

Nanaimo Regional General Hospital		Must be complete for booking purposes	
		Name:	
Pulmonary Function Lab and		DOB:	
Community Respiratory Care Centre		PHN:	
	Requisition	Mailing Address:	
	Booking: 250.716.7705		
	Fax: 250.739.5974	Telephone:	
Hei	ght: Weight:	BMI:	
Date Ordered (D/M/Y):		Smoking History (pack years):	
Ordering Physician:		History/Indications/Diagnosis:	
Preferred Interpreter:			
Cop	ies to:		
Special Considerations:		Relevant Medications:	
(Language Barrier, etc.)			
Infectious Precautions:			
Rec	uest Type:     For diagnosis	□ For <u>follow-up</u>	
	Asthma/COPD Education Program	- requires a diagnosis of Asthma or COPD	
	<u>Spirometry</u> - without bronchodilators	- absence of diagnosed lung condition	
	Cuivamentus hafara 9 aftar	- measures FVC for the IPF special authority form	
	Spirometry - before & after	- suspected Asthma or COPD	
	bronchodilators	- age > 7 years - measures post FEV1/FVC for the COPD special authority form	
	Detailed Pulmonary Function Study	- suspected restrictive lung disease	
	- Spirometry, Diffusion, Lung Volumes		
	Inspiratory & expiratory muscle strength	- suspected neuromuscular disease	
	Arterial Blood Gases	- test done on room air or @ lpm O <sub>2</sub>	
	Specialists-Only Tests		
	Inhalation Challenge	- rule out Asthma	
	- assessed by serial flow measurement	- normal spirometry in last 6 months	
	Overnight oximetry	- reassessment of current therapy	
		- for suspected <b>OSA</b> request a Home Sleep Apnea Test (HSAT)	
	Six-Minute Walk Test	- moderate to severe lung or heart disease	
	Upright/supine spirometry	- suspected neuromuscular disease	
Physician signature: (Required for MSP)			

Effective Date: January 1, 2026

Version: 2.0