U or μ

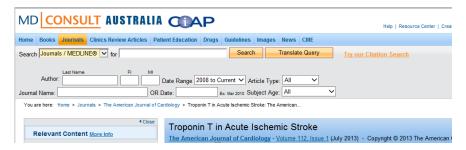
Some examples where transmission has not been accurate

(Graham Jones – St Vincent's Hospital, Sydney)

American Journal of Cardiology

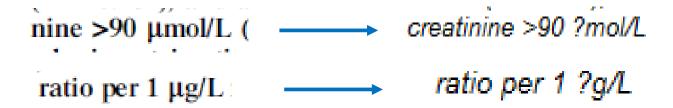
Original Version →

(36.4%) presented with elevated cTnT above the upper limit of normal. The cTnT levels were correlated significantly with age (r = 0.448) and the levels of N-terminal pro-brain natriuretic peptide (r = 0.528), cystatin C (r = 0.457), creatine kinase-MB mass (r = 0.253), urea (r = 0.281), and albumin (r = -0.219). Multiple logistic regression analysis found creatinine >90 μ mol/L (odds ratio 3.45, 95% confidence interval 1.09 to 10.85), N-terminal pro-brain natriuretic peptide (odds ratio 100 μ g/L increase 1.09, 95% confidence interval 1.03 to 1.16), and creatine kinase-MB mass (odds ratio per 1 μ g/L increase 1.45, 95% confidence interval 1.04 to 2.04) were associated with cTnT elevation in patients with AIS. In conclusion, elevated cTnT can be frequently detected in patients with AIS. To reliably identify patients with current acute myocardial impairment, more in-depth clinical investigation is needed. © 2013 Elsevier Inc. All rights reserved. (Am J Cardiol 2013;112:117–121)



← Web Version

cTnT above the upper limit of normal. The cTnT levels were correlated significantly with age (r = 0.448) and the levels of N-terminal pro-brain natriuretic peptide (r = 0.528), cystatin C (r = 0.457), creatine kinase-MB mass (r = 0.253), urea (r = 0.281), and albumin (r = -0.219). Multiple logistic regression analysis found creatinine >90 ?mol/L (odds ratio 3.45, 95% confidence interval 1.09 to 10.85), N-terminal pro-brain natriuretic peptide (odds ratio 100 ?g/L increase 1.09, 95% confidence interval 1.03 to 1.16), and creatine kinase-MB mass (odds ratio per 1 ?g/L increase 1.45, 95% confidence interval 1.04 to 2.04) were associated with cTnT elevation in patients with AIS. In conclusion, elevated cInT can be frequently detected in patients with AIS. To reliably identify patients with current acute myocardial impairment, more in-depth clinical investigation is needed.



Argument for UCUM...

E-mail Correspondence (article about using u not mu)

1 Use of the prefix mic(ο (μ)

The Royal College of Pathologists of Australasia has recently recommended the use of the u, rather than the Greek letter µ, for the expression of "micro" in the denominator of units (eg, ug/L rather than µg/L). This is to ensure the accurate transmission of the unit between different computer systems, including those with a limited character set , and also to ensure consistency with the recommended adoption of the Unified Code for Units of Measure system for rendering units.

← Original Version

1 Use of the prefix midro (2)

Copied
Version →

The Royal College of Pathologists of Australasia has recently recommended the use of the u, rather than the Greek letter μ , for the expression of "micro" in the denominator of units (eg, ug/L rather than μ g/L). This is to ensure the accurate transmission of the unit between different computer systems, including those with a limited character set, and also to ensure consistency with the recommended adoption of the Unified Code for Units of Measure system for rendering units.