

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/24/1988
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Heparin-Induced Thrombocytopenia (HIT) PF4 Antibody, IgG with Reflex to Serotonin Release Assay (Heparin Dependent Platelet Antibody), Unfractionated Heparin

ARUP test code 2012181

Hep-Ind Thrombocytopenia PF4 Ab, IgG **0.537 OD H** (Ref Interval: <=0.399)

Serotonin Release Assay (Heparin Dependent Platelet Antibody), Unfractionated Heparin to follow.

Interpretive Data: Hep-Ind Thrombocytopenia PF4 Ab, IgG

This ELISA assay detects the presence of IgG antibodies to heparin-platelet factor 4 (PF4) complexes. Most cases of heparin-induced thrombocytopenia (HIT) are caused by IgG antibodies to heparin-PF4, rather than IgA or IgM antibodies. Negative results have a good negative predictive value for HIT, although rare false-negative results may occur. Positive ELISA results are sensitive but not completely specific for HIT. HIT is a clinicopathologic diagnosis. Clinical findings and the results of other laboratory tests must be taken into consideration. Higher optical density (OD) values in the IgG ELISA test correlate with a higher likelihood of positivity in platelet activation assays, such as the serotonin release assay (SRA), and an increased likelihood of clinical HIT.

A clinical scoring system to assess pretest probability of HIT along with other guidance for diagnosis is available in ARUP Consult:
<http://www.arupconsult.com/content/heparin-induced-thrombocytopenia>.

Serotonin Release Assay (Heparin Dependent Platelet Antibody), Unfractionated Heparin

ARUP test code 2005631

SRA, Unfractionated Heparin, Low Dose 0 %

SRA, Unfractionated Heparin, High Dose 0 %

SRA, Unfractionated Heparin Negative (Ref Interval: Negative)

SRA, Unfractionated Heparin, Interp. See Note

H=High, L=Low, *=Abnormal, C=Critical

This patient's specimen demonstrates a negative result in the serotonin release assay. A diagnosis of heparin-induced thrombocytopenia (HIT) is unlikely, but not completely excluded.

A positive result would demonstrate $\geq 20\%$ serotonin release from reagent platelets in the presence of patient specimen and low-dose heparin (0.1 U/mL) and $<20\%$ serotonin release from reagent platelets (inhibition of the reaction) in the presence of patient specimen and high-dose heparin (100 U/mL). Additional information regarding diagnosis of HIT is available at arupconsult.com.

INTERPRETIVE INFORMATION: SRA, Unfractionated Heparin

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hep-Ind Thrombocytopenia PF4 Ab, IgG	22-012-138970	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SRA, Unfractionated Heparin, Low Dose	22-012-138970	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SRA, Unfractionated Heparin, High Dose	22-012-138970	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SRA, Unfractionated Heparin	22-012-138970	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SRA, Unfractionated Heparin, Interp.	22-012-138970	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at: