



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](mailto: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](mailto:TBNurseConsultants@bccdc.ca)**

Contact TB Services for recommendations on re-starting medication.

Comments: \_\_\_\_\_

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