



# HIT Confirm<sup>®</sup>

On demand. On-site. In 30 mns.



30 MNS TO RESULT  
ON DEMAND, 24/7



AS SPECIFIC AS SRA



ONLY NEEDS HEALTHY PLATELET DONORS  
NO NEED FOR WASHED PLATELETS  
ON ANY FLOW CYTOMETER



HEPLA INDEX  
OBJECTIVE READOUTS



LESS NEED FOR ALTERNATIVE ANTICOAGULANTS  
SHORTER HOSPITAL STAY

**Confirming HIT in minutes, not days!**  
For timely patient management

# Heparin Induced Thrombocytopenia – when time matters most

HIT is a medical concern for some patients on Heparin, especially in cardio-surgery or ECMO, where its prevalence can reach up to 8%. Clinicians must rely on laboratory results, which could be an issue in urgent cases.

Immunological tests (screening) are very sensitive but have poor specificity and must be batched. Activity tests (confirmatory) are more specific,

yet poorly available on-site. Most hospitals therefore need to send out these tests, causing delays (days to weeks) in confirmation of a potential HIT. Extra costs are incurred, with patients being switched to an expensive alternative anticoagulant (with additional bleeding risk) and having an extended stay in the ICU/hospital.

## Hit Confirm – test principle and the HEPLA index

HIT Confirm is a rapid, one-step, functional cytometric test. It quantifies the level of platelet activation by detecting two platelet surface markers (CD41 for platelets, CD62 for activated platelets) after incubation of the patient sample with two levels of Heparin (0.3 and 100 IU/ml).

The test can be read on any standard flow cytometer, with new generation benchtop models being easier to handle for non-specialists.

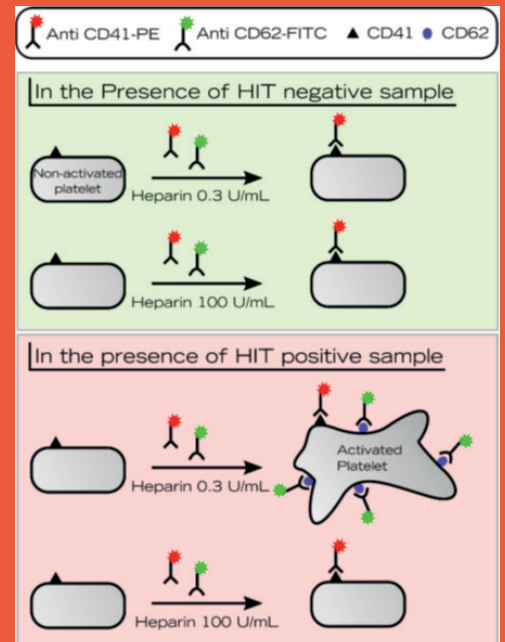
Adding to the convenience of an on-demand (therefore easily repeatable) test, platelets from healthy donors, e.g., from a Transfusion Center, can be used for the PRP – no need for selectively reactive donors or washed platelets.

## Results you can rely on – as specific as gold standard test, SRA

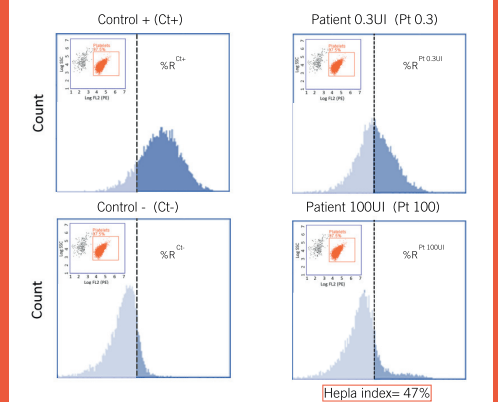
Evaluation of the test in suspected HIT patients : 290 plasmas were tested, of which 131 were considered positive and 159 negative by adjudication of an expert panel. In parallel, all the plasmas were evaluated using the Serotonin Release Assay (SRA).\*

	Sensitivity (CI 95%)	Specificity (CI 95%)
<b>SRA vs Experts</b>	80% (73-87%)	94% (90-97%)
<b>HIT Confirm™ vs Experts</b>	90% (85-95%)	94% (90-97%)

% HEPLA	RESULT	SPECIFICITY
< 9.6%	Negative	N/A
From 9.6% to 13.0%	Ambiguous	≥ 94.7%
> 13.0%	Positive	≥ 96.5%

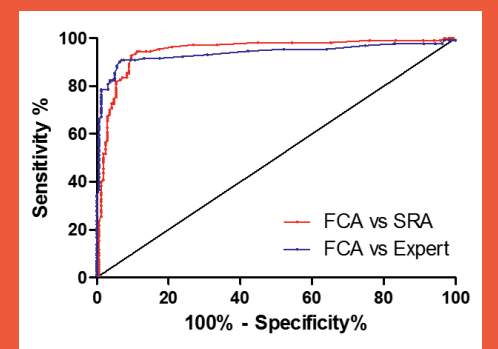


### Result analysis: the HEPLA index



For a given plasma or serum sample, the platelet activation index in the presence of heparin (HEPLA) is calculated using the following formula :

$$\%HEPLA = \frac{\%R_{H0,3} - \%R_{H100}}{\%R_{Pos} - \%R_{Neg}} \times 100$$



\*A standardized functional assay for routine reliable HIT diagnosis : a potential alternative to the Serotonin Release Assay. Oral communication, ISTH 2017 : Dr Brigitte Tardy, Laboratoire Sainbiose DVH-hemostase, St Etienne France.

**Emosis**  
CELL-BASED HEMOSTASIS TESTING