Dear prospective client,

Thank you for your interest in testing at the Pacific Fatigue Lab.

Enclosed is a list of requirements for testing and preparation and recovery tips. Please complete each of the forms and return them to the Fatigue Laboratory before scheduling your visit. The form entitled ‘Cardiopulmonary Exercise Testing Referral’ must be completed by a physician.

Sincerely,

Staci R. Stevens, MA
Executive Director
Requirements for participating in testing at the Pacific Fatigue Laboratory

1. Ability and willingness to provide an excellent effort for both exercise tests.

2. Someone to accompany you to and from the Pacific Fatigue Laboratory.

3. Classification as low to moderate risk for cardiovascular disease.

4. Consideration for using test results for research purposes. All results will remain completely confidential.

5. Completion and return of the following forms:
   a. Physician referral for testing
   b. Cardiovascular Risk Stratification Form
   c. Informed consent for testing and/or consent for research, should you choose to participate.
   d. Medication list

Mail or Fax forms to:

University of the Pacific Fatigue Laboratory
3601 Pacific Avenue
Stockton, CA 95211
Voice: 209.946.7649
Fax: 209.946.2645
Cardiopulmonary Exercise Testing Referral

Patient Name:____________________________ Date:_________________

Last                                   First

Address:________________________________________________________

City:__________________________ State:_______________

Zip:________________

Home Phone:______________________ Work Phone:____________________
Fax:_____________________________

Diagnosis:_____________________________

Reason for referral: (check as many as apply to this patient)

[ ] Abnormal ECG (794.31)          [ ] Discomfort in Chest (786.59)
[ ] Angina Pectoris (413.9)         [ ] Debility, unspecified (799.3)
[ ] Asthma or Asthmatic Bronchitis (493.90) [ ] Heart Disease, unspecified (429.9)
[ ] Coronary Artery Disease (447.8)  [ ] Dyspnea (786.09)
[ ] Heartburn/Esophageal Reflux (787.1) [ ] Orthostatic Hypotension (458.0)
[ ] History of CAD, Family (V17.4)   [ ] Combined Hyperlipidemia (272.4)
[ ] Chronic Fatigue (780.71)         [ ] Myocarditis, unspecified (429.0)
[ ] Hyperlipidemia/Hypercholesterolemia (272.0) [ ] Congestive Heart Failure (780.71)
[ ] Infarction, Post Myocardial (412) [ ] Chronic Pulmonary Heart Disease (416.9)
[ ] Mitral Valve Prolapse (424.0)    [ ] Cardiovascular, Abnormal Function
[ ] Obesity (278.0)                  [ ] Study (794.30)
[ ] Palpitations (785.1)             [ ]

Other:_____________________________________________________

Known contraindications for exercise:________________________________

Type of intervention: (check desired interventions)

[ ] Cardiopulmonary Exercise Test
[ ] Cardiopulmonary Exercise Test, Re-test (Stevens’ Protocol)

Comments:________________________________________________________________

Provider Name (print)________________________________________________________________

Referring Provider Signature
# Cardiovascular Risk Stratification Form

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<tr>
<th>Name</th>
<th>Date</th>
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<tr>
<td>DOB</td>
<td>Age</td>
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<tr>
<td>Height</td>
<td>Weight</td>
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<td>Phone</td>
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<tr>
<td>Address</td>
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<td>Email</td>
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<td>Referred by</td>
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<tr>
<td>Diagnosis</td>
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Please read each question carefully and answer every question honestly:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Question</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Do you have a history of cardiovascular or pulmonary disease?</td>
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<td>Do you have a family history of cardiovascular disease ie. Heart disease or death of close family member?</td>
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<td>Do you smoke?</td>
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<td></td>
<td>Do you have high blood pressure? Systolic $\geq 140$ mm Hg or diastolic $\geq 90$?</td>
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<td>Do you have high cholesterol? Total serum cholesterol of $&gt;200$mg/dl.</td>
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<td>Do you have impaired fasting glucose? Fasting blood glucose of $\geq 100$mg/dl.</td>
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<td>Are you obese? Body Mass Index $\geq 30$kg/m$^2$ or waist girth of $&gt;100$cm.</td>
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<td>Are you sedentary? Not participating in at least 30 min. of moderate physical activity 3 days of the week for at least 3 months.</td>
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If you answered yes to two or more of the above questions you are at moderate risk for the development of coronary artery disease.

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<th>Participant signature</th>
<th>Date</th>
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Medications:
Cardiopulmonary Exercise Testing
Preparation & Recovery Tips for Persons with CFS

Before the Test:

1. Plan to have someone drive you to and from the testing facility.
2. Women should wear a sports bra or a bra with no metal wire. If an underwire bra is worn, you will be asked to remove it and perform the test in the shirt worn for the test.
3. Wear comfortable clothing in which to perform the exercise test, such as a short sleeve t-shirt, sweat pants and sneakers. Avoid turtleneck sweaters, body leotards, etc.
4. The last meal before the test should be light and eaten at least two hours prior to the exercise study.
5. Do not use any oily products, such as lotion or vapor rub, on your torso.
6. Eat a high carbohydrate dinner the night before the test. Pasta, baked potatoes and whole wheat bread are good sources of complex carbohydrates.
7. Drink plenty of water the day before and the day of the test. Drink beyond your thirst to make sure that you are well hydrated.
8. Carbonated beverages (i.e., Pepsi, Coke), alcohol, coffee and tea should be avoided.
9. Plan to rest up a couple of days before the test. Do not plan any tiring activities.
10. Eat small carbohydrate snacks every couple of hours two days before and after the test.
11. Avoid exercise for at least 24 hours prior to testing.
12. Bring a wheelchair or cane to help you from the office to the car, if needed.

After the Test:

1. Drink plenty of fluids. Water or juice is ideal. Avoid carbonated beverages (i.e., Pepsi, Coke), alcohol, coffee and tea.
2. Eat frequent carbohydrate snacks. Fruit, yogurt and bagels make good snacks.
3. Stretch your muscles frequently. If you are too tired to stretch by yourself have someone else help you (assisted stretching).
4. Take a warm shower or bath and stretch both during and after the shower/bath when the muscles are warm and more flexible.
5. PLAN to rest until you recover.
INFORMED CONSENT
Cardiopulmonary Exercise Testing at the Pacific Fatigue Laboratory

You agree to participate in a series of tests that will examine the involvement of various bodily systems in the symptoms of Chronic Fatigue Syndrome (CFS). You may also be a participant a research study if you provide consent to use the data obtained from your testing.

If you decide to participate, you will be asked to take part in performing two exercise tests, provide blood samples, and complete a number of questionnaires. All physical tests will take place over a two-to-three day period at the University of the Pacific. You will also be asked to complete questionnaires during a seven day follow-up period after the second exercise test.

The exercise tests are comparable to approximately 15 minutes of strenuous physical activity. You may experience a number of adverse responses during the exercise test including musculoskeletal damage, pain, cardiovascular complications and, in rare occasion, death. There may also be a delayed recovery period following the exercise tests. It is expected that this discomfort may be significant and include pain, muscle and joint soreness, lightheadedness and prolonged tiredness. The blood draw is equivalent that which might take place during a yearly medical checkup, and will likely include discomfort, pain and local bruising. You will be asked to spend a total of approximately five to six hours involved in testing. This will include two days spent at the University of the Pacific in Stockton, CA. It is expected that the information gained from this study will provide important information about what biological changes occur when patients with Chronic Fatigue Syndrome experience post-exertional malaise. This information will aid in the diagnosis and treatment of your condition.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, the information will be provided directly to you and only used for research purposes with your permission.

Your participation is entirely voluntary and your decision whether or not to participate will involve no penalty. If you decide to participate, you are free to discontinue participation at any time.

No funds are available for medical treatments or medical-related expenses following the conclusion of the data collection period (seven days after the second exercise test). Costs for any additional medical treatments or medical-related expenses must be billed to your insurance company.

If you have any questions about the research at any time, please call Dr. Christopher Snell, Dr. Mark VanNess at 209-946-2209 or Staci Stevens at 209-946-7649. If you have any questions about your rights as a participant in a research project please call the Graduate School Office, University of the Pacific, Stockton, CA 95211. The Graduate School telephone number is: (209) 946-7356. In the event of an injury related to the testing please contact your usual medical provider. You will be offered a copy of this form to keep.

Your signature below indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Signature  ____________________________________________Date _____________________

If you agree to allow your information to be used for research purposes please sign again below:

Signature  ____________________________________________Date _____________________
2010 Price Listing†

Testing at the University of the Pacific Fatigue Laboratory

The Stevens’ Protocol is a two day functional capacity test that consists of two maximal cardiopulmonary exercise tests separated by 24 hours. The protocol is designed to elicit a fatigued state to assess the responses of the metabolic, cardiovascular, pulmonary, cognitive, sympathetic and neuroendocrine systems at rest and in a post-exertional state.

Stevens’ Protocol Functional Capacity Testing: $2,000*

- **Pulmonary function testing** is performed before each exercise test. This test measures resting lung function.
- **Cardiopulmonary exercise test-retest:** Two exercise tests separated by 24 hours measures exercise capacity. Measurements include:
  - Resting and exercise ECG
  - Graded bicycle test to maximal exhaustion with cardiopulmonary analysis.
  - Determination of anaerobic threshold and heart rate at anaerobic threshold.
  - Determination of peak oxygen consumption (VO$_2$ max/aerobic capacity).
- Temperature is taken before and immediately after each exercise test to assess neuroendocrine function.
- **Reaction time testing** is performed before the first and immediately following the second exercise test. The California Computerized Assessment Package (CalCap®) is used to measure processing speed as an index of neurocognitive function.
- **Acoustic nasal rhinometry** is measured immediately before and after each exercise test. Measuring nasal volume provides an index of the sympathetic response to stress.

*In order to perform the entire Stevens’ protocol, you must be available for testing at the Pacific fatigue Lab over a period of two days. All of the fees associated with the tests will include a data report and personalized interpretation of the findings appropriate for patient use. We can also furnish reports for your physicians and/or legal council

† Fees are subject to change
Directions to the University of the Pacific Fatigue Laboratory

The Pacific Fatigue Lab is located at the University of the Pacific Stockton Campus. We are on the first floor of the Main Gym, across from the Finance Center on Stagg Way.

Directions to Pacific can be found on the webpage:

Http://www.pacific.edu/about/pacific-maps-directions/maps_maindirections.asp

The address is:

University of the Pacific Fatigue Laboratory
Main Gym Room #103
3621 Stagg Way
Stockton, CA 95211
Phone: 209-946-7649
Fax: 209-946-2645

Parking: We can provide you with a parking pass for parking lot “B” while you are at the University. If you have a disabled parking placard you may park in any parking space.
Current Medications for Exercise Testing

Name: ______________
Date: ______________

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<th>Yes</th>
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<tr>
<td>Are you currently on any prescription medications?</td>
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<td>If so, what are they?</td>
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<td>Are you currently on any over-the-counter medications?</td>
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<td>If so, what are they?</td>
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Hotels in Stockton

*1. Comfort Inn – Cost range: $75-$100 per night*  
www.comfortinn.com  
(209) 478-4300  
2654 W. March Lane, Stockton CA  95207

*2. Courtyard by Marriott – Cost range: $85-$150 per night*  
www.marriott.com  
(209) 472-9700  
3252 W. March Lane, Stockton CA  95219

3. Extended Stay America – Cost range: $70-$90 per night  
www.extendedstayamerica.com  
(209) 472-7588  
2844 W. March Lane, Stockton CA  95219

*4. La Quinta Inn – Cost range: $55-$85 per night*  
www.lq.com  
(209) 952-7800  
2710 W. March Lane, Stockton CA  95219

5. Quality Inn – Cost Range: $70-$90 per night  
www.qualityinn.com  
(209) 477-5576  
2717 W. March Lane, Stockton CA  95219

6. Ramada Plaza  
www.ramada.com  
(209) 474-3301  
111 E. March Lane, Stockton CA  95207

7. Residence Inn – Cost range: $100-$160 per night  
www.marriott.com  
(209) 472-9800  
3240 W. March Lane, Stockton CA

*8. Stockton Grand Hotel – Cost range: $120-$160 per night*  
Stockton-grand-hotel.pacificahost.com  
(209) 957-9090  
2323 Grand Canal Blvd, Stockton CA  95207

*The Comfort Inn, Courtyard, La Quinta Inn, and Stockton Grand Hotel offer special University of the Pacific rates/discounts.*
I hereby give permission for my report to be sent to:

Address 1: ____________________________

_______________________
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Address 2: ____________________________

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Address 3: ____________________________

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Address 4: ____________________________

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Print Name: ____________________________

Sign Name: ____________________________