

U.R.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_  
 Gender: M / F (Please circle)  
 Phone: \_\_\_\_\_  
 In-Patient:  & consultant \_\_\_\_\_

# Austin Health RESPIRATORY LABORATORY REQUEST

Department of Respiratory & Sleep Medicine  
 Austin Hospital  
 PO Box 5555  
 Heidelberg 3084

**Tel: (03) 9496 5739**

**Fax: (03) 9496 3723**

Medical Director: **Dr. C. J. Lanteri**

Senior Scientist: **Mr G. Nolan**

### Clinical History

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Campus booking:

- Austin
- Repatriation
- The Northern

### Appt. Date & Time

\_\_\_/\_\_\_/\_\_\_ :\_\_\_

### Requesting Doctor:

Name \_\_\_\_\_

Prov # \_\_\_\_\_

Report to: \_\_\_\_\_

Sign \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

- Please test on current medication **OR**
- I have instructed patient to with-hold medication as per overleaf (PTO)
- Interpreter needed

### REQUEST:

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Spirometry Flow/Volume Curve        | 7 <input type="checkbox"/> Maximal Respiratory Pressures*  |
| 2 <input type="checkbox"/> TLCO (CO Transfer Factor)           | 8 <input type="checkbox"/> 6MWD*                           |
| 3 <input type="checkbox"/> Plethysmographic Lung Volumes       | 9 <input type="checkbox"/> Cardio-pulmonary Exercise Test* |
| 4 Bronchial Provocation (please select)                        | 10 <input type="checkbox"/> Altitude Simulation Test*      |
| a) <input type="checkbox"/> Methacholine                       | 11 <input type="checkbox"/> Skin Prick Test                |
| b) <input type="checkbox"/> Mannitol*                          | 12 <input type="checkbox"/> Other* (specify below)         |
| 5 <input type="checkbox"/> Arterial Blood Gases & CO-Oximetry* |  |
| 6 <input type="checkbox"/> Shunt*                              |  |

**(N.B. \*** = only available at the Austin)  
 (Tests 5 & 6 Austin Health APA)