

Follow-up Vaccine-induced Thrombotic Thrombocytopenia Blood test request form

Please refer to the most recent **THANZ VITT/VIPIT Advisory statement for management guidance** (<https://www.thanz.org.au/>).

This form is to be used for follow-up testing of previously identified VITT cases.

Patient Name: Last: _____ First: _____
Patient ID Number: _____ Sex: M / F
Date of birth (DD-MMM-YYYY): _____ Age: _____
Ethnicity: _____
Sample Collection Date (DD-MMM-YYYY): _____ Collection Time: _____
Hospital/ clinic: _____
Ordering physician name: _____
Ordering physician phone number (direct number preferred): _____
Fax for report: _____
Billing Address: _____

Sample requirements:	Separated serum from 4x red or gold top (serum); AND
	Separated plasma 4x blue top (sodium citrate- plasma)

Sample Instructions	Separate serum and plasma. Ship frozen.
	Samples will need to be shipped as per the following instructions and include a copy of the completed form.

1. Send 2 x serum aliquots to your local referral laboratory for ELISA VITT testing.
2. Send the remaining SERUM sample aliquots and all PLASMA sample aliquots to:
VITT functional test samples
Attn: Dr Vivien Chen
Diagnostic Pathology unit
Concord Repatriation General Hospital
Hospital Road, CONCORD NSW 2139

ELISA testing

NSW NSW Health Pathology – Royal Prince Alfred Hospital
Scientist: Geoff Kershaw. Haematologist: Freda Passam

VIC Monash Pathology – Monash Medical Centre
Scientist: Joanne Clifford. Haematologist: Sanjeev Chunilal

QLD Pathology Queensland – Central pathology laboratory (Royal Brisbane)
Scientist: Joanne Beggs, Leanne Ballard. Haematologist: Bronwyn Williams

SA SA Pathology, Royal Adelaide Hospital
Scientists: Liz Duncan, Olivia Yacoub. Haematologists: Chee Wee Tan, Yvonne Brennan

WA PathWest Fiona Stanley Hospital
Scientists: Matt Anderson, Lisa Kaminskis, Natasha Modica, Haematologists: Stephanie P'ng, Dominic Pepperell

Please provide the following information

Sections in **bold** are essential to determine if testing is to proceed.

- **Previous VITT diagnosis history:**
 - a. ELISA positive? (Y/N; if known)
 - b. Functional assay positive? (Y/N; if known)
- **Follow-up timepoint since VITT onset:**
6 weeks 3 months 6 months 12 months Other (specify):

Follow-up testing will not proceed if the most recent result for that assay was negative.

- Type of COVID-19 vaccine received for second dose:
AstraZeneca Pfizer-BioNTech Moderna Novovax Other..... Nil
Date of second dose: _____
- Type of COVID-19 vaccine received for third dose:
AstraZeneca Pfizer-BioNTech Moderna Novovax Other..... Nil
Date of third dose: _____
- Intercurrent COVID infection Yes no Date.....
- Recovery Platelet count (most recent): _____x10⁹/L
Date of test: _____
- Recovery D-Dimer count (most recent): _____ Upper limit of normal cut-off value: _____
Date of test: _____
- Current anticoagulation therapy (drug name & dose):

- Intravenous immunoglobulin therapy within the last 30 days? Yes No
- Please describe other relevant treatments applied since VITT diagnosis:
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