Coagulation Laboratory, National Coagulation Laboratory, Centre for Laboratory Medicine and Molecular Pathology, St. James's Hospital, Dublin 8.
Tel.: 4162049 Fax: 4103569

VACCINE -INDUCED THROMBOTIC THROMBOCYTOPENIA (VITT) REQUEST FORM

All sections of this form MUST be completed by the requesting medical team for all requests for VITT testing.
Samples <u>will not be analysed</u> unless <u>a fully completed</u> form accompanies the samples for testing.
Samples are tested Monday-Friday. Samples received after 12:00 midday will be tested the following working day. Urgent requests must be discussed with the on-call Coagulation Haematologist (available through the St. James's Hospital switchboard 01 – 410 3000).
Sample requirements: 2 serum samples (clotted).

FOR NCL USE ONLY

Section A: Patient Demographics

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Male** ☐ **Female** ☐

Medical Record Number: ☐ **Date of Birth** ☐☐ ☐☐ ☐☐☐☐

Hospital: ☐ **Ward:** ☐

Consultant: ☐ **External Lab order number:** _____

Additional Clinical Details: _____

_____

Date and time sample taken: _____ **Is local Haematology service informed: Yes** ☐ **No** ☐

Requested by (print name): _____ **Local Haematology contact name:** _____

Contact number: _____ **Local Haematology contact number:** _____

Signed: _____

Section B: Clinical Details

Vaccination	**AstraZeneca** ☐ **Janssen** ☐ **Other** ☐ **Please specify:** _____	
	Date of Vaccination: _____	
	First ☐	**Second** ☐
Thrombosis	**No** ☐ **Yes** ☐	**Date:** _____ **Site:** _____
Thrombocytopenia	**Platelet count on admission:** _____ **x 10^9/L**	**Date:** _____
	Lowest platelet count: _____ **x 10^9/L**	**Date:** _____
	Current platelet count: _____ **x 10^9/L**	**Date:** _____
Fibrinogen	_____ **g/L**	**Date:** _____
D-Dimer	_____	**Date:** _____