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)**

[ ]  **12- Lead Resting ECG**

**Transthoracic Echo**

[ ]  Standard Echo [ ]  Contrast 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 [ ]  72hr 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

[ ]  POTS Protocol only