Figure S1: Case Report Form

Heparin-Induced Thrombocytopenia:

Development and Validation

of a Predictive Clinical Score

Patient : |__|__|__|

N° Patient : |__|__|__|

Inclusion criteria	YES NO
Age ≥ 18 years :	☐1 ☐2
Patient with suspected HIT requiring an ELISA assay:	☐1 ☐2
Possible follow-up of 4 days after ELISA test performance:	☐1 ☐2

↳ in the case of one negative response, do not include the patient

Patient data	
Year of birth:	|__|__|__|__|
Se:	
Male:	☐1
Female:	☐2

Date of HIT suspicion = D0 (DDMMYY)	/__/__/||__/__/||__/__/
This date could not be the day of test performance	

Past History and Current Context

Past History	YES	NO
History of myocardial infarct:	☐1	☐2
History of stroke:	☐1	☐2
History of venous thromboembolism:	☐1	☐2
History of vascular surgery:	☐1	☐2
History of HIT:	☐1	☐2
Current Context	YES	NO
Active cancer	☐1	☐2
Peripheral arterial disease	☐1	☐
Pregnancy or post partum	☐1	☐2
Autoimmune disease	☐1	☐2
Sepsis	☐1	☐2
DIC	☐1	☐2
Aortic Pump	☐1	☐2
Multiple blood transfusion	☐1	☐2
Major trauma	☐1	☐2
Shock	☐1	☐2
Inflammatory Syndrome	☐1	☐2
Hospitalisation in an intensive care unit	☐1	☐2
Other :	☐1	☐1
.....		
.....		

Previous treatment with heparin	YES NO UNKOWN
Had the patient received a treatment with heparin, danaparoid or fondaparinux during the previous 3 months?	☐1 ☐2 ☐3
If yes 1. Type of treatment :	
1.1. UFH:	☐1 ☐2
1.2. LMWH:	☐1 ☐2
1.3. Fondaparinux:	☐1 ☐2
1.4. Danaparoid:	☐1 ☐2
1.5. Therapeutic dose:	☐1 ☐2
1.6. Prophylactic dose:	☐1 ☐2
2. Route of administration:	
2.1. Intravenous:	☐1 ☐2
2.2. Subcutaneous:	
2.3. Central intravenous catheter:	☐1 ☐2
2.4. Cardiopulmonary bypass:	☐1 ☐2
2.5. Dialysis circuit:	☐1 ☐2
	☐1 ☐2
	☐1 ☐2

	YES NO UNKNOWN
Had the patient received a treatment with heparin, danaparoid or fondaparinux later than within the previous 3 months?	☐1 ☐2 ☐3
If yes 1. Type of treatment :	
1.1. UFH:	☐1 ☐2
1.2. LMWH:	☐1 ☐2
1.3. Fondaparinux:	☐1 ☐2
1.4. Danaparoid:	☐1 ☐2
1.5. Therapeutic dose:	☐1 ☐2
1.6. Prophylactic dose:	☐1 ☐2
2. Route of administration:	
2.1. Intravenous:	☐1 ☐2
2.2. Subcutaneous:	
2.3. Central intravenous catheter:	☐1 ☐2
2.4. Cardiopulmonary bypass:	☐1 ☐2
2.5. Dialysis catheter:	☐1 ☐2

	☐1 ☐2 ☐1 ☐2

Current Episode of HIT Suspicion

Current Treatment	☐ YES ☐ NO ☐ UNKNOWN
Type of treatment :	
1. UFH:	☐1 ☐2
2. LMWH:	☐1 ☐2
3. Fondaparinux:	☐1 ☐2
4. UFH and then LMWH:	☐1 ☐2
5. LMWH and then UFH:	☐1 ☐2
6. UFH and then fondaparinux:	☐1 ☐2
7 .Fondaparinux and then UFH:	☐1 ☐
8. LMWH and then fondaparinux:	☐1 ☐2
9. Fondaparinux and then LMWH:.....	☐1 ☐2
10. Therapeutic doses:	☐1 ☐2
11. Prophylactic doses :	
12. Prophylactic and then therapeutic doses:	
13. Therapeutic and then prophylactic doses:	☐1 ☐2
Route of administration no. 1 :	☐1 ☐2
1. Intravenous:	☐1 ☐2
2. Subcutaneous:	☐1 ☐2
3. Central intravenous catheter	
4. Cardiopulmonary bypass	
5. Dialysis catheter:	☐1 ☐2
Route of administration no. 2 :	☐1 ☐2
1. Intravenous:	☐1 ☐2
2. Sub cutaneous:	☐1 ☐2
3. Central intravenous catheter	
4. Cardiopulmonary bypass	
5. Dialysis catheter:.....	
Had the «heparin» treatment been discontinued for at least 24 hours?	☐1 ☐2

If Yes :	☐1 ☐2
1. from 1 to 2 days :	☐1 ☐2
2. from 2 to 3 days :	☐1 ☐2
3. from 3 à 7 days :	☐1 ☐2
	☐1 ☐2
	☐1 ☐2
	☐1 ☐2
	☐1 ☐2

Current indication for the «heparin» treatment	YES	NO
Therapeutic doses	☐1	☐2
If Yes: Indication :		
1. Venous thromboembolism	☐1	☐2
2. Cerebral venous thrombosis	☐1	☐2
3. Portal vein thrombosis	☐1	☐2
4. Other site of venous thrombosis	☐1	☐2
5. Acute coronary syndrome	☐1	☐2
6. Arrhythmia	☐1	☐2
7. Stroke	☐1	☐2
8. Valve prosthesis	☐1	☐2
9. Arterial thrombosis of lower limbs	☐1	☐2
10. Other site of arterial thrombosis	☐1	☐2

11. Post-cardiac surgery (CPB)	☐1 ☐2
Date of CPB __ /__ /__	
12 Other :.....	☐1 ☐2
Prophylactic:	☐1 ☐2
If Yes: Indication :	
1. Medical	☐1 ☐2
2. Post-orthopedic surgery	☐1 ☐2
3. Post-cardiac surgery (CPB)	☐1 ☐2
Date of CBP __ /__ /__	
4. Post-peripheral vascular surgery	☐1 ☐2
5. Post-neoplastic surgery	☐1 ☐2
6. Other post-surgery	☐1 ☐2
7. Sequential hemofiltration	☐1 ☐2
8. Continuous hemofiltration	☐1 ☐2
9. Other.....	☐1 ☐2

Platelet count before the «heparin» treatment	
Date of blood sample withdrawal:	|__|__| |__|__| |__|__|
1. Platelet count (Giga/L) :	|__|__|__|

Date of «heparin» therapy initiation	|__|__| |__|__| |__|__|
Date of HIT suspicion	|__|__| |__|__| |__|__|
Number of days of « heparin » treatment	|__|__|

Use of other drugs inducing thrombocytopenia	
Has the patient received other drugs inducing thrombocytopenia?	
	☐1 YES ☐2 NO
1. Antibiotic therapy:	☐1 YES ☐2 NO
If yes: 1.1. Quinolone	☐1 YES ☐2 NO
	|__|__| |__|__| |__|__|
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	Not stopped |__|
1.2. ß lactam	☐1 YES ☐2 NO
	|__|__| |__|__| |__|__|
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	Not stopped |__|
1.3. Vancomycin or teicoplanin.....	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	|__|__| |__|__| |__|__|
	Not stopped |__|
1.4. Rifampicin or isoniazid	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	|__|__| |__|__| |__|__|
	Not stopped |__|
1.5. Amphotericin or fluconazole....	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	|__|__| |__|__| |__|__|
	Not stopped |__|

1.6. Other treatments	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	|__|__| |__|__| |__|__|
	Not stopped |__|
2. Chemotherapy.....	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	☐☐☐☐☐☐☐☐
	Not stopped |__|
3. Anti-GPIIb IIIa	☐1 YES ☐2 NO
	|__|__| |__|__| |__|__|
Start (DDMMYY)	|__|__| |__|__| |__|__| Non stopped
End (DDMMYY)	|__|
4. Furosemide.....	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	|__|__| |__|__| |__|__|
	Not stopped |__|
5. Proton pump inhibitors	☐1 YES ☐2 NO
	|__|__| |__|__| |__|__|
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	Not stopped |__|
6. Other treatments	☐1 YES ☐2 NO
Start (DDMMYY)	|__|__| |__|__| |__|__|
End (DDMMYY)	|__|__| |__|__| |__|__|
	Not stopped |__|

Events occurring from heparin or fondaparinux therapy initiation to HIT suspicion	
Has the patient experienced one or more events?	☐1 YES ☐2 NO
If yes, 1. Thrombotic events:	☐1 YES ☐2 NO
1.2. New arterial thrombosis	☐1 YES ☐2 NO
- Site of this new arterial thrombosis	
_____1.2.1. Number of arterial thrombosis events:.....	|__|
Date of the first event (DDMMYY)	|__|__| |__|__| |__|__|
Date of the second event (DDMMYY)	|__|__| |__|__| |__|__|
1.3. Pulmonary embolism	☐1 YES ☐2 NO
1.4. New venous Thrombosis	☐1 YES ☐2 NO
Date of the first event (DDMMYY)	|__|__| |__|__| |__|__|
Date of the second event (DDMMYY)	|__|__| |__|__| |__|__|
1.5. Extension of a previous venous thrombosis	☐1 YES ☐2 NO
1.6. Extension of a previous arterial thrombosis	☐1 YES ☐2 NO
1.7. Was the extension or the new thrombosis diagnosed by systematic ultrasonography (was the thrombotic event a non-symptomatic event ?)	☐1 YES ☐2 NO
2. Bleeding events:	☐1 YES ☐2 NO
If yes, 2.1.Requering blood transfusion	☐1 YES ☐2 NO
2.2. Requiring surgery.....	☐1 YES ☐2 NO
Date of the bleeding(DDMMYY)	|__|__| |__|__| |__|__|

TREATMENT AND PLATELET COUNTS FROM THE BEGINNING OF "HEPARIN" THERAPY TO HIT SUSPICION

* **D0** = Date of HIT Suspicion

Day	Date	UFH	LMWH	Fondaparinux	Platelets (G/l)
D-0	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-1	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-2	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-3	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-4	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-5	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-6	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-7	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-8	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-9	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-10	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-11	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-12	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|

D-13	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-14	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-15	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-16	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-17	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|

D-18	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-19	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-20	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-21	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-22	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-23	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-24	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-25	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-26	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|

D-27	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-28	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-29	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-30	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|
D-x	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|__|__|

HIT Biological tests	
First test performed	
_____1. Date of the test:	|__|__| |__|__| |__|__|
2. Type of test and result:	
2.1. PAT.....	☐1 Positive ☐ 2 Negative ☐3 Not done
2.2. ELISA	☐1 Positive ☐ 2 Negative ☐3 Not done
2.3. Serotonin release assay.....	☐1 Positive ☐ 2 Negative ☐3 Not done
2.4 Particle gel immunoassay.....	☐1 Positive ☐ 2 Negative ☐3 Not done
Was a second test performed?	☐1 YES ☐2 NO
If yes, 1. Date of the test:	|__|__| |__|__| |__|__|
2. Type of test and result:	
2.1. PAT.....	☐1 Positive ☐ 2 Negative ☐3 Not done
2.2. ELISA	☐1 Positive ☐ 2 Negative ☐3 Not done
2.3. Serotonin release assay.....	☐1 Positive ☐ 2 Negative ☐3 Not done
2.4 Particle gel immunoassay.....	☐1 Positive ☐ 2 Negative ☐3 Not done
Was a third test performed?	☐1 YES ☐2 NO
If yes, 1. Date of the test:	|__|__| |__|__| |__|__|
2. Type of test and result:	
2.1. PAT.....	☐1 Positive ☐ 2 Negative ☐3 Not done
2.2. ELISA	☐1 Positive ☐ 2 Negative ☐3 Not done
2.3. Serotonin release assay.....	☐1 Positive ☐ 2 Negative ☐3 Not done
2.4 Particle gel immunoassay.....	☐1 Positive ☐ 2 Negative ☐3 Not done
Do you confirm at this time the diagnosis of HIT?	☐1 Yes ☐2 No ☐3 Possible

BIOLOGICAL DATA

FIRST HIT TEST

Date of test performance |__|__| |__|__| |__|__|

	Test	
❑	1. PAT	
	1.1. Number of normal blood donor samples: 1.2. Verification of platelet sensitivity to HIT antibodies : 1.3. Best percentage sensitivity observed	|__|__
__	__
__	__	__	%
❑	2. Serotonin release assay	
	2.1. Number of normal blood donor samples: 2.2. Verification of platelet sensitivity to HIT antibodies 2.3. Best percentage sensitivity observed	|__|__
__	__
__	__	__	%
❑	3. ELISA	
	3.1. Type of kit: …… 3.2. Result (OD) : 3.3. Cut-off	 |__|,|__|__|__
__|,|__|__|__|
❑	4. Particle gel immunoassay	☐1 Positive ☐ 2 Negative ☐3 Not done

BIOLOGICAL DATA

SECOND HIT TEST

Date of test performance |__|__| |__|__| |__|__|

	Tests	
❑	1. PAT	
	1.4. Number of normal blood donor samples: 1.5. Verification of platelet sensitivity to HIT antibodies : 1.6. Best percentage sensitivity observed	|__|__
__	__
__	__	__	%
❑	2. Serotonin release assay	

	2.1. Number of normal blood donor samples: 2.2. Verification of platelet sensitivity to HIT antibodies 2.3. Best percentage sensitivity observed	|__|__| |__|__| |__|__|__| %
❑	3. ELISA	
	3.1. Type of kit : …… 3.2. Result (OD) : 3.3. Cut-off	 |__|,|__|__|__| |__|,|__|__|__|
❑	4. Particle gel immunoassay	☐1 Positive ☐ 2 Negative ☐3 Not done

BIOLOGICAL DATA

THIRD HIT TEST

Date Of Test performance |__|__| |__|__| |__|__|

	Tests	
❑	1. PAT	
	1.7. Number of normal blood donor samples: 1.8. Verification of platelet sensitivity to HIT antibodies : 1.9. Best percentage sensitivityobserved	|__|__| |__|__| |__|__|__| %
❑	2. Serotonin release assay	
	2.1. Number of normal blood donor samples: 2.2. Verification of platelet sensitivity to HIT antibodies 2.3. Best percentage sensitivity observed	|__|__| |__|__| |__|__|__| %
❑	3. ELISA	
	3.1. Type of kit: …… 3.2. Result (OD) : 3.3. Cut-off	 |__|,|__|__|__| |__|,|__|__|__|
❑	4. Particle gel immunoassay	☐1 Positive ☐ 2 Negative ☐3 Not done

CLINICAL EVOLUTION FROM HIT SUSPICION TO HOSPITAL DISCHARGE

- Heparin continued ☐1Yes ☐2 No
  Normalization of platelet count ☐1Yes ☐2 No

- Definitive withdrawal of heparin ☐1Yes ☐2 No
  Normalization of platelet count ☐1Yes ☐2 No

- Heparin reintroduced after short withdrawal ☐1Yes ☐2 No
  Normalization of platelet count ☐1Yes ☐2 No

- Were the drugs inducing thrombocytopenia stopped? ☐1Yes ☐2 No

- Did thrombotic complications occur? ☐1Yes ☐2 No

- Did bleeding complications occur ? : ☐1Yes ☐2 No

  If yes :

  - requiring blood transfusion ☐1Yes ☐2 No
  - requiring surgery ☐1Yes ☐2 No

    Date of bleeding (DDMMYY) |__|__| |__|__| |__|__|

  - Did the bleeding lead to a fatal event ? ☐1Yes ☐2 No

TREATMENT AND PLATELET COUNTS SINCE HIT SUSPICION

- D0 = Date of HIT Suspicion

Day	Date	UFH	LMWH	Fondaparinux	Danaparoid	Lepirudin	Oral anticoagulant	Other	Platelet count
D 0	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D +1	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+2	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+3	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+4	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+5	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+6	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+7	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+8	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+9	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+10	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+11	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+12	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+13	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+14	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+15	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|

D+16	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+17	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+18	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+19	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|

D+20	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+21	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+22	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+23	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+24	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+25	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+26	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+27	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+28	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+29	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|
D+30	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|

D+X	|__|__| |__|__| |__|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|	|__|__|__|

End of the study

1. Date of the end of follow-up: |__|__| |__|__| |__|__|

2. Death : ☐$_1$ YES ☐$_2$ NO

IF yes 1 date : |__|__| |__|__| |__|__|
Cause **:** …… …….
……

3. Did you find any cause other than HIT to explain the thrombocytopenia episode?
☐$_1$YES ☐$_2$ NO

If yes, which cause? ……
……
…….

4. At the end of hopitalization, was the patient discharged with a final diagnosis of HIT?

YES ☐$_1$ ☐$_2$ NO ☐$_2$ POSSIBLE

Additional comments: YES ☐$_1$ ☐$_2$ NO
If yes : ……

……

……

Experts

1) Do you confirm the diagnosis of HIT ?

	HIT confirmed ☐ Yes ☐ No ☐ Possible

2) Result of centralized performance of serotonin release assay:

Positive ☐ Negative ☐ Doubtful ☐ Non-specific Platelet Activation ☐

Number of normal blood donor samples	☐ [--]
Verification of platelet sensitivity to HIT antibodies	☐ [--]
Best percentage sensitivity of serotonin release assay obtained	
Low concentration of heparin	☐ [---] %
Dose of heparin (IU)	☐ [-.-] UI
- first high concentration of heparin	☐ [---] %
Dose of heparin (IU)	☐ [---] UI
- second high concentration of heparin	☐ [---] %
Dose of heparin (UI)	☐ [---] UI

3) What was it your final opinion?

- HIT diagnosis confirmed ☐

- HIT diagnosis possible ☐
- HIT diagnosis excluded ☐
- Request for another serotonin release assay ☐
- Request for additional clinical data ☐