Effective February 5, 2013 the University of Colorado Hospital Laboratory changed the reagent used in the Heparin Induced Antibody screening test (HIT ELISA) from one that detects 3 types of antibodies (IgG, IgA, and IgM) to one that only detects those of the IgG class.

It has been widely recognized that most positive HIT ELISA tests have been false-positives. Recent studies suggest that the vast majority of clinically significant HIT antibodies are of the IgG class. It is hoped that the use of the IgG HIT ELISA will increase the specificity of the test, without compromising its sensitivity.

Clinicians have utilized the optical density (OD) obtained during the performance of the IgG/IgA/IgM - HIT test to gauge the probability that the test will be associated with a positive Serotonin Release Assay (SRA). It is not known at this time if the OD of the HIT-IgG antibody test should be used in clinical decision making, therefore it is recommended that all positive tests be regarded as equivalently positive. There is no data at this time to indicate that a “low positive” result is less significant than a “high positive” result.

The Clinical Laboratory will continue to send out all Positive HIT- IgG samples for the Serotonin Release Assay (SRA) and will be able to determine prospectively the false-positive rate. Clinicians may order the SRA alone if the HIT ELISA test is negative and there is a strong suspicion of HIT. The SRA should not be the first test ordered in working up a patient.

Please call Stuart Lind, MD at 303-724-1383 if you have any questions or visit our website at http://www.uch.edu/for-healthcare-professional/Clinical-Laboratory/index.aspx for additional information.

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