

H.I.T. SCREEN

HEPARIN INDUCED THROMBOCYTOPENIA SCREENING REQUISITION



Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - All information marked with an * is mandatory and must be clearly legible.
Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name	Billing Code:	*Last/First Name: (as per MB Health Card)	
*Ordering Facility:	Inpatient Location:	*Date of Birth (dd/mm/yyyy)	
Address:		*Sex: Female Male	
Critical Results Phone Number:	*Fax Number:	*PHIN:	
COLLECTION INFORMATION		*Alternate ID: (include ID type with number ie. RCMP, SK, DND)	
Copy of report to Lab <input type="checkbox"/> YES <input type="checkbox"/> NO		MRN:	
*Collection Facility/Lab:		Encounter Number:	
*Collection Date:		Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
*Collection Time:		*Patient Phone No:	
Referring Lab: Check if samples shipped frozen <input type="checkbox"/>		*Patient Address:	
Number of tubes sent: Serum vial(s) ___ Plasma vials(p) ___		ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION	
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION		Last & Full First Name:	Billing Code:
Last & Full First Name:	Billing Code:	Phone #:	Fax #:
Phone #:	Fax #:		

SHIP SAMPLES TO: St. Boniface Hospital Hematology
L4006 - 409 Tache Ave.
Winnipeg, MB R2H 2A6
Phone: 204-237-2468 Fax: 204-237-2494

***** This section MUST be completed in ENTIRETY or testing WILL NOT be initiated:

Ordering Professional: _____
 (last name) (first name) (address)

Thrombocytopenia: Platelet fall > 50% or Nadir $\geq 20 \times 10^9/L$
 Platelet fall 30 - 50% Nadir $10 - 19 \times 10^9/L$
 Platelet fall < 30% Nadir $< 10 \times 10^9/L$

Timing of Platelet count fall: > 10 days after heparin exposure (1 point)
 5 - 10 days after heparin
 < 1 day with history of prior exposure
 within 30 days (2 points)
 30 - 100 days (1 point)
 ≤ 4 days (no recent exposure)

Thrombosis: Proven new thrombosis - Please specify: _____
 Progressive / recurrent thrombosis
 None

Other causes of Thrombocytopenia: None
 Possible - Please specify: _____
 Definite - Please specify: _____

TEST	SAMPLES REQUIRED	TEST CODE
<input type="checkbox"/> HIT Screen Note: Positive HIT Screen specimens will be referred for confirmatory SRA (Serotonin Release Assay).	<u>Serum for Heparin Induced Thrombocytopenia (HIT)</u> Adult: 1 x 10 mL tube (serum) - red top 3 x 1.8 mL sodium citrate tubes (plasma) - light blue	HITS