GHNHSFT Guidelines for Thrombophilia Testing

The following guidelines are intended to provide clinicians with a set of minimum criteria for appropriate thrombophilia screen requests -not all patients in these groups require testing. We do not recommend retrospective screening of patients. The guiding principle is that finding an abnormal result would result in a difference in the clinical management of an individual patient. Where physicians have developed appropriate protocols for their group of patients in collaboration with the haematology department there is no need to amend these.

Thrombophilia testing should be performed at least one month after an acute thrombotic event and at least 4 weeks off all anticoagulants (excluding anti-platelet drugs). Requests for hospital inpatients will therefore only be performed after discussion with a haematologist.

Consider thrombophilia testing if an individual has a

(1) Personal history of unprovoked venous thrombosis age <50 years

(2) Personal history of unprovoked venous thrombosis at unusual site (ANY AGE) (excluding line associated thrombosis)

(3) Personal history of unprovoked venous thrombosis (ANY AGE) AND family history of venous thrombosis in first degree relative

(4) Planned pregnancy/pregnant and first degree relative with symptomatic thrombophilia (request SPECIFIC TEST ONLY)

(5) Planned first prescription of oestrogen contraceptive and first degree relative <50 years with symptomatic thrombophilia (request SPECIFIC TEST ONLY)

(6) Cerebrovascular accident in patient <50 years (request lupus anticoagulant and anticardiolipin antibodies ONLY)

The following additional obstetric indications require discussion with an obstetrician and haematologist on a case by case basis

(7) Personal history of recurrent miscarriage

(8) Personal history of pregnancy complications [IUD/IUGR/PET]

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