



RESPIRATORY PHYSIOLOGY LABORATORY

Unit Number / Patient's Name
MUHC Use only (date referral received)

CLINICAL DIAGNOSIS

REASON FOR TESTING :

Note: in order to obtain reliable PFT results, **patient must be ≥ 5 years of age and able to follow verbal instructions**

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| <input type="checkbox"/> 2-STEP OPTION: I want to know if my patient has asthma: If spirometry and bronchodilator response are within normal range, then perform a Methacholine Challenge. THIS WOULD INVOLVE 2 SEPARATE APPOINTMENTS | <input type="checkbox"/> COMPLETE PULMONARY FUNCTION TEST *Includes spirometry/flow-volume loops with bronchodilator response, lung volumes (plethysmography) <input type="checkbox"/> with DLCO (diffusing capacity) to assess gas exchange defect <input type="checkbox"/> SpO₂ (oximetry) |
| <input type="checkbox"/> SPIROMETRY/FLOW VOLUME LOOP with bronchodilator response *Best test to follow up Asthma <input type="checkbox"/> Beta-Agonist contraindicated for this patient | <input type="checkbox"/> MIPS/MEPS (Max inspiratory and expiratory pressures) *To assess respiratory muscle function in patients with suspected neuro muscular disease |
| <input type="checkbox"/> Methacholine Challenge Test (>5 yrs old) *To rule out a diagnosis of asthma, when diagnosis remains unclear after spirometry has been done *The child should not have a sinus, lung or throat infection at the time of testing; be off antibiotics x 15d | <input type="checkbox"/> SPIROMETRY |

INSTRUCTIONS TO PATIENT/PARENT: Please bring all inhaler medications and devices. Withhold short-acting B2 agonists: 6 hrs (Ventolin/Salbutamol, Bricanyl); Withhold long-acting B2 agonists 36 hrs (Zenhale, Advair, Symbicort); Withhold short-acting anticholinergics 12 hrs (Atrovent/Ipratropium bromide); Withhold long-acting anticholinergics (Spiriva) 7days.

FOR INTERNAL SERVICES ONLY

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| <input type="checkbox"/> Rheumatology Panel : Spirometry/BD, Lung volumes, DLCO, Pimax, Pemax, SpO ₂ |
| <input type="checkbox"/> Sickle Cell Disease Panel : Spirometry/BD, Lung volumes, DLCO, SpO ₂ |
| <input type="checkbox"/> NM disease, Scoliosis/Chest Wall Disorders Panel : Spirometry, Lung volumes, Pimax, Pemax, SpO ₂ |
| <input type="checkbox"/> Hematology/Oncology : <input type="checkbox"/> Interstitial Lung Disease <input type="checkbox"/> Pulmonary Hemosiderosis Panels : Spirometry, BD, Lung volumes, DLCO, SpO ₂ |
| <input type="checkbox"/> TEF Panel : Spirometry/BD, Lung volumes |
| <input type="checkbox"/> CDH Panel : Spirometry/OT/BD, Lung volumes, Pimax, Pemax |

Restricted to respirologists and cardiologists; requires a respiratory medicine consult for outside referrals

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| <input type="checkbox"/> Cardiopulmonary Exercise Test (Stage 1 Jones, VO ₂ max/progressive) <input type="checkbox"/> Submaximal exercise endurance test |
| <input type="checkbox"/> Challenge Test for Exercise - Induced bronchospasm : |
| <input type="checkbox"/> Nasal NO : |
| <input type="checkbox"/> Oscillatory Technique (OT): |
| <input type="checkbox"/> Sputum induction : |
| <input type="checkbox"/> Other : |

Physician

License no.

Date

YYYY / MM / DD

Send results
to Fax no. :

RESPIRATORY PHYSIOLOGY LABORATORY
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LEGEND: ≥ Greater than or equal to; > Greater than; **NM** Neuromuscular