

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Immunoassay



Trop I, (High Sensitive)*

Date	03/Jun/2023	Unit	Bio Ref Interval
	11:36PM		
Trop I CLIA	0.01	ng/ml	<0.02

Ref Range

“Important Note: The newly introduced high sensitive Trop I detects the analyte at a much lower concentration of 0.02 ng/mL. Thus the cut off reference range has been changed to 0.02 ng/mL”

Troponin I (High Sensitive) is a cardio-specific, highly sensitive marker for myocardial injury. Compared to contemporary troponin assays, high sensitive trop I demonstrate significantly improved precision at ≤ 0.02 ng/mL, allowing better discrimination of small differences in cardiac troponin values between serial measurements. Clinical performance of high sensitive Trop I at cut of ≥ 0.02 ng/mL were as follows:

Hrs after admission to Emergency Department	Diagnostic sensitivity (% MI correctly diagnosed) %	Diagnostic Specificity (% non-MI Correctly Diagnosed) %	Positive Predictive Value (PPV- Probability of MI Diagnosis) %	Negative Predictive Value (NPV-Probability of non- MI diagnosis) %
Base Line	86	90	61	97
$\geq 1 - 3$ hr	95	90	55	99
$\geq 3 - 6$ hr	93	90	55	99
$\geq 6 - 9$ hr	99	86	52	1

Trop I is increased in congestive heart failure, acute and chronic trauma, electrical cardioversion, hypertension, hypotension, arrhythmias, pulmonary embolism, severe asthma, sepsis, critical illness, myocarditis, stroke, non-cardiac surgery, extreme exercise, drug toxicity (adriamycin, 5-fluorouracil, herceptin, snake venoms), end stage renal disease, and rhabdomyolysis with cardiac injury. These other etiologies rarely demonstrate the classic rising and falling pattern experienced with a MI which highlights the importance of serial monitoring when the clinical scenario is confusing.

Kindly correlate with clinical findings

*** End Of Report ***


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 The authenticity of the report can be verified by scanning the Q R Code on top of the page

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