



An Agency of the Provincial Health Services Authority

Pulmonary Function Laboratory

Room 1C42 - 4480 Oak Street
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Fax: 604-875-3293

Therapist Line: 604-875-2956

BC Children's Hospital office use only

Request for Pulmonary Function Tests (PFT)

Incomplete and illegible requisitions will not be processed.

Referring Doctor: _____

Billing #: _____

Doctor's Signature: _____

Phone: _____

(we do **NOT** accept medical students'/residents'/fellows' signature on behalf of referring doctor)

Fax: _____

Patient Name: _____ PHN: _____

Date of Birth (dd/mm/yyyy): _____ Telephone #: _____

Address: _____

Clinical Question prompting PFT: _____

Additional pertinent/relevant medical history: _____

Current Medications: _____ Allergies: _____

Infectious Control Precautions? Yes/No. If yes, details: _____

Translator required? (for the patient) Yes / No. If yes, language _____

Previous PF test? Yes / No. if yes, location _____

PLEASE CHECK OFF REQUIRED TEST:

Notes:

- 1). Diagnostic community referrals usually require oximetry spot check, spirometry and pre / post bronchodilator.
- 2). Hematology/Oncology and Rheumatology referrals usually require spirometry +/- lung diffusion +/- plethysmography.

- Spirometry (FVC, FEV1, flow volume loop) (*minimum age 6 yrs*)
- Pre / Post Bronchodilator (*minimum age 6 yrs*)
- Oximetry Spot Check
- Lung diffusion (*minimum age 8 yrs*) *Must provide last Hgb value: Hgb: _____ Date: _____
- Plethysmography (body box) for airway resistance and lung volumes (*minimum age 8 yrs*)

The following tests are available for selected patients but can only be ordered by respiratory medicine specialist providers

Exercise Bronchoprovocation Test, Methacholine Challenge Test

Fractional Exhaled Nitric Oxide

Nasal Nitric Oxide

Multiple Breath Washout

**** Please note that we will contact your office via fax with appointment date and time ****