

Pulmonary Function Testing Request

Request for Testing

Patient Name: _____ DOB: _____

Diagnosis: _____ Phone: _____

Medications: _____

Ordering Physician: _____ Date of Request: _____

Contact Phone: _____

Testing Requests

Please indicate tests requested and fax form to **412-692-9719**.

Contact the Pulmonary Function Testing Lab at **412-692-5452** for appointment or any questions.

Pulmonary Function Testing according to laboratory protocol

(Available upon request)

- Spirometry** (measurement of airflow, 20 minutes)
- Pre and post bronchodilator** (45 minutes)
- Demonstration of MDI/VHC device; dispense bronchodilator**

MDI

- Plethysmography** (measurement of lung volumes, 15 minutes)
- Diffusing capacity** (20 minutes)
- Respiratory muscle strength** (MIP/MEP, 10 minutes)
- EtCO₂** (5 minutes)
- Exhaled nitric oxide concentration** (15 minutes)
- Methacholine challenge** (serial spirometry, 2 hours)

The following is a guideline for appropriate testing. Other specialized testing, including testing for infants, is available. Please contact the Pulmonary Function Lab with any questions.

Obstructive evaluation (60 minutes)

Consider for: asthma, CF, cough, BPD, shortness of breath

Suggested: spirometry, (pre/post), exhaled nitric oxide

Restrictive evaluation (60 minutes)

Consider for: oncology, BMT, rheumatology, sickle cell disease, transplant

Suggested for: spirometry, plethysmography, diffusing capacity, MIP/MEP, SpO₂

Neuromuscular disease or chest wall restriction evaluation (60 minutes)

Consider for: muscular dystrophies/myopathies, scoliosis, pectus, prune belly

Suggested: spirometry, plethysmography, MIP/MEP, SpO₂, EtCO₂

STAFF

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