

# CARDIAC TROPONIN I ASSAY



Published literature states that serum levels of cardiac enzymes and isoenzymes are essential to the diagnosis or exclusion of myocardial damage and that Cardiac Troponin I (cTnI) is specific for cardiac tissue and is detected in the serum only if myocardial injury has occurred.<sup>1-6</sup>

Diazyme's Cardiac Troponin I Assay is a cost effective dual vial liquid stable reagent system intended for the *in vitro* quantitative determination of Cardiac Troponin I in serum and plasma.

## **DIAZYME CARDIAC TROPONIN I ASSAY ADVANTAGES**

- Latex enhanced immunoturbidimetric methodology offers excellent analytical performance
- Liquid stable reagent, calibrator and controls are offered separately for added convenience
- Fast test results (10 minutes) for a rapid turnaround time
- Liquid stable format requires no reagent preparation
- Wide range of instrument parameters available for simplifying implementation

## **REGULATORY STATUS**

EU: **CE** **IVD**

SKU For Export Only. Not for Distribution in the USA.

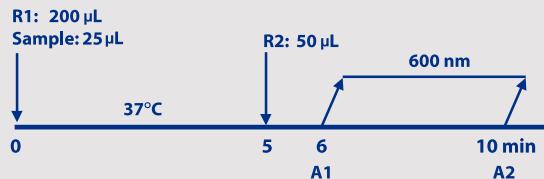
# CARDIAC TROPONIN I ASSAY

Dual Vial  
Liquid Stable

## ASSAY SPECIFICATIONS

<b>Method</b>	Latex Enhanced Immunoturbidimetric
<b>Sample Type &amp; Volume</b>	<ul style="list-style-type: none"><li>• Serum</li><li>• Plasma</li><li>- Li-heparin</li></ul> Sample Volume 25 $\mu$ L
<b>Method Correlation</b>	N = 38 y-intercept = 0.0232 Slope = 0.9971 $R^2$ = 0.992
<b>Linearity</b>	Up to 10 ng/mL
<b>LOD</b>	0.28 ng/mL
<b>Calibration Levels</b>	6-Point Calibration
<b>Reagent On-Board Stability</b>	Opened: Four weeks when stored at 2-8°C

### Cardiac Troponin I Assay Procedure\*



### \*Analyzer Dependent

Parameter questions for Cardiac Troponin I Assay should be addressed to Diazyme technical support. Please call 858.455.4768 or email [support@diazyme.com](mailto:support@diazyme.com)

- Antman EM, Tanasijevic MJ, Thompson B, et al. Cardiac-specific troponin I levels to predict the risk of mortality in patients with acute coronary syndromes. *N Engl J Med* 1996;335:1342-1349
- Apple FS, Voss E, Lund L, Preese L, Berger CR: Early detection of acute myocardial infarction and monitoring *Chim Acta* 1995;237:59-66
- Mair J, Wagner I, Jakob G, Lechleitner P, Dienstl F, Puschendorf B, Michel G: Different time courses of cardiac contractile proteins after acute myocardial infarction. *Clin Chim Acta* 1994;231:47-60
- Mair J, Morandell D, Genser N, Lechleitner P, Dienstl F, Puschendorf B: Equivalent early sensitivities of myoglobin, creatine kinase MB mass, creatine kinase isoform ratios, and cardiac troponins I and T for acute myocardial infarction. *Clin Chem* 1995;41:1266-1272
- Katus HA, Remppis A, Neumann FJ, Scheffold T, Diederich KW, Vinar G, Noe A, Matern G, Kuebler W: Diagnostic efficiency of troponin T measurements in acute myocardial infarction. *Circulation* 1991;83:902-912
- Wang K, Asinger RW, Marriott HJ. ST-segment elevation in conditions other than acute myocardial infarction. *N Engl J Med* 2003;349:2128-2135

## ASSAY PRECISION

In the study, two levels of controls containing 2.59 and 5.77 ng/mL troponin I and one serum sample were tested with Diazyme Troponin I Assay in replicates of 20 on an Olympus AU 400 analyzer. Precision is listed in the table below:

Expected Value (ng/mL)	Control 1 (2.59±0.39)	Control 2 (5.77±0.87)	Serum Sample(0.80)
Average (ng/mL)	2.38	5.62	0.83
SD (ng/mL)	0.092	0.175	0.074
CV (%)	3.9%	3.1%	8.9%

## ASSAY INTERFERENCE

The common serum interfering substances triglyceride, ascorbic acid, bilirubin, hemoglobin, and rheumatoid factor showed less than 10% interference up to the concentrations summarized below:

Triglyceride:	500 mg/dL
Ascorbic Acid:	10 mM
Bilirubin:	10 mg/dL
Bilirubin Conjugated:	20 mg/dL
Hemoglobin:	200 mg/dL
Rheumatoid Factor:	150 IU/mL

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