

Cardiac Marker Schemes (Laboratory Based Scheme)	
Number of samples (All Methods, all analytes):	Three lyophilised sample per distribution.
Additional Sample for high sensitivity Methods (Troponin):	One lyophilised sample per distribution
Frequency of distribution:	Twelve per year
Range of tests:	Cardiac Troponin I, Cardiac Troponin T, CKMB, Myoglobin, and NT-pro <i>B-type Natriuretic Peptide</i> (NT-proBNP).
Concentration ranges:	Varied by analyte additions
Troponin I and T additions are in the form of a complex. This complex is released in to the bloodstream of patients with myocardial muscle cell injury and have the required source specificity. CKMB and Myoglobin also have required source specificity. NT-ProBNP is a recombinant peptide which has the required source specificity.	
Concentration ranges employed in this EQA Scheme(cTnI, cTnT, CKMB and Myoglobin)	
These cover the clinically encountered range from less than the assay detection limit, levels around the diagnostic decision limits and levels found in the 24 hours following a myocardial infarction or after thrombolysis wash out. For high sensitivity Troponin methods 4 th sample will be in the range of 3 – 20 ng/L. The numerical value depends on the assay method.	
Concentration employed in this EQA (NT-proBNP)	
These cover the clinically encountered ranges from less than the assay detection limit, levels around the diagnostic decision limits and levels found in patients with heart failure For NT-proBNP the numerical value depends on the assay method.	
Base Matrix:	Pooled human serum (female only).

B-Type Natriuretic Peptide (BNP) Scheme (Laboratory Based Scheme)	
Number of samples :	Three Lyophilised samples per distribution.
Frequency of distribution:	Twelve per year
Range of tests:	<i>B-type Natriuretic Peptide</i> (BNP)
Concentration ranges:	Varied by analyte additions
BNP additions are in the form of a synthetic peptide which has the required source specificity.	
Concentration employed in this EQA (BNP):	
These cover the clinically encountered ranges from less than the assay detection limit, levels around the diagnostic decision limits and levels found in patients with heart failure For BNP the numerical value depends on the assay method.	
Base Matrix:	Pooled human EDTA plasma (female only).
Diluent:	One vial containing 2 mL diluent supplied with each distribution