



Pre BIOLOGIC work up

Date

Dear

Patient:

DOB:

OHIP:

We are contemplating the initiation of a biologic agent to treat the above patient's Crohn's/ulcerative colitis. As you may be aware, the biologic agents are associated with an increased risk of reactivating dormant tuberculosis, and chronic hepatitis. Once on a biologic, the patient cannot receive any live vaccines.

1) TB screening

As standard of care, we require a TB skin test and a CXR prior to starting a biologic. I would kindly ask that you perform a TB skin test, report the results actual millimeters induration, and fax the results back to my office.

NOTE: higher risk patients require a TWO step TB skin test. Please do the first test and then 1 to 2 weeks following do the second step.

Required	TEST	Dates performed	Results	
<input type="checkbox"/> YES <input type="checkbox"/> NO	One step TB skin test	Date performed _____	Date Read _____	Induration: _____ mm
<input type="checkbox"/> YES <input type="checkbox"/> NO	Two step TB skin test	Date performed _____	Date Read _____	Induration: _____ mm
<input type="checkbox"/> YES <input type="checkbox"/> NO	Chest X ray 2 views	Date performed _____		

2) Hepatitis screening

As standard of care, we require screening for hepatitis A, B, C. Should a patient be non-immune, we ask that you update their vaccinations. Should a patient have chronic hepatitis B, we will consult a hepatologist for treatment.

Required	TEST	Dates performed	Results
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis B	Date performed _____	Hep B Surface Ab _____ Hep B Surface Ag _____ Hep B Core Ab _____ (if high suspicion)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis C	Date performed _____	Hep C Virus Ab _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis A	Date performed _____	Hep A Virus Ab IgM _____ Hep A Virus Ab IgG _____