

Patient Name :
 DOB/Age/Gender : Bill Date :
 Patient ID / UHID : Sample Collected :
 Referred By : Sample Received :
 Sample Type : Report Date :
 Barcode No : Report Status :

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT
High Sensitivity Troponin T

Troponin-T High Sensitive <3.00 pg/mL
 Method : ECLIA

Interpretation:
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ESC 0 h/1 h rule-in and rule-out diagnostic algorithm using cTnT-hs assay in patients presenting with suspected NSTEMI to the emergency department (ED)

	cTnT-hs values in patients suspected of NSTEMI			
cTnT-hs concentration (ng/L or pg/mL)	0 h < 5	0 h < 12 and 0-1 h < 3	other	0 h ≥ 52 or 0-1 h ≥ 5
Orientation for the diagnosis of AMI	Rule-out	Rule-out	Observe	Rule-in

Proposed ranges/cutoff values for cardiovascular risk estimation in asymptomatic individuals

cTnT-hs range (ng/L or pg/mL)	< 5	5 - < 10	≥ 10
Risk category	Low	Intermediate	High

Comment

Due to the release kinetics of cTnT, an initially test result < 99th percentile within the first hour of the onset of symptoms does not rule out MI in all patients. Therefore lower cutoffs have been proposed by the WHO for immediate ruleout and also specific delta changes for 0 h/1 h algorithms. Additional testing at appropriate time intervals is indicated if the first measurements are not conclusive and the clinical condition is still suggestive of ACS. The cTn values should always be used in conjunction with full clinical assessment (including chest pain characteristics and ECG).

Increased Levels

Cardiac causes: Congestive Heart Failure, Cardiomyopathy, Myocarditis, Heart contusion, Interventional therapy like cardiac surgery and drug induced cardiotoxicity

Non cardiac causes: Renal Failure, Lung embolism, Non-cardiac surgery, Rhabdomyolysis, Polymyositis, Stroke & Left Ventricular dysfunction in Septic shock

Uses

- Exclusion diagnosis of Acute Myocardial Infarction
- Monitoring Acute Coronary syndromes and estimating prognosis
- Monitoring patients with non-ischemic causes of cardiac injury



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