



TriageTrue™

High Sensitivity Troponin I Test

0/1h Algorithmus

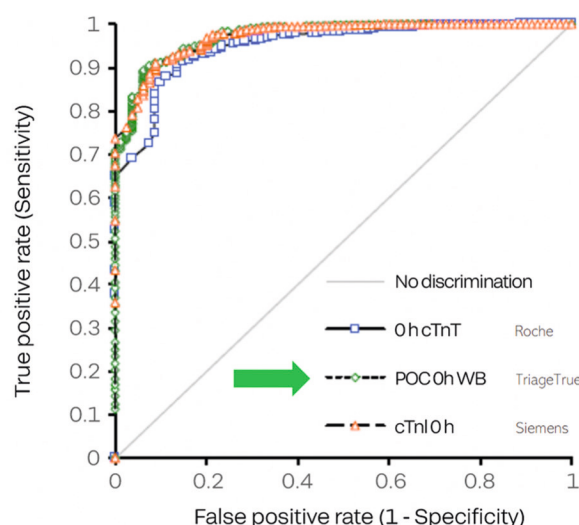
- zugelassen in ESC-Richtlinie



Zulassung lt. IFCC-Richtlinie

✓ VK an der 99. Perzentile <10% → 5,6%

✓ Geschlechtsspezifische Cut-offs



Population	99. Perzentile URL	VK
gesamt	20,5 ng/l	5,6%
weiblich	14,4 ng/l	5,9%
männlich	25,7 ng/l	5,4%

MACROS-2 Studie,
Dakshi A, et al. Clin Chem Lab Med.
2024 Sep 2. doi: 10.1515/
cclm-2024-0138

Studie



Performance des Point-of-Care High Sensitivity Cardiac Troponin I
Quidel TriageTrue Assays in Patienten mit Verdacht auf Myokardinfarkt2

1,261 Patients

With Suspected Non-ST-Segment Elevation Myocardial Infarction (NSTEMI)

Point-of-Care High-Sensitivity Cardiac Troponin I
Measured at 0 h and at 1 h

Triage by Single Cut-Offs

Direct Rule-Out	Direct Rule-In
At 0 h <3 ng/l	At 0 h >60 ng/l
45%	11%
NPV: 100% (99.4%-100%)	PPV: 76.8% (68.9%-83.6%)
Sens: 100% (98.0%-100%)	Spec: 97.1% (95.9%-98.0%)

Triage by 0/1-Hour Algorithm

Rule-Out	Observe	Rule-In
At 0 h <4 ng/l* OR At 0 h <5 ng/l AND Delta 1 h <3 ng/l	Others	At 0 h ≥60 ng/l OR Delta 1 h ≥8 ng/l
55%	26%	18%
NPV: 100% (98.8%-100%)	NSTEMI: 8%	PPV: 76.8% (67.2%-84.7%)
Sens: 100% (95.9%-100%)		Spec: 95.0% (92.5%-96.8%)

All-Cause Death of Patients Ruled-Out by the 0/1 h-Algorithm
0% at 30 Days and 1.6% at 2 Years of Follow-up

*Wenn der Brustschmerz >3 Stunden vor der Präsentation in der Notaufnahme eingesetzt hat.

Unerreichte Testperformance für den POC
→ Verbesserte Prozesse in der Notaufnahme