S-H-Y-P-S
NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Scarborough, Hull and York Pathology Service

Test	Heparin-Induced Thrombocytopenia (HIT) Screening
Common Abbreviations	HIT Screening
Profile	Heparin-Induced Thrombocytopenia Screen
Clinical indication	HIT is a potentially life-threatening immune complication which occurs after exposure to unfractionated heparin or low-molecular weight heparins. It is characterized by declining platelet counts beginning 5–14 days after heparin exposure occurring in isolation or concurrent with new arterial and venous thrombotic complications. HIT is caused by antibodies directed against complexes formed by platelet factor 4 and heparin. The '4T' scoring system is widely used to predict the risk that an individual with Thrombocytopenia may have HIT. The 4Ts in the 4T score are: thrombocytopenia, timing, thrombosis and other causes of thrombocytopenia are not evident. HIT screening is not indicated in patients with a 4T score between 0-3.
Specimen type	Blood
Sample type	Gold Top Clotted Sample
Minimum volume	Gold Top Clotted (6ml) Sample
Special precautions	None
Stability	12 hours
Turn-around time	2 hours
Laboratory	HRI: 24/7 CHH: Assay not performed at CHH – Samples forwarded to HRI
Reference interval	0 – 0.99 U/mL * Samples which produce a result >0.99 U/mL are sent to NHSBT Bristol for confirmatory HIT testing
Limitations	Although a positive reaction may indicate the presence of a heparin-associated antibody, the detection of antibodies DOES NOT CONFIRM the diagnosis of heparin-induced thrombocytopenia (HIT), as some patients may have naturally occurring antibodies to PF4. HIT results should be used in conjunction with the clinical probability (4T) score.