



Laboratory Investigation Report

Patient Name : Jasbir Kaur Centre : 1108 - Max Hospital Dehradun

 Age/Gender
 : 55 Y 4 M 9 D /F
 OP/IP No
 : OP/DNCS978186

 Max ID/Mobile
 : MDDN.229559/9650376650
 Collection Date/Time
 : 10/May/2021 02:25PM

Lab ID: 0837052108913Receiving Date: 10/May/2021Ref Doctor: Dr.Preeti SharmaReporting Date: 10/May/2021

Immunoassay

Trop I, Serum (High Sensitive)

Date 10/May/2021 Unit Bio Ref Interval

02:25PM

Trop I 0.00 ng/ml <0.02

Ref Range

"Important Note: The newly introduced high sensitive Trop I detects the analyte at a much lower concentration of 0.02 ng/mL. Thus the cut off reference range has been changed to 0.02 ng/mL"

Troponin I (High Sensitive) is a cardio-specific, highly sensitive marker for myocardial injury. Compared to contemporary troponin assays, high sensitive trop I demonstrate significantly improved precision at ≤ 0.02 ng/mL, allowing better discrimination of small differences in cardiac troponin values between serial measurements.

Clinical performance of high sensitive Trop I at cut of ≥ 0.02 ng/mL were as follows:

Hrs after admission to Emergency Department	Diagnostic sensitivity (% MI correctly diagnosed) %	Diagnostic Specificity (% non-MI Correctly Diagnosed) %	Positive Predictive Value (PPV- Probability of MI Diagnosis) %	Negative Predictive Value (NPV-Probability of non- MI diagnosis) %	
Base Line	86	90	61	97	
$\geq 1-3 \text{ hr}$	95	90	55	99	
$\geq 3-6 \text{ hr}$	93	90	55	99	
$\geq 6-9 \text{ hr}$	99	86	52	1	

Trop I is increased in congestive heart failure, acute and chronic trauma, electrical cardioversion, hypotension, hypotension, arrhythmias, pulmonary embolism, severe asthma, sepsis, critical illness, myocarditis, stroke, non-cardiac surgery, extreme exercise, drug toxicity (adriamycin, 5-fluorouracil, herceptin, snake venoms), end stage renal disease, and rhabdomyolysis with cardiac injury. These other etiologies rarely demonstrate the classic rising and falling pattern experienced with a MI which highlights the importance of serial monitoring when the clinical scenario is confusing.

Kindly correlate with clinical findings

*** End Of Report ***



Page 1 of 2

SIN No:DN868597

Test Performed at: 1108 - Max Hospital Dehradun, Near Indian Oil Petrol Pump, Malsi, Mussoorie Diversion Road, Dehradun

Max Lab, Max Super Speciality Hospital, Dehradun

Near Indian Oil Petrol Pump, Malsi, Mussoorie Diversion Road, Dehradun - 248001, Phone: +91-135-7193 000

CIN No.: L72200MH2001PLC322854





Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bili/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and main fide act or omission of Max Healthcare or its employees. Usblitty of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.





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Immunoassay

Dr. Mini Singhal M.D.

Principal Consultant Pathology

Dr.(Capt.) Nalin Bhatia DNB

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Associate Consultant Pathology



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Max Lab, Max Super Speciality Hospital, Dehradun

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Page 2 of 2

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