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2) The articles in each collection were selected by Albert Donnay, a consulting toxicologist who has specialized in CO poisoning since 1999. He selected the articles for their relevance to the topics and not for their accuracy, integrity, clinical utility, or any other reason.

3) The collections are not regularly updated and so only should be considered illustrative, not exhaustive. To find more recent articles on any topic "X", you can search at www.pubmed.gov for ("carbon monoxide" and "X")

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For more information on Donnay Detoxicology's library of over 1,500 PubMed collections on CO-related topics, see www.tinyurl.com/COpapers

Donnay Detoxicology LLC

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CARBON MONOXIDE RISK FACTORS: **DLCO LUNG TEST**

DLCO stands for the Diffusing Capacity of the Lung for Carbon Monoxide, also known as Transfer Factor. This test is typically ordered by pulmonologists to assess how well the lungs can absorb oxygen, with CO being used as a surrogate for oxygen.

The DLCO test causes CO poisoning because it requires patients to deeply inhale via their mouth a mixture of air and 0.3% CO—which is 3000 ppm—and then hold their breath for 10 seconds before exhaling. In comparison, the US EPA only allows CO exposure up to 9 ppm average, US NIOSH up to 35 ppm average, and US OSHA up to 50 ppm average. At the high end of exposure that humans can survive, US NIOSH says any exposure over 1200 ppm is Immediately Dangerous to Life and Health.

The DLCO test must be repeated—inhaling 3000ppm each time--up to 5 more times until the results of 2 in a row are within 10% of each other. Each time the test is repeated, of course, it causes the patient's arterial and venous CO levels to increase. But COHb levels nor are rarely tested before or after DLCO testing.

For a collection of peer-reviewed articles on PubMed curated by Albert Donnay about **CO poisoning caused by DLCO testing**, see:

<https://www.ncbi.nlm.nih.gov/sites/myncbi/DonnayDetoxicologyLLC/collections/61756432/public/>