



OFFICE USE ONLY  
**Appointment:**  
Date: \_\_\_/\_\_\_/\_\_\_  
Time: \_\_\_\_\_

# Request for Respiratory Function Testing

Tel: 8204 7129

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Flinders Medical Centre     Noarlunga GP Plus Super Clinic     Next available; any site

\*Requesting MO: \_\_\_\_\_

\*Provider No: \_\_\_\_\_

Extra Copies to: \_\_\_\_\_

Results needed by: \_\_\_/\_\_\_/\_\_\_

\*Requesting MO signature: \_\_\_\_\_

Pager No: \_\_\_\_\_ \*Date of request: \_\_\_/\_\_\_/\_\_\_

\*Mandatory fields – must be completed for Medicare compliance

Patient Details: (Affix label here)

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

MRN: \_\_\_\_\_

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

Sex: \_\_\_\_\_

Patient Contact No: \_\_\_\_\_

**Outpatient**     Public     Private     DVA     Compensation     **Inpatient / Ward** \_\_\_\_\_

Please provide relevant clinical notes (including bronchodilator therapy):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the patient have a communicable infection and/or is currently under respiratory precautions?

No     Yes    Please specify (eg: Influenza, Multi-Resistant Organism, TB):

\_\_\_\_\_

Cat 1

Cat 2

Cat 3

\*See over for Triage Guidelines

Spirometry and Flow Volume Curves     Lung Volumes    Arterial Blood Gas - Please specify     Aeroallergen Skin Prick Test  
\*Screening panel only

Pre and Post Bronchodilator     Gas Transfer     Air     O<sub>2</sub> \_\_\_\_\_ L/min

6 minute Walk Test - Please specify

Air     O<sub>2</sub> \_\_\_\_\_ L/min

**Tests requiring respiratory physician approval:**

Impulse Oscillometry     FeNO (FMC)     Mannitol Challenge Test

Cardiopulmonary Exercise Test (FMC)\*\*     MIP / MEP / SNIP

Shunt Study on 100% O<sub>2</sub> (FMC)     High Altitude Simulation Test (FMC)

Name of approving respiratory physician: \_\_\_\_\_

**For Cardiopulmonary Exercise Tests:**  
\*\* Requires additional completion of a CPET Clinical Information Form (available from FMC Respiratory Function Laboratory).

# Respiratory Function Testing Triage Guidelines

CATEGORY	TIME FRAME	INDICATIONS	FOLLOW-UP APPOINTMENT
URGENT Category 1	1 - 7 days	<p><b>ESSENTIAL TESTING FOR CLINICAL DECISION MAKING</b></p> <p>1a. Patients requiring pre-operative assessment for urgent non-elective surgery scheduled within 7 days</p> <p>1b. Patients requiring urgent work-up prior to cancer treatment</p> <p>1c. Pre-cytotoxic chemotherapy treatment or other potentially toxic drug therapies</p> <p>1d. Urgent assessment prior to organ transplant</p> <p>1e. Rapidly progressive ILD</p> <p>1f. Inpatients not meeting other Cat 1 criteria where investigation is required for timely management of acute care to expedite discharge or planned follow-up</p> <p>1g. Priority for appointments will be given to patients from rural / remote locations</p>	Clinician / Outpatient administration staff to organise urgent review
INTERMEDIATE Category 2	7 - 28 days	<p>2a. Semi-urgent pre-operative / pre-anaesthetic assessment – planned surgical procedure</p> <p>2b. Outpatients requiring investigations for acute oxygen or ventilation management</p> <p>2c. Patients requiring investigations to access criteria-dependent medications; e.g. pulmonary vasodilator or antifibrotic therapy</p> <p>2d. Patients where investigations are essential for unstable disease and/or debilitating symptoms e.g. supporting hospital admission avoidance</p>	2 – 6 weeks
NON-URGENT Category 3 Next available appointment	< 12 weeks	<p>3a. Suspected airways disease</p> <p>3b. Confirmation of symptomatically stable ILD</p> <p>3c. Complete lung function testing to ascertain baseline measurements in the symptomatic, undiagnosed patient e.g. SOB F.I. or chronic cough</p> <p>3d. Diagnosed disease requiring periodic follow-up / serial PFT measurements</p> <p>3e. Pulmonary Rehabilitation assessment</p>	1 week after test completion

These are guidelines only: If there is a clinical precedent to escalate patient testing please discuss this with **Dr Jeff Bowden; RFL Clinical Director**

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