

Troponin T: reporting of results:

To bring us in line with the Suspected Acute Cardiac Chest Pain Guidance from the AGWSCS Network (September 2012) - from 4th August 2014 the Department of Chemical Pathology at GHNHSFT will start reporting results of the high sensitivity Troponin T assay to a lower limit of 14ng/L. This is because 99% of normal subjects will have a result less than 14ng/L.

This will enable rule out of MI in patients presenting with low risk cardiac sounding chest pain who have a Troponin T result of <14ng/L at 6 hours post chest pain and eliminate the need to wait till 12 hours post chest pain for a Troponin result in these patients.

Low risk patients with a Troponin T result between 14ng/L and 30ng/L at 6 hours post chest pain will need a repeat sample taken at 12 hours to determine whether the level is stable or rising. This result may be consistent with non-ischaemic conditions.

Troponin T >30ng/L at any time post chest pain is consistent with MI or unstable angina:

Results will be reported with the report comment:

Cut-offs at 6 hours post Chest Pain:

<14 ng/L Normal Troponin.

14-30 ng/L Indeterminate Troponin: Cannot exclude Acute Coronary Syndrome: consider ACS in conjunction with the clinical picture. Repeat at 12 hours post chest pain to determine if rising or stable level. Consistent with many non-ischaemic causes (see <http://tinyurl.com/pnek6tl>)

>30 ng/L Positive Troponin. Consistent with (but not diagnostic of) Acute Coronary Syndrome, consider the clinical setting and please refer to: <http://tinyurl.com/pnek6tl>

For more information about the use of Troponin T (including non-ACS causes of Troponin T elevation) please refer to the Cardiology Troponin T Interpretation Guidance webpage: <http://tinyurl.com/pnek6tl>