



# RespACT

LUNG FUNCTION TESTING

RespACT Respiratory Laboratory  
Unit 9, Francis Chambers  
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Phillip, ACT 2606

RespACT Respiratory Laboratory  
Suite 14, Calvary Clinic  
30 Mary Potter Circuit  
Bruce, ACT 2617

Appointments 1300 112 404 • Fax: 02 5134 4816 • Email: [admin@respact.com.au](mailto:admin@respact.com.au)

## Important: Prior to test - IF POSSIBLE

NO - Short Acting bronchodilators 4 hours prior to test (e.g. Ventolin, Atrovent, Bricanyl, Asmol, Airomir)

NO long acting or combination puffers for 12 hours (e.g. Serevent, Oxis, Qvar, Alvesco, Pulmicort, Flixotide, Seretide, Symbicort, Breo, Flutiform)

Note - not all Respiratory medications are listed. If in doubt, contact RespACT

Appointment Details:      DATE ..... / ..... / .....      TIME ..... am / pm

Patient Details		Clinical details (reason for test)	
Surname		Clinical details	
Given name			
Address			
DOB			
Telephone			
Required tests	Referring Doctor	Report sent to	
1 <input type="checkbox"/> Spirometry (Pre and Post Bronchodilator)	Name	Name	Fax <input type="checkbox"/>
2 <input type="checkbox"/> TLCO (Gas Transfer Factor – Single Breath)	Address	Suburb	Email <input type="checkbox"/>
3 <input type="checkbox"/> Lung Volumes			
4 <input type="checkbox"/> Oximetry Screening	Provider No.	Name	Fax <input type="checkbox"/>
5 <input type="checkbox"/> 6 Minute Walk Test	Date: / /		
6 <input type="checkbox"/> Bronchial Provocation (Mannitol)	Signature	Suburb	Email <input type="checkbox"/>
7 <input type="checkbox"/> FeNO (includes Spirometry)			
8. <input type="checkbox"/> Other (please specify) .....			