

Troponin Levels Chart

Patient Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

Suspected date and time of cardiac event: _____

Symptoms of possible cardiac event:

ECG requested

ECG results:

Clinical assessment requested

Clinical assessment findings:

Normal	Possible heart attack	Probable heart attack
<14 ng/l to be normal with cardiac symptoms	14 to 30 ng/l	> 30 ng/l

Normal Troponin range without symptoms:

- Troponin I 0 - 0.04 ng/ml
- Troponin T 0 - 0.01ng/ml

Patient Troponin results:

Date:	
Time:	
Troponin levels: ng/ml	

Secondary Troponin results (if possible MI):

Must be conducted at least 3 hours post primary troponin test

Date:	
Time:	
Troponin levels: ng/ml	

Screened for:

- congestive heart failure
- coronary artery disease
- Myocarditis
- Aortic valve disease

Physician's Notes and Recommendations

Physician's Signature: _____ Date: ____ / ____ / ____