

Final Approval: **Randy Veinotte**

**Please Note: Questionnaire must be completely filled out and faxed to the Coagulation Laboratory at (902)425-0642. Failure to provide applicable information will result in delay or cancellation of testing. Testing is batched and performed once per week. For more information contact the Coagulation Laboratory at (902)473-4059.**

1. Thrombocytopenia

- > 50% fall of platelets or platelet count 20-100 **(score 2)**
- 30-50% fall or platelet count <10-19 **(score 1)**
- <30% fall or platelet count <10 **(score 0)**

2. Timing of platelet count fall or other sequelae

- Clear onset between day 5-10; or less than 1 day (if heparin exposure within past 100 days) **(score 2)**
- Timing consistent with heparin exposure but not clear (eg. Missing platelet counts) or onset of thrombocytopenia after day 10 **(score 1)**
- Platelet count fall too early (without heparin exposure) **(score 0)**

**Please note:** First day of heparin exposure considered day 0; the day the platelet count begins to fall is considered the day of onset of thrombocytopenia (it generally takes 1-3 days more until an arbitrary threshold that defines thrombocytopenia is passed).

3. Thrombosis or other sequelae (e.g. skin lesions)

- New Thrombosis; skin necrosis; post heparin bolus acute systemic reaction **(score 2)**
- Progressive or recurrent thrombosis; erythematous skin lesions; suspected thrombosis not yet proven **(score 1)**
- None (score 0)

4. Other cause for Thrombocytopenia not evident

- No other cause for platelet count fall is evident **(score 2)**
- Possible other cause is evident **(score 1)**
- Definite other cause is present **(score 0)**

Pre-test probability Score: High = 6-8

Intermediate = 4-5

Low = 0-3

**If you have any questions please call the coagulation laboratory 473-4059**

Patient Name: DOB: HCN: Unit No:
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Requesting Physician: _____ Pager: _____
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