

**To:** Medical Staff, Nursing Units, and Laboratory Clients

**From:** Stephen C. Ingels, M.D., Eric Thompson, M.D., Calvin Bohanan, MHA, MLS (AMT)

**Subject:** High Sensitivity Troponin I (Dxl/Access2 hsTnI)

**Date:** February 29,2024

Norman Regional Laboratory Services is pleased to announce that we will be switching our in-house Troponin assay (Access AccuTnI+3) over to High Sensitivity Troponin I (Access hsTnI) assay with a Go-Live date of Tuesday, March 5th, 2024 at 9 am. This true high-sensitivity troponin assay demonstrates <10% CV at the upper reference limit for men and women, and detects troponin in >50% of the healthy population.

**INTENDED USE:**

Access hsTnI is a paramagnetic particle, chemiluminescent immunoassay for the quantitative determination of cardiac troponin I (cTnI) levels in human serum and plasma to aid in the diagnosis of myocardial infarction (MI). The new assay vendor validation was completed by performance of an extensive prospective clinical trial that included over 1,850 subjects. This evaluation confirmed that Access hsTnI provides high-sensitivity performance that allows physicians to make faster decisions with greater confidence in the results.

**INTERPRETATION OF RESULTS:**

Reference Ranges		
	Normal	Critical High
Male	<20 ng/L	≥50 ng/L
Female	<12 ng/L	≥50 ng/L
Reportable Ranges		
AMR (Analytical Measurable Range)	2.3 to 27,000 ng/L	
CRR (Clinical Reportable Range)	2.3 to 27,000 ng/L	

**REPORTING CHANGES (in Mediatech):** Results will now be reported in **ng/L** instead of **ng/mL**. Results will also be reported in whole numbers with no decimals.

- To convert from **ng/mL** to **ng/L**(pg/ml), multiply by 1,000. For example, the current troponin assay reports as 0.03 **ng/mL** this would now be reported as 30 **ng/L**.

**SPECIMEN REQUIREMENT INFO:**

- **Mediatech Test Name:** TROPHS
- **Specimen Type:** Plasma
- **Container/Tube:** Lithium Heparin
- **Volume:** 4 mL
- **Transport:** Refrigerated 2-8°C
- **Performance:** STAT test performed 24/7 at all locations (expected TAT is 1 hour)

For questions about this change, please call Kenneth Dohm (Director, Clinical Lab) at (405) 307-1114, or a pathologist at (405) 307-1141.