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| **AST** | | | |
| **Synonyms** | |  | SGOT, aspartate aminotransferase |
| **Clinical Indication** | |  | AST is usually used to detect liver damage where an AST:ALT ratio of more than 2:0 is suggestive of alcoholic liver disease; however this result does not preclude other diagnoses. |
| **Part of Profile / See Also** | |  |  |
| **Request Form** | |  | Combined Pathology manual Blood form or ICE request |
| **Availability / Frequency of Analysis** | |  | On request |
| **Turnaround Time** | |  | Same day |
| **Patient Preparation** | |  | None |
| **Sample Requirements** | |  |  |
| **Specimen Type** |  | Serum and plasma. |
| **Volume** |  | 2 ml |
| **Container** |  | Yellow top (SST) tube  Or  paediatric orange top (lithium-heparin)  Plain serum samples may also be used. |
| **Reference Range & Units** | |  | Males: Less than 50 IU/L  Females: Less than 35 IU/L |
| **Interferences** | |  | Patients may have a falsely low AST if there is significant levels of sulfasalazine or sulfapyridine present in their blood. Therefore, in such patients, it is recommended that blood for AST is taken before next dose (trough level) when any interference will be minimised. |
| **Interpretation & Clinical**  **Decision Value (if applicable)** | |  | Critical Difference 65% |
| **References** | |  | Beckman method insert |
| **Test code** | |  | AST. PET (part of the pre-eclampsia profile) |
| **Lab Handling** | |  | Analysed from the primary tube and stored at 4°C.  Serum and plasma stable at 2-8°C 28 days. |