

Patient information	Referring physician/billing address
Full name Date of birth (dd/mm/yyyy) Address Zip code City Country <input type="checkbox"/> Male <input type="checkbox"/> Female	 Billing address:

Fax number for diagnostic report:

With my signature I confirm that GDPR regulations are met for all documents received on this fax number.

Date, place:

Signature:

HIT (Heparin-induced Thrombocytopenia) 10 ml native-blood and 3 ml EDTA-blood

- When was heparin therapy started? Date: UFH LMWH
- Highest platelet count at the beginning of heparin therapy: GPT/L
- Lowest platelet count after the beginning of heparin therapy:
 <10GPT/L 10-19 GPT/L 20-100 GPT/L >100 GPT/L
- Does the patient receive:
 Danaparoid Argatroban i.v.IgG GPIIb/IIIa inhibitor:
 Ticagrelor Clopidogrel Prasugrel Time between medication and blood sample: _____ Hours
- Thrombosis? yes no suspected necrotic skin lesion
- Sepsis? yes no suspected
- Preoperative screening of cardiosurgical patient with a history of HIT scheduled for re-exposure with heparin during extracorporeal circulation. Date of HIT diagnosis:
 ELISA: pos neg HIPA: pos neg

Please use the 4T-Score in patients with suspected HIT. If score is <4, HIT is very unlikely (<5%). We recommend HIT testing in patients with a 4T-Score ≥4.

Estimation of the pretest probability of HIT

	Score	2	1	0
Thrombocytopenia (acute)	<input type="checkbox"/>	>50% platelet fall (nadir ≥ 20 ×10 ⁹ /l)	30-50% platelet fall (or >50% fall due to surgery); or nadir 10-19 ×10 ⁹ /l	<30% platelet fall; or nadir ≤ 10 ×10 ⁹ /l
Timing of platelet count fall, thrombosis, or other sequelae (first day of heparin course=day 0)	<input type="checkbox"/>	Onset between days 5-10 or ≤1 day (if heparin exposure within past 30 days)	Consistent with day 5-10 fall, but not clear (e.g. missing platelet counts) or ≤1 day (heparin exposure within the past 31-100 days) or platelet count fall after day 10)	Platelet count fall ≤4 days without recent heparin exposure
Thrombosis or other sequelae (e.g. skin lesions, ASR)	<input type="checkbox"/>	New thrombosis, skin necrosis; acute systemic reaction after iv heparin bolus	Progressive or recurrent thrombosis; erythematous skin lesions; suspected thrombosis (not yet proven); asymptomatic upper-limb DVT	None
Other cause of thrombocytopenia	<input type="checkbox"/>	No explanation (besides HIT) for platelet count fall is evident	Possible other cause is evident	Definite other cause is present
Probability score	<input type="checkbox"/>			

<input type="checkbox"/> Drug-induced thrombocytopenia (15 ml EDTA-Blood and 5 ml Native blood)	
<i>Please add 2 – 3 tablets (minimum 30mg) or 1 ampule of the suspected drug</i>	
PLT:	GPT/L
Drugs (started 14 days before occurrence of thrombocytopenia):	
Increase of platelet count after discontinuation of drug?	
yes <input type="checkbox"/>	no <input type="checkbox"/>
<input type="checkbox"/> Platelet – specific antibodies	
PLT:	GPT/L
<input type="checkbox"/> Immune thrombocytopenia (ITP) (20 ml EDTA-blood and 5 ml native blood)	<input type="checkbox"/> Refractory platelet count after platelet transfusion In case of HLA-class I antibodies: Including serologic test for HLA-antibodies (lymphocytotoxicity (LCT) assay) for selection of HLA-matched platelet concentrates. (20 EDTA-blood and 10 ml Native blood)
<input type="checkbox"/> Neonatal alloimmune thrombocytopenia (NAIT) father: 20 ml EDTA - blood (required) mother: 10 ml native blood + 20 ml EDTA-blood (required) child: 1 ml EDTA – Blood (optional) (cord blood possible)	
<input type="checkbox"/> Posttransfusion purpura (PTP) (20 ml EDTA-blood and 10 ml Native blood)	
Did the patient receive blood transfusions (during the last weeks)?	
yes <input type="checkbox"/> (Date of the last transfusion:) no <input type="checkbox"/>	
Pregnancy or miscarriage?	
yes <input type="checkbox"/> no <input type="checkbox"/>	
<input type="checkbox"/> Inherited platelet disorders 12 air-dried unstained blood smears, 2 stained blood smears 5-10 ml EDTA-blood; (3-5 ml EDTA-blood, children), (See also request form: http://www.medizin.uni-greifswald.de/transfus/index.php?id=389)	
Screening	<input type="checkbox"/> thrombocytopenia <input type="checkbox"/> platelet function disorder
Bleeding tendency <input type="checkbox"/> mild <input type="checkbox"/> intermediate <input type="checkbox"/> severe	Please describe (e.g. easy bruising, menorrhagia, joint bleeding, etc.)
<input type="checkbox"/> TRALI, neutrophil antibodies	
Blood donor:	5 ml EDTA-Blood and 10 ml Native blood + Patient: 10 ml EDTA-Blood and 10 ml Native blood
Transfused blood product:	
<input type="checkbox"/> Red blood cell-concentrate <input type="checkbox"/> platelet concentrate <input type="checkbox"/> plasma <input type="checkbox"/> other: _____	

Children: Please contact our staff for advice on reduced blood volumes: thrombolabor@uni-greifswald.de

Phone numbers:

Mon-Fri 07.30 – 15.30 +49 3834 86 5475, outside laboratory operating hours: + 49 3834 86 6074
Fax number: +493834 86 5547

Place/Date/Stamp:

Signature: