



# 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. \***

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

TESTS:	
<input type="checkbox"/> <b>Standard Stage 1 Cardiopulmonary Exercise Test (MVO2)</b>	
<b>MANDATORY INFORMATION:</b>	
Does the patient have an Internal Cardiac Defibrillator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the location where the ICD follow-up takes place:	
_____	
<input type="checkbox"/> <b>Exercise Induced Asthma Test (Eucapnic Voluntary Hyperventilation)</b>	



# CARDIOPULMONARY EXERCISE TEST PATIENT INSTRUCTIONS

## PREPARING FOR YOUR TEST

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

## 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> ), Aclidinium ( <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