



Pulmonary Function Laboratory

Room 1C42 - 4480 Oak Street
Vancouver, BC V6H 3V4
Phone: 604-875-2173
Fax: 604-875-3293

PFT Lab: 604-875-2956

BC Children's Hospital office use only

Request for Pulmonary Function Tests (PFT)

Incomplete, illegible and unsigned requisitions will not be processed.

Referring Provider: _____

Billing #: _____

Provider's Signature: _____

Phone: _____

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

Fax: _____

Patient Name: _____ PHN: _____

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

Address: _____

Clinical Question prompting PFT: _____

Additional pertinent/relevant medical history: _____

Current Medications: _____ Allergies: _____

Infection 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 years**) *Must provide last Hgb value : _____ Date: _____
- Plethysmography (body box) for airway resistance and lung volumes (**minimum age 8 years**)

The following tests require referral to Respiratory Medicine Specialist Providers:

- Exercise Bronchoprovocation Test
- Methacholine Challenge
- Fractional Exhaled Nitric Oxide
- Nasal Nitric Oxide
- Multiple Breath Washout

**** Please note that we will contact patient directly with appointment date and time ****