

**Boston PFT Lab**  
300 Longwood Ave  
Farley 4  
Boston, MA 02115  
Phone: 617-355-7510

**Waltham PFT Lab**  
9 Hope Ave  
2 East  
Waltham, MA 02453  
Phone: 781-216-1309

**Return this form to**  
Email: [PulmonaryPFT-dl@childrens.harvard.edu](mailto:PulmonaryPFT-dl@childrens.harvard.edu)  
Fax: 617-730-6224



**Boston Children's Hospital**  
Pulmonary Medicine

## Pulmonary Function Testing (PFT) requisition

### Patient information

Last name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

\_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Allergies: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

Indication: \_\_\_\_\_

\_\_\_\_\_

**Infection control concerns:**     Yes     No    Concerns: \_\_\_\_\_

### Please check all requested tests below.

**Note:** If you are requesting bronchodilator or challenge testing, the bronchodilator drug must be indicated. Please check **one** bronchodilator drug.

Albuterol     Levalbuterol (Xopenex)     Ipratropium (Atrovent)    Other (please specify): \_\_\_\_\_

#### Spirometry

- PRE bronchodilator
- POST bronchodilator
- PRE and POST bronchodilator
- Inspiratory loops

**Diffusing capacity**

**Maximal respiratory pressures**

#### Oxygen saturation

- Room air
- Supplemental oxygen (specify amount of O<sub>2</sub>)  
\_\_\_\_\_
- Exercise saturation study** (three-minute exertion)

#### Challenges

- Exercise induced asthma challenge
- Methacholine challenge test
- Cardiopulmonary exercise test

**Six-minute walk test**

**FeNO**

**Flight test (FiO<sub>2</sub> at cabin pressure)**

#### Lung volume

- Plethysmography
- Helium dilution

**Car seat test**

**Sweat test (CF)**

### Referring provider

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Print name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_