

CARDIOPULMONARY EXERCISE TEST REQUISITION

To book an appointment, fax completed requisition to 604-806-9053.

PLEASE GO TO THE CARDIOLOGY LAB FOR YOUR TEST

Second Floor, Providence Building - Room 2450

Cardiology Lab phone number: 604-806-8032

Requisition date: _____	
Patient name: _____	DOB: _____
Address: _____	PHN: _____
Phone(s): _____	Gender: _____

Please confirm the appointment details with your patient.

Date: _____ Time: _____

Requesting physician: _____	
SIGNATURE: _____	STAMP
Phone: _____ Fax: _____	
Additional copies to: _____	
* Requisitions without a diagnosis or physician signature will NOT be processed. *	

DIAGNOSIS:	_____
URGENCY:	<input type="checkbox"/> High Priority/Diagnostic <input type="checkbox"/> Routine/Monitoring of Therapy
ALLERGIES:	_____
PRECAUTIONS:	<input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> CPO <input type="checkbox"/> TB Other: _____

TESTS:

Standard Stage 1 Cardiopulmonary Exercise Test (MVO2)

MANDATORY INFORMATION:

Does the patient have an Internal Cardiac Defibrillator? Yes No

If yes, please indicate the location where the ICD follow-up takes place:

Exercise Induced Asthma Test (Eucapnic Voluntary Hyperventilation)

CARDIOPULMONARY EXERCISE TEST PATIENT INSTRUCTIONS

PREPARING FOR YOUR TEST

THINGS TO DO	THINGS TO AVOID
<ul style="list-style-type: none"> • Arrive 15 minutes before your scheduled appointment • Wear comfortable clothing • Bring your BC Services Card or other government-issued photo ID • Bring a list of all your medications • Continue to take all your non-respiratory medications that have been prescribed by your doctor 	<ul style="list-style-type: none"> • DO NOT use perfume, aftershave or other scented products • DO NOT do any physical exercise immediately before your test • DO NOT smoke within 1 hour of your test • DO NOT eat a large meal within 2 hours of your test (<i>a light meal or snack is okay</i>)

ADDITIONAL INSTRUCTIONS FOR EXERCISE INDUCED ASTHMA TEST ONLY

- DO NOT eat or drink any products that contain caffeine such as **coffee, tea, colas, energy drinks or chocolate**, on the day of your test
- DO NOT use your inhalers unless you start to have significant respiratory symptoms.
If you need to, take your medications as normally prescribed then before starting the test, tell the respiratory therapist that you have taken your medications

FOR EXERCISE INDUCED ASTHMA TESTING ONLY

RELIEVER MEDICATIONS

Salbutamol (<i>Airomir, Apo-Salvent, Ventolin</i>) Terbutaline (<i>Bricanyl</i>)	DO NOT use in the 8 hours before your test
Ipratropium (<i>Atrovent</i>)	DO NOT use in the 24 hours before your test

CONTROLLER / MAINTENANCE MEDICATIONS

Fluticasone (<i>Flovent</i>), Budesonide (<i>Pulmicort</i>) Ciclesonide (<i>Alvesco</i>), Belcomethasone (<i>QVAR</i>) Mometasone (<i>Asmanex</i>)	Continue to take as prescribed by your doctor
Formoterol (<i>Oxeze</i>), Salmeterol (<i>Serevent</i>) Formeterol (<i>Foradi</i>), Combivent	DO NOT use in the 24 hours before your test
Tiotropium (<i>Spiriva, Respimat</i>), Acclidinium (<i>Tudorza</i>), Glycopyrronium (<i>Seebr</i>)	DO NOT use in the 24 hours before your test
<i>Advair, Symbicort, Breo, Zenhale</i>	DO NOT use in the 24 hours before your test
<i>Anoro, Ultibro</i> , Indacaterol (<i>Onbrez</i>) <i>Singular, Xolair</i> , Theophylline	DO NOT use in the 48 hours (2 days) before your test
Oral Corticosteroid (<i>Prednisone</i>), <i>Daxas</i>	Continue to take as prescribed by your doctor