 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