

Ultrasound / Cardiology (610) 925-6359  
Scott Equine Sports Medicine Building  
University of Pennsylvania New Bolton Center  
382 West Street Road  
Kennett Square, PA 19348

Form revised 3/15

### Troponin Level Testing - cTnI

*Off Campus Blood Preparation: Collect blood in heparin tube (green top), spin down thoroughly and prepare separated plasma for shipment. At least 1 mL **plasma** required for testing. Ship frozen plasma on dry ice overnight. Alternatively ship chilled plasma wrapped adequately in freezer packs and Styrofoam overnight. Fibrin in plasma or lipemia may affect test results.*

*Samples are processed during regular business hours Monday thru Friday, with results reported within one business day. If you have a critical case requiring expedited processing, please call the number above to discuss special sample scheduling, shipment tracking and contact information. We will do our best to accommodate such requests.*

**\*SEND Results to:** \_\_\_\_\_  
*Please provide fax number or email!*

Reported by: \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient ID# \_\_\_\_\_ Species \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Clinician \_\_\_\_\_ Practice \_\_\_\_\_ Phone # \_\_\_\_\_  
Bill to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief History:

Sample type:  heparinized plasma (preferred)  
 serum  
 other \_\_\_\_\_

**Troponin Test Result:** \_\_\_\_\_ ng/mL (Reference Range: 0.00 – 0.07 ng/mL)  
Date/time sample received: \_\_\_\_\_ Condition: \_\_\_\_\_ Date run: \_\_\_\_\_ Initials: \_\_\_\_\_

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New Bolton Center Office use only

In Patient MRN# \_\_\_\_\_ Owner \_\_\_\_\_ Animal \_\_\_\_\_  
 Out Patient MRN# \_\_\_\_\_ Owner \_\_\_\_\_ Animal \_\_\_\_\_  
 Outside Client Charge \_\_\_\_\_ see "bill to" above

| Quantity | Code | Description (date of service and charge if required) |
|----------|------|--|
|          | cTnI | Troponin I   |
|          |      |  |

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_