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

Visit No

Patient Name : Mr.PRADEEP SINHA

Age/Gender : 69 Y/M **Lab No** : **10138**

Lab No : 10138171
Referred By : Dr. KALYAN MULLI

Refer Lab/Hosp : CHARAK NA

: Dr.KALYAN MULLICK Sample Received ON

Doctor Advice : TROPONIN-T hs Stat

Registration ON : 06/Mar/2025 09:04PM

Sample Collected ON : 06/Mar/2025 09:06PM

Sample Received ON : 06/Mar/2025 09: 28PM

Report Generated ON : 06/Mar/2025 10:51PM



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

NOTES:-

P.R.

Troponin T hs 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 ***



[Checked By]