

# Troponin Test

## Patient Information:

Name: ..... Date of Birth: .....  
Gender: ..... Patient ID: .....  
Date of Test: ..... Ordering Physician: .....

## Clinical History:

- Chest Pain
- Shortness of Breath
- Other Symptoms (Specify): \_\_\_\_\_
- Monitoring known cardiac condition

## Test Procedure:

- Specimen Type:
- Collection Time:
- Sample Source:

- Venous Blood
- Arterial Blood

- Collection Site:

## Laboratory Results:

- Troponin I
- Normal Range:
- Result:

- Troponin T
- Normal Range:
- Result:

## Interpretation:

- Troponin I:
  - Normal
  - Elevated (suggestive of cardiac injury)

• **Troponin T:**

- Normal
- Elevated (suggestive of cardiac injury)

**Comments and Recommendations:**

**Signature:** ..... **Date:**