



Respiratory Function Laboratory Request Form

Full Name: _____ DOB: _____

Address: _____

Phone: _____ Mobile: _____

Clinical Details: _____

Respiratory Medications: _____

Investigations Requested:

Spirometry
(pre and post bronchodilator)

Complex Lung Function
(Spirometry, Lung Volumes and Gas Diffusion)

Spirometry and gas diffusion

Respiratory Muscle Strength
(MIPS/MEPS)

Bronchodilator

Bronchial Provocation testing can be provided following consultation with Dr Churton.

Copies of report to: _____

Referring Doctor Details: *Please stamp/insert details*

Dr's Full Name: _____ Provider Number: _____

Signature: _____ Date: _____



Testing Preparation

- Caffeine – Tea, coffee, cola and chocolate should be avoided the day of the test.
- Smoking and vigorous exercise should be avoided the day of the test.

Medication Withholding Times

| Tests | Time to withhold (before) | Medication |
|---|---------------------------|---|
| Spirometry before and after bronchodilator | 4 hours | Asmol, Atrovent, Bricanyl, Ventolin |
| | 12 hours | Foradile, Oxis, Seretide, Serevent, Symbicort, Spiriva |
| Bronchial Provocation testing | 8 hours | Atrovent, Airomir, Asmol, Bricanyl, Ventolin |
| | 24 hours | Foradile, Oxis, Seretide, Serevent, Symbicort |
| | 72 hours | Claratyne, Telfast, Zyrtec |