

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

: CHA250020900

: 06/Feb/2025 05:08AM

: 06/Feb/2025 05:10AM

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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Visit No

Registration ON

Sample Collected ON

Patient Name : Ms.MONIKA SINGH

Age/Gender : 47 Y/F

Lab No : 10118197

Referred By : SELF

Refer Lab/Hosp Doctor Advice : TROPONIN-T hs Stat

: CHARAK NA Report Generated ON

Sample Received ON : 06/Feb/2025 05:31AM

: 06/Feb/2025 06:06AM



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.003	ng/ml	< 0.010	

NOTES:-

P.R.

Troponin T has is a member of the myofibrillar protiens of striated muscularis. These myofibrillar protiens are the buildling blocks of the contractile appratus. Tropnin T hs binds the tropnin complex to tropomyosin and binds the neighboring tropomycin molecules. The determination of troponin T in serum plays an important role in the diagnosis of myocardial infarction(AMI), microinfarction (minor myocardial damage - MMO) and myocarditis. Troponin T is detectable about 3 -4 hours after the occurrence of cardia symptome. Following acute myocardial ischemia, Troponin T rmains in the serum for a lengthy period of time and can hence help to detectmyocardial events that have occurd upto 14 days earlier.

Cobas E 411 Troponin T hs Stat emplyes monoclonal antibodies specifically directed against human cardiac Troponin T (after release from the free cytosol and myofibrils.)

Based on the WHO criteria for the definition of AMI from the 1970~s the cutoff (clinical discriminator) value for troponin T is 0.1 ng/ml according to ROC analysis.

Elevated Troponin T values are occasionally found in patients with restricted renal function despite the absence of definite evidence of myocardial Ischemia.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY Cobas E 411)

*** End Of Report ***



Print.Date/Time: 24-02-2025