

Maitland Pulmonary Function Laboratory

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No. 279812BJ

Test Request Form

Patient Name: _____ **D.O.B:** _____

Address: _____ **Phone:** _____

REASON FOR REFERRAL: _____

TESTS REQUIRED: Please tick boxes required (optional flow-volume loops assess upper airway dysfunction)

Pulmonary function tests for screening or monitoring

- Spirometry with bronchodilator & gas transfer Including lung volumes (plethysmography)
 Include flow-volume loop with spirometry

- Maximal Respiratory Pressures to assess respiratory muscle strength (Mips/Meps)

Tests for Asthma (assessments for corticosteroid sensitive inflammation) & Allergy

- Airway hyperresponsiveness (Mannitol) Include flow-volume loops with spirometry
 Exhaled nitric oxide Skin prick tests to assess allergy to airborne allergens

Referring Dr Name: _____ **Provider No.** _____

Address: _____ **Sign:** _____ **Date:** _____

Instructions for specific tests

Version September 2018

PLEASE STOP TAKING THE FOLLOWING MEDICATIONS BEFORE TESTING (highlight where relevant for patient)

Pulmonary function tests for screening or monitoring

Short acting bronchodilators (e.g., Ventolin, Asmol, Bricanyl)
Long acting bronchodilators (e.g, Seretide, Serevent, Flutiform)
Ultra-long acting bronchodilators
(e.g., Onbrez, Spiolto, Ultibro, Anoro, Brimica, Breo, Trelegy)

WITHHOLD FOR 6 HOURS
WITHHOLD FOR 12 HOURS
WITHHOLD FOR 24 HOURS

Tests for Asthma & Allergy

Short acting bronchodilators (e.g., Ventolin, Asmol, Bricanyl)
Long acting bronchodilators (e.g, Seretide, Serevent, Flutiform)
Ultra-long acting bronchodilators (e.g., Onbrez, Ultibro, Breo, Anoro)
Oral non-steroid preventers (e.g., singulair or montelukast)
Oral anti-histamines (e.g., Telfast, Zyrtec, Claratyne, Loratidine)
**Longer times required for these drugs for asthma tests*

WITHHOLD FOR 6 HOURS
WITHHOLD FOR 48 HOURS*
WITHHOLD FOR 72 HOURS*
WITHHOLD FOR 72 HOURS
WITHHOLD FOR 7 DAYS

ACCIDENTALLY OR NEED TO TAKE YOUR MEDICATIONS?

If you are attending for a Pulmonary function tests and cannot avoid taking the above medications or have taken these medications accidentally please still attend the appointment.

If you are attending for a Test for Asthma & Allergy and took medication accidentally prior to appointment please phone the laboratory before your appointment.

