

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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- ☒ Medication Compressors . . . . . Section 2b
- ☐ High Output Air Compressors . . . . . Section 2b
- ☐ Suction Units . . . . . Section 2c
- ☒ Apnea/Cardiorespiratory Monitors . . . . . Section 2d
- ☒ Airway Clearance Devices . . . . . Section 2e
- ☐ Tracheostomy Equipment . . . . . Section 2f

## Section 2a – Positive Airway Pressure Systems (to be completed by Physician)

### Device (check one)

- ☐ Continuous Positive Airway Pressure (CPAP)
- ☒ Auto-titrating Positive Airway Pressure (APAP)
- ☐ Bi-level Positive Airway Pressure (BPAP)

### Reason for Application (check one)

- ☐ First access for Positive Airway Pressure Systems
- ☒ Replacement of Previously ADP Funded Device(s)

### Replacement Device(s) Required Due To (check as appropriate)

- ☐ Change in applicant's medical/respiratory status - previously ADP funded equipment no longer meeting basic respiratory needs as defined by ADP for funding purposes
- ☐ Previously ADP funded equipment is not in good working order and client confirms that it is no longer under warranty - attach repair quote and/or copies of repair bills

## Confirmation of Applicant's Eligibility for a Positive Airway Pressure System

### For all Positive Airway Pressure System devices

- Applicant has completed a Level 1 sleep study which confirms a diagnosis of Obstructive Sleep Apnea Syndrome (OSAS) and the presence of symptoms without therapy and the absence of symptoms with therapy (Clinic Number must be provided in Section 4).
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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- Applicant has been provided by the Sleep Lab with a copy of the ADP Applicant Respiratory Fact Sheet.
 

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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### For BPAP devices

- Individual has a documented diagnosis of OSAS and despite CPAP of 15 cmH<sub>2</sub>O or greater, exhibits one of the following:
 

i) Nocturnal hypoxemia (O <sub>2</sub> saturation <88%)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
ii) Nocturnal hypercapnia (PaCO <sub>2</sub> >50mmHg)			
iii) Apnea/hypopnea index > 10			
- Individual has a documented diagnosis of OSAS and CPAP of 15 cmH<sub>2</sub>O or greater resolves the physiological abnormalities but the individual is unable to tolerate this pressure.
 

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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- Individual has a documented diagnosis of OSAS but is either unable to tolerate any level of CPAP or continues to complain of excessive daytime sleepiness.
 

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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