Request for: Breath Hydrogen/Methane Test

Patient Details: please fill in all fields, legibly - help us to help you

Surname: _____________________________________________________________
Given Name: ___________________________________________________________
D.O.B. ______ / ______ / ______ Sex: M F
Address: _______________________________________________________________
____________________________________________________________________
____________________________________________________________________
Postcode: _______________________________________________________________
DAYTIME Contact Number: Home:___________________________________________
Work: _________________________________________________________________
Mobile: _________________________________________________________________
Email: __________________________________________________________________

Clinical Question to be addressed:
____________________________________________________________________
____________________________________________________________________

Breath Tests required: Lactulose □ Fructose □ Lactose □ Glucose □
*Lactulose is the control sugar and must be tested to set the baseline for other sugars.

Referred by: Dr ____________________________
Provider No: ______________________________
Address: _______________________________________________________________
____________________________________________________________________
____________________________________________________________________
Phone: __________________ Fax: __________________

Signature: ____________________ Date: _______ / _______ / _______

University Student Discount or Healthcare Card. Tests can be paid for at time of each test, or in full at the time of the first test. Cost of tests not claimable through Medicare or Private Health Insurance.

BREATH HYDROGEN & METHANE TESTS – PLEASE READ THIS INFORMATION CAREFULLY

Tests are conducted by The Alfred Hospital Department of Gastroenterology. Tests take 2-3 hours. Tests must be done on separate days. Tests can be done on consecutive days, or up to a week apart.

WHERE DO I GO TO HAVE THESE TESTS? The Alfred Hospital, Gastroenterology Department 4th Floor, Commercial Road, Prahran. When you book test appointments, an updated guide will be sent to you containing directions on how to get from the front door of the Hospital to the Test Rooms. A parking guide for the area is also provided.

HOW DO I PREPARE FOR THESE TESTS? Follow the diet shown below, a full day before each test.

ANTIBIOTICS – MEDICATIONS: Antibiotics/Probiotics. Probiotics in tablet or capsule form (eg. "Inner Health Plus"/"IBS Support") Lactobacillus and/or Bifidus - must not be taken 2 weeks prior to your first test. The following ingredients are the ones you cannot have: Lactobacillus, Bifidus/Bifidobacterium, Acidophilus, B. Animalis. Yakult and Yoghurts are fine except on day of Diet. Avoid laxatives & anti-laxatives a day before each test. Painkillers - avoid on diet day and day of test if possible.

Anti-depressants and The Contraceptive Pill: These do not need to be ceased. Please take as per usual.

THE DIET - follow this on the day before each test - Diet identical for all breath tests, follow this on the day before each test. If its not on this list, you cannot have it on the day before your tests. This diet is designed to exclude foods containing Fructose, Lactose and other sugars (along with Gluten) which may cause IBS-type symptoms.

General Foods: Water (unflavoured, uncarbonated). Corn Flakes (corn only), Rice Bubbles, Lactose free Cow’s milk (supermarket Long Life Milk section), Rice Milk Sugar - Normal Cane Sugar are fine. Egg - poached/boiled, Salt/Pepper, Coffee - Instant/Plunger is OK, but no coffee substitutes (Caro etc) Tea - normal tea with Lactose free Cow’s milk, normal sugar (not herbal tea). Corn Thins, Rice Cakes, Margarine, Vegemite, Meats (no artificial colouring)/flavouring - Beef, Lamb, Pork, Ham, Chicken, Turkey, Fish, Seafood - you can cook in small amounts of any type of oil. Barley sugars, Jelly, Jams, Breads (eg “Early Harvest”/”Country Life” Breads).

Vegetables: Avocados, bean sprouts, broccoli, carrot, capsicum, cucumber, iceberg lettuce, sweet potato, tomato, baby spinach, turnip, squash, zucchini, potato, pumpkin, rice.

Fruit: Banana, blueberry, star fruit, cantelope, custard apple, dragon fruit, grapefruit, kiwi fruit, lemon, mandarine, honeydew, orange, pawpaw, prickly pear, pineapple, raspberry, strawberry. (max 1 handful of any combination of these fruits in any 2 hour period).

Please be aware that many canned and packaged foods/meals have sauces, spices, onion flavouring, artificial sweeteners, soy products, etc. which you cannot have.

Alcohol: maximum day’s intake prior to 10pm on night before test: Wine - 250ml, Spirits - 60ml, Beer (regular) - 200ml.
You can drink small amounts of water between your last food intake and the time of your test the next morning.

Do not smoke on the morning of your tests. Please clean your teeth with toothpaste and rinse your mouth well with water only (no mouthwash). No perfume or aftershave - deodorant is okay. Bring some food with you to eat after your test. Symptoms such as abdominal discomfort, flatulence and diarrhoea may be experienced as a result of these tests. You will be able to drive and work after your test.

COSTS OF THE TESTS: Each test (Lactulose, Fructose, Lactose, Glucose) costs $65, or $50 for each test if you hold a valid Pensioner, University Student Discount or HealthCare Card. Test can be paid for at the time of each test, or in full at the time of the first test. Cost of tests are not claimable through Medicare or Private Health Insurance.

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