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HEPARIN INDUCED THROMBOCYTOPENIA (HIT) REQUEST FORM	Oc agus

All sections (A, B & C) of this form MUST be completed by the requesting medical	FOR NCL USE ONLY
team for all requests for HIT testing.	
Samples will not be analysed unless a fully completed form accompanies the	
samples for testing.	
Sample requirements: 2 serum samples (clotted)	

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:	-
Requested by (print name):	Contact number:
Signed:	-

Section B: 4T score calculator

Points	2	1	0	Points assigned
Thrombocytopenia	>50% fall and platelet nadir $\ge 20 \ge 10^{9}/1$	30-50% fall or platelet nadir 10-19 x 10 ⁹ /1	Fall <30% or platelet nadir <10 x 10 ⁹ /l	
Timing* of platelet count fall or other seqelae	Clear onset between days 5 and 10; or ≤1 day (if heparin exposure within the past 30 days)	Consistent with immunisation but not clear (e.g. missing platelet counts) or onset of thrombocytopoenia after day 10; or fall ≤1 day (if heparin exposure 30-100 days ago)	Platelet count fall ≤4 days (without recent heparin exposure)	
Thrombosis or other sequelae	New thrombosis; skin necrosis; post-heparin bolus acute systemic reaction	Progresive or recurrent thrombosis; erythematous skin lesion; suspected thrombosis not yet proven	None	
Other causes for thrombocytopoenia not evident	No other cause is evident	Possible other cause is evident	Definite other cause present	

REF: Guidelines on the diagnosis and management of heparin induced thrombocytopenia $(2^{nd} Ed)$ *British Journal of Haematology, 2012, 159, 528–540* *First day of immunising heparin exposure considered day 0; the day the platelet count begins to fall is considered the day of onset of thrombocytopenia

Section C: 4T score for patient =			
4T Score	Pre-test Probability of HIT by 4T Score	Action	
0-3	Low	Unlikely HIT, laboratory testing for HIT not indicated	
4-8	Intermediate - High	Send samples for analysis	