

Ship samples to:

St/ Boniface Hospital Hematology Lab
 L4006-409 Tache Ave
 Winnipeg, MB R2H 2A6
 Phone: 204-237-2468
 Fax: 204-237-2494

HIT Screen

Heparin Induced Thrombocytopenia Screening Requisition

*This space for lab use only
Place DELPHIC Label here*

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name:		*Last/First Name: (per MB Health Card)	
Billing Code:	Inpatient Location:	* Date of Birth (dd/mm/yyyy)	
*Facility Name/Address		*Sex: Female Male	
Phone No:	Fax No:	*PHIN:	
Critical Results Phone Number:		*Specify Province or DND if different	
COPY REPORT TO: (if info missing, report may not be sent)			
Last & Full First Name:		MRN:	
Facility Name/Address:		Encounter Number:	
Last & Full First Name:		Patient Phone Number:	
Facility Name/Address:		Patient Address:	
Last & Full First Name:		Demographics verified: <input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	
Facility Name/Address:			
Collection Information Fields marked with "♦" required by person collecting sample			
♦Collector:	♦Collection Date:	♦Collection: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line	
♦Collection Facility/Lab:	♦Collection Time:	<input type="checkbox"/> Above shut off IV	
# Serum vial(s) _____	# Plasma vials(p) _____	Referring Lab: # of tubes sent _____	Samples shipped frozen <input type="checkbox"/>

****** Testing WILL NOT be initiated if the section BELOW is not completed in ENTIRETY ******

		Points Assigned	Points Given
Thrombocytopenia	Platelet count fall > 50% and platelet nadir $\geq 20 \times 10^9/L$	2	
	Platelet count fall 30-50% or platelet nadir $10-19 \times 10^9/L$	1	
	Platelet count fall < 30% or platelet nadir $< 10 \times 10^9/L$	0	
Timing * of platelet count fall * 1 st day of heparin exposure = Day 0	Clear onset between days 5 – 14 or platelet fall ≤ 1 day (prior heparin exposure within 30 days)	2	
	Consistent with days 5 – 14 fall, but not clear (e.g. missing platelet counts) or onset after day 14 or fall ≤ 1 day (prior heparin exposure 30 – 100 days ago)	1	
	Platelet count fall ≤ 4 days without recent exposure	0	
Thrombosis or other sequelae (e.g. skin lesions)	New thrombosis (confirmed); skin necrosis at heparin injection sites; anaphylactoid reaction after IV heparin bolus; adrenal hemorrhage	2	
	Progressive or recurrent thrombosis; non-necrotizing (erythematous) skin lesions; suspected thrombosis (not confirmed)	1	
	None	0	
Other causes of thrombocytopenia	None apparent	2	
	Possible	1	
	Definite	0	
6 – 8 = High pre-test probability 4 – 5 = Intermediate pre-test probability 0 – 3 = Low pre-test probability		TOTAL PRE-TEST PROBABILITY SCORE (0-8)	
TEST	SAMPLES REQUIRED	TEST CODE	
<input type="checkbox"/> HIT Screen Note: Positive HIT Screened specimens will be referred out for confirmatory SRA (Serotonin Release Assay)	Serum for Heparin Induced Thrombocytopenia HIT Adult: 1 x 10 mL tube (serum) – red top 1 x 1.8 mL sodium citrate tubes (plasma) – light blue	HITA	

Physician Signature (required): _____ Print Name: _____ Contact Phone or Pager: _____

