

CLIENT UPDATE

Salem Hospital Regional Laboratory is pleased to announce a change in cardiac marker testing methodology from Troponin I to Troponin T. This change comes as we continue to take steps to join with other leading cardiology centers in providing the best patient care and diagnostic testing available on the market.

Troponin T Effective Date: July 10, 2007

Cardiac troponin (cTn) is a key biomarker for the assessment of myocardial injury. Both cardiac specific troponin I (TnI) and troponin T (TnT) are released from damaged myocardium. SHRL is moving from TnI to the Roche TnT assay.

	Troponin T	Troponin I
Reference Interval	>0.03 ng/ml has prognostic value This is the level above the 99 th percentile of normal with CV of <10% to be used with the ECS/ACC definition of MI when symptoms of ischemia are present.	Normal <0.06 ng/ml 0.06-0.5 ng/ml suggestive of minor degrees of myocardial injury. >0.5 ng/ml suggestive of significant myocardial necrosis (AMI)
Acute MI levels	Rise 3-4 hours post cardiac symptoms May remain elevated up to 14 days	Rise 4-8 hrs post cardiac symptoms May remain elevated up to 9 days
Specimen Requirements	Heparin plasma or serum (green top PST, SST or red top) Plasma or serum is stable 24 hrs refrigerated, 12 months frozen	
Interferences	Hemolysis lowers values	Rheumatoid Factor, Heterophile antibodies, hemolysis and icterus can affect results.
Additional FDA approved uses	<ul style="list-style-type: none"> • Risk stratification for ACS • Therapy monitoring • Cardiac risk stratification for end stage renal disease. 	

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