

Suspected Vaccine Induced Prothrombotic Immune Thrombocytopenia (VIPIT):

Blood test request form

This form is to be completed whenever samples from patients with suspected VIPIT following COVID-19 vaccination are sent for testing by heparin-induced thrombocytopenia (HIT) ELISA or functional 'HIT' assays. Please refer to the most recent THANZ VIPIT Advisory statement for guidance on appropriate testing (<https://www.thanz.org.au/>). Where possible, please ensure to send plasma and serum PRIOR to any IVIG therapy and anticoagulation, as these will likely result in false negatives.

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

Sample requirements: Separated serum from 2x red top (serum); and
Separated plasma 4x blue top (sodium citrate- plasma)

Instructions: Separate serum and plasma into 500µL aliquots where possible. Ship frozen.
Complete this form, print the form, and include with shipment of specimens.

Samples will need to be shipped to 2 sites, each with a copy of the completed form:

- 1. For VIPIT-specific HIT ELISA testing, send 2 x serum aliquot to your local referral laboratory (list below – updated regularly)**
- 2. For functional HIT testing, send the remaining aliquots of serum and plasma to:**

VIPIT 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 clinical information:

- Type of COVID-19 vaccine received:
AstraZeneca Pfizer-BioNTech Other _____
Date of 1st dose: _____ Date of 2nd dose: _____
- Presenting symptom(s): _____ Date of onset: _____

Australia and New Zealand VIPIT ELISA and functional testing request form

- Thrombosis: Yes No Date of thrombosis: _____
 - a. Anatomical (arterial/venous/micro) sites of thrombosis (list all):

 - b. List any alternative causes/recent provoking factors (e.g. surgery, OCP).

- Thrombocytopenia (count < 150 x 10⁹/L): Yes No
 - a. Platelet count at sample collection: _____x10⁹/L Platelet nadir: _____ x10⁹/L
 - b. List any alternative causes (including recent heparins - unfractionated or LMWH)?

- D-dimer result: _____ Upper limit of normal cut-off value: _____ Date of test: _____
- Fibrinogen level: _____ Date of test: _____
- Relevant medical history:
Previous HIT Antiphospholipid syndrome Immune thrombocytopenia
Other _____
- Intravenous immunoglobulin therapy within the last 30 days? Yes No
Date of last dose: _____
- Recent heparin therapy? Yes No
Unfractionated Low molecular weight heparin
Date of last dose: _____

The following sites currently perform HIT ELISA (list will be updated regularly):

- NSW St George Hospital
 Scientist: Noor Alhooda Shahood
 Haematologists: Beng Chong, Shir Jing Ho
Royal Prince Alfred Hospital
 Scientist: Geoffrey Kershaw
 Haematologists: Freda Passam, Scott Dunkley

- VIC Monash Pathology – Monash Medical Centre
 Scientist: Erica Malan
 Haematologist: Sanjeev Chunilal

- QLD Pathology Queensland – Central pathology laboratory (Royal Brisbane)
 Scientist: Joanne Beggs
 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