

---

---

## MEMORANDUM

---

---

**TO:** PHYSICIANS PCH, COMMUNITY, WESTERN, KINGS AND SOURIS HOSPITALS  
**FROM:** DR. MARVIN TESCH  
**SUBJECT:** POINT OF CARE (POC) TROPONIN T TESTING  
**DATE:** NOVEMBER 14, 2013

---

---

We will be replacing the old POC Troponin T assay with the new COBAS h232 POC system. The new reader will do High Sensitivity (hs) Troponin T assay and comes with a 25% discount or \$13,500 saving per year.

This change will become effective Monday, November 18, 2013.

As before, when used to rule in or rule out a myocardial infarction, serial determinations at presentation and then again 2 to 4 hours later are best to assess any myocardial damage. A 20% change in the value or increasing values in general is indicative of a myocardial infarction.

False positive results can be seen with congestive heart failure, chronic renal failure, pulmonary embolism or myocarditis but levels tend to remain stable. Troponin T has been shown to be especially susceptible to false positives with chronic renal failure; however, the result is stable (should not change much on repeat) and can always be confirmed by doing Troponin I which is available at the QEH.

The biggest difference will be a new reference range.

**Negative - <50 ng/L**  
**Equivocal = 50 to 100 ng/L**  
**Positive = >100 ng/L**

If you have any questions or concerns, please contact me at 902-894-2003.

