

**REQUEST FOR HEPARIN INDUCED  
THROMBOCYTOPENIA (HIT) ASSAY  
CLINICAL ASSESSMENT FORM – VCH**

PCIS LABEL

Date: \_\_\_\_\_

The HIT test is highly sensitive but relatively non-specific; a clinical probability assessment must be performed prior to request for HIT testing. Failure to complete the assessment form will preclude testing.

**Criteria for estimating the pretest probability of HIT: The “4T’s” score according to T. Warkentin:**

Lo GK, Juhl D, Warkentin TE, Sigouin CS, Eichler P, Greinacher A. Evaluation of pretest clinical score (4 T's) for the diagnosis of heparin-induced thrombocytopenia in two clinical settings. J Thromb Haemost 2006; 4: 759–65

[www.hematology.org/Practice/Guidelines/4678.aspx](http://www.hematology.org/Practice/Guidelines/4678.aspx)

		Points Assigned	Points Given
<b>Thrombocytopenia</b>	> 50% fall and platelet nadir 20-100 x 10 <sup>9</sup> /L	2	
	30-50% fall or platelet nadir 10-20 x 10 <sup>9</sup> /L	1	
	Fall < 30% or platelet nadir < 10 x 10 <sup>9</sup> /L	0	
<b>Timing* of fall in platelet count</b> *1st day of heparin exposure = Day 0	Clear onset between days 5-10; <b>or</b> less than one day (if heparin exposure within past 100 days)	2	
	Onset of platelet count drop unclear (e.g. missing platelet counts) <b>or</b> Onset of platelet count drop after day 10	1	
	Fall in platelet count before day 5 without heparin exposure within last 100 days	0	
<b>Thrombosis or other sequelae</b> (e.g. skin lesions)	New thrombosis; skin necrosis; postheparin bolus acute systemic reaction	2	
	Progressive or recurrent thrombosis; erythematous skin lesions; suspected thrombosis not yet proven	1	
	None	0	
<b>Other cause for thrombocytopenia not evident</b>	No other cause for fall in platelet count is evident	2	
	Possible other cause evident	1	
	Definite other cause present	0	
<b>6-8 = high: PROCEED WITH TESTING</b>		<b>Total pre-test probability score (0-8)</b>	
<b>4-5 = intermediate: PROCEED WITH TESTING</b>			
<b>0-3 = low: TESTING NOT INDICATED</b>			

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Contact phone or pager

Revised January 2014

**FAX REQUEST TO VGH TMS 604-875-5284**

**INQUIRIES OR QUESTIONS: CONTACT VGH HEMATOLOGY LABORATORY – 604-875-4111- EXT 62982**