Suspected Vaccine-induced Thrombotic Thrombocytopenia Blood test request form

Please refer to the most recent **THANZ VITT/VIPIT Advisory statement** for guidance on appropriate testing (https://www.thanz.org.au/). For the *Follow-up VITT Blood test request form* click here.

Dationt Names Last		Circt.	
	:		
Patient ID Number	:	Sex:	$M \square / F \square$
Date of birth (DD-N	ИММ-YYYY):	Age:_	
			_ Collection Time:
	name:		
	phone number (direct num		
Consulting Haemat	ologist:		Haematologist approved? Y \Box / N \Box
Sample	Separated serum from 4x r	red top (serum)); AND
requirements:	Separated plasma 4x blue top (sodium citrate- plasma)		
	•		
Sample	Please take plasma and serum samples PRIOR to IVIg therapy and		
Instructions	anticoagulation. Treatment may result in false negatives.		
	Separate serum and plasma into 500μL aliquots where possible. Ship frozen.		
	Samples will need to be shipped as per the following instructions and included copy of the completed form.		

Samples will need to be shipped to these sites:

1. NSW Referrals: send all sample aliquots (PLASMA and SERUM) for both ELISA and functional testing to:

Attn: VITT test samples, C/- Dr Vivien Chen Diagnostic Pathology unit Concord Repatriation General Hospital Hospital Road, CONCORD NSW 2139

Tel: 02 9767 5892, Fax: 02 9767 8302

- 2. Referrals from other Australian sites (all states other than NSW):
 - a. Send 2 x serum aliquots to your local referral laboratory for ELISA VITT testing. (Details on page 2).
 - b. Send the remaining SERUM sample aliquots and all PLASMA sample aliquots to:

VITT functional test samples

Attn: Dr Vivien Chen

Diagnostic Pathology unit - Coagulation laboratory

Concord Repatriation General Hospital Hospital Road, CONCORD NSW 2139 Tel: 02 9767 5892, Fax: 02 9767 8302

Please provide the following information

Sections in **bold** are essential to determine if testing is to proceed. Missing information will result in delayed or suspended testing. Testing is based on the likelihood of VITT (as per THANZ VITT/VIPIT Advisory statement).

•	Type of COVID-19	vaccine received:				
	AstraZeneca ☐ Pfizer-BioNTech ☐		1 st /2 nd dose (please circle)			
	Date of dose:		Date of symptom onset:			
•	Presenting sympt	om(s):				
•	Thrombosis:	Yes \square No \square	Date of thrombosis:			
	a. Sites of th	nrombosis (list all):				
	b. Alternativ	b. Alternative causes/recent provoking factors (e.g. surgery, OCP).				
•	Thrombocytopen	Thrombocytopenia (count < 150 x $10^9/L$): Yes \square No \square				
	a. Platelet c	ount at sample collection	n:x10 ⁹ /L Platelet nadir:x10 ⁹ /L			
	b. Alternativ	/e causes:				
•	D-dimer result: _	Upper limit of no	rmal cut-off value: Date of test:			
•	Fibrinogen level:		Date of test:			
•	Relevant medical	history:				
	Previous HIT \square	Antiphospholipid synd	drome \square Immune thrombocytopenia \square			
	Other \square					
•	Intravenous imm	unoglobulin therapy with	nin the last 30 days? Yes \square No \square			
	Recent heparin th	nerapy? Yes	☐ No ☐ Date of last dose:			
	Unfractionated	☐ Low molecula	ır weight heparin \square			
<u>ın</u>	ne following sites w	ill receive samples for E	LISA testing (list will be updated regularly):			
NS	SW NSW	Health Pathology - Conc Haematologists: Vivie	•			
VIC	IC Mona	ash Pathology – Monash Scientist: Joanne Cliffo Haematologist: Sanjeo	ord			
QL	LD Patho	ology Queensland – Cent Scientist: Joanne Begg Haematologist: Bronv				
SA SA Pathology, Royal Adelaide Hospital Scientists: Liz Duncan, Olivia Yacoub Haematologists: Chee Wee Tan, Yvonne Brenna		, Olivia Yacoub				
		Scientists: Matt Ande	ital rson, Lisa Kaminskis, Natasha Modica hanie P'ng, Dominic Pepperell			