



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Patient name: _____
DOB: _____
TB#/PHN#: _____

Notification of Abnormal AST

Current AST: _____ Date: _____
Previous AST: _____ Date: _____
Baseline AST: _____ Date: _____

*Symptoms of liver toxicity:		
Rash	Headache	Nausea
Vomiting	Diarrhea	Jaundice
Malaise	Fever	Abdominal Pain

Please check the following categories that apply:

- 1) Abnormal AST greater than 45 and less than 100 and **NO** symptoms of liver toxicity*
 - No change to medication
 - Will repeat AST in 2 weeks

- 2) Abnormal AST greater than 45 and less than 100 **WITH** symptoms of liver toxicity*
 - Medication stopped: Date _____
 - Repeat AST weekly until less than 45

Contact TB Services 604.707.5678 TBNurseConsultants@bccdc.ca

- 3) Abnormal AST equal to or greater than 100
 - Medication stopped: Date _____
 - Repeat AST weekly until less than 45

Contact TB Services 604.707.5678 TBNurseConsultants@bccdc.ca

Contact TB Services for recommendations on re-starting medication.

Comments: _____

**Fax copy of form to BCCDC TB Services
(604) 707-2690**