# Cabrini Hospital

**Cardio-Respiratory, Isabella Street, Malvern. Telephone: 9508 1626 Fax: 9508 1987**

Cabrini

## LUNG FUNCTION REQUEST

Appointment time am / pm Day: DD/MM/YYYY

Walk ☐ Wheelchair ☐ IV Therapy ☐ Oxygen ☐

Name: _____

Address: _____

_____Telephone: _____

D.O.B. _____ M / F Ward / OP: _____

Referring Doctor: _____

Address: _____

_____Telephone: _____

CLINICAL DETAILS: _____

_____

MEDICATION: _____

TESTS REQUIRED:

- ☐ Spirometry
- ☐ TLCO (Gas Transfer Factor)
- ☐ Plethysmographic Lung Volumes
- ☐ Bronchial Provocation - Methacholine Challenge
- ☐ FENO
- ☐ MIPS / MEPS
- ☐ Six Minute Walk Test
- ☐ Other

ADDITIONAL COPY OF REPORT TO: _____

Signed: _____ Name: _____ (Please print) Date: DD/MM/YYYY

Allanby
CH1210
A/F
05/06/25

*Please turn over form for test information*

**Please STOP** breathing medications prior to test according to table unless you really feel like you need it.

| Medication | Withhold hours |
|---|---|
| Salbutamol, Ventolin, Asmol, Atrovent, Bricanyl, Intal, Tilade & Airomir | 6 |
| Symbicort, Seretide, Flutiform, Serevent, Brimica & Bretaris | 12 |
| Spiriva, Seebri, Incruse, Anoro, Breo, Ultibro, Onbrez, Spiolto & Oxis | 24 |

**No smoking for at least 6 hours prior to TLCO test.**

**No food or drink 1 hour prior to the test.**

Please also avoid consuming the following foods on the day of the test (if you are being tested for FeNO):

| Vegetables | Fruit | Processed Meats |
|---|---|---|
| Spinach | Strawberries | Ham |
| Lettuce | Currants | Bacon |
| Beetroot | Raspberries | Salami |
| Celery | Cherries | Sausages |
| Chervil | Gooseberries | |
| Radish | | |
| Turnip tops | | |

IMPORTANT: If a Bronchial Provocation / Challenge test has been requested, please contact the Laboratory for specific details.