Eastern Health

MEMORANDUM

To: All Physicians & Nurse Practitioners, Newfoundland & Labrador
Date: December 11th, 2017
Re: New Roche h232 Troponin T Quantitative Assay
From: Division of Clinical Biochemistry, Laboratory Medicine

Dear Colleagues,

In labs across the province, especially at Community Health centres and small rural laboratories, the Roche Troponin T Semi-quantitative assay is being replaced with the new Roche h232 Troponin T Quantitative assay. This test allows for early detection of Troponin T elevations to assist in the diagnosis of acute myocardial infarction (AMI) and to identify patients with elevated mortality risk. Implementing this new assay will involve expanding the measuring range to extend from 40 ng/L to 2000 ng/L in heparinized whole blood.

Please Note: The following comments will be added to reports to assist with interpretation with the new assay procedure:

Troponin T Level	Report Comment
< 50 ng/L[1]	If clinically indicated, repeat Troponin T measurement after 3 to 6 hours to detect rising Troponin T levels, prior to ruling out AMI.
≥ 50 ng/L[2]	Troponin T levels ≥50 ng/L predict long term mortality and high likelihood of AMI. Most patients (68%) with Troponin T levels ≥50 ng/L had an AMI.

[1]*A single Troponin T result of <50 ng/L does not rule out AMI. The release of troponin T from damaged myocardial cells into circulation occurs with a time delay that varies from person to person.*

[2]*About 68% of patients with Troponin T ≥50ng/L had an AMI, but all are at higher risk of longer term mortality regardless if AMI was diagnosed or not.*

If there are any questions or concerns regarding Troponin T results, please contact your local lab or clinical biochemist.

Kindest Regards,

Dr. Ed Randell, Ph.D., DCC, FCACB
Division Chief, Clinical Biochemistry
Room 1J442, Biochemistry Lab, HSC
Eastern Health
Phone: 709-777-6375

Dr. Yun Huang, M.D., Ph.D., FCACB
Clinical Biochemist
Room 2437, Biochemistry Lab, SCM
Eastern Health
Phone: 709-777-5275