

Supporting Information

Smart early diagnosis of acute myocardial infarction: A ZIF-based nanofluorescent lateral flow immunoassay for point-of-care detection of cTnI

Zahra Mirzaeizadeh^a, Emadoddin Amin Sadrabadi^a, Neda Naseri^a, Hamed Golmohammadi^{b,c*}, Kobra Omidfar^{a,d*}

^aBiosensor Research Center, Endocrinology and Metabolism Molecular–Cellular Sciences Institute, Tehran University of Medical Sciences, P.O. Box 14395/1179, Tehran, Iran

^bNanosensor Bioplatforms Laboratory, Chemistry and Chemical Engineering Research Center of Iran, 14335-186 Tehran, Iran

^cIMTEK – Department of Microsystems Engineering, University of Freiburg, Freiburg 79110, Germany

^dEndocrinology and Metabolism Research Center, Endocrinology and Metabolism Research Institute, Tehran University of Medical Sciences, Tehran, Iran.

* Corresponding Authors:

Kobra Omidfar, Email: omidfar@tums.ac.ir

Hamed Golmohammadi: hamed.golmohammadi@imtek.uni-freiburg.de,
golmohammadi@ccerci.ac.ir

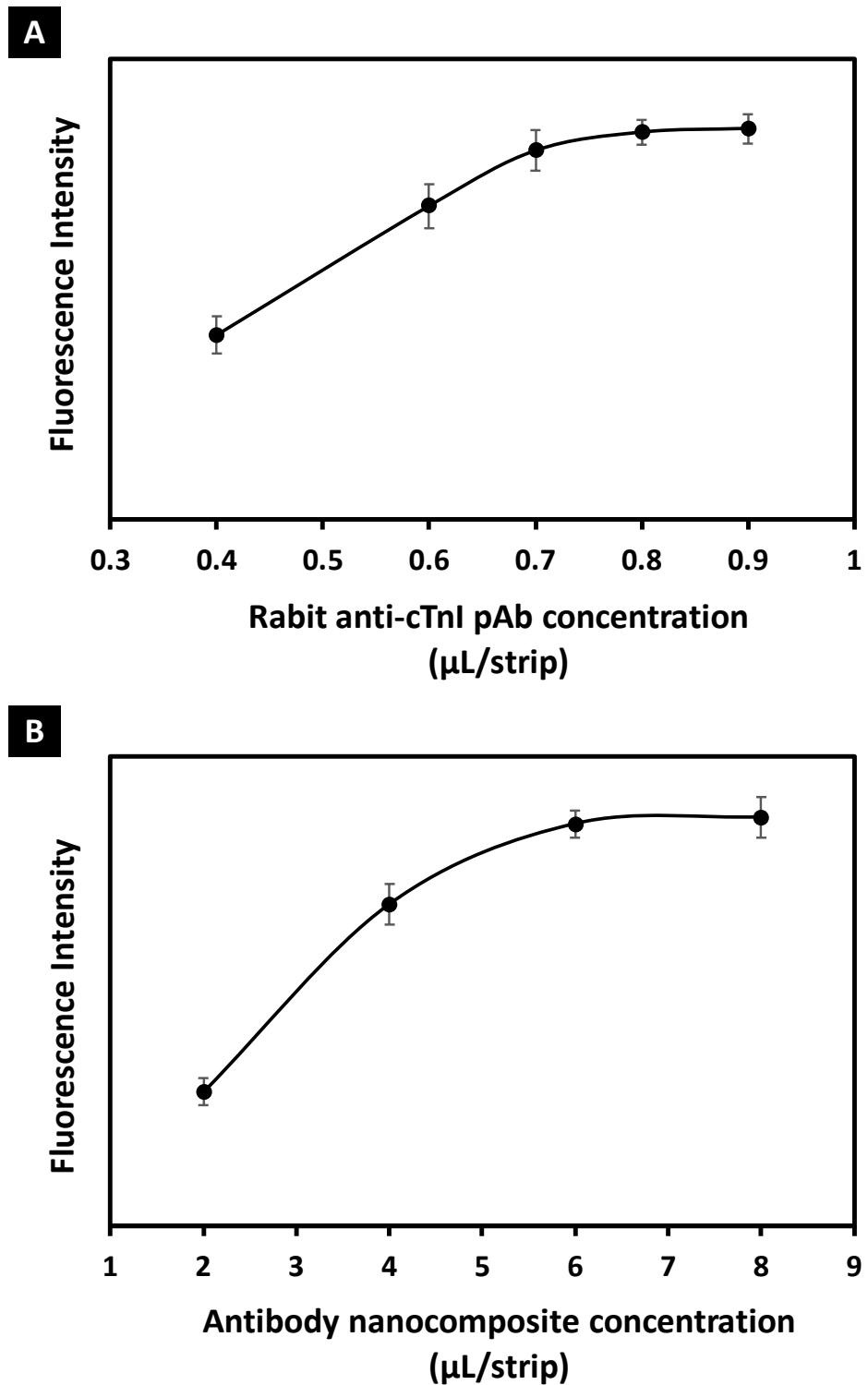


Fig. S1. Effect of the various concentrations of anti-human cTnI polyclonal antibody (0.4, 0.6, 0.7, 0.8, and 0.9 $\mu\text{g}/\text{strip}$) **(A)**, and ZIF-8@ BSA Au/Ag NCs-mAb (2, 4, 6, and 8 $\mu\text{L}/\text{strip}$) **(B)** on the fluorescence signal of LFIA.

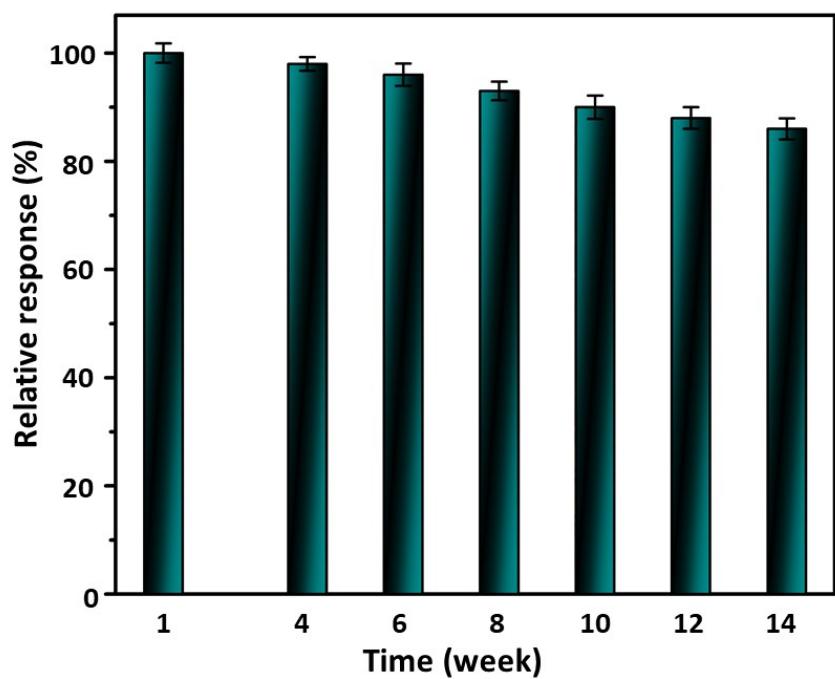


Fig. S2. Stability of the ZIF-8@ BSA Au/AgNCs based LFIA during 14 weeks at 4°C

Table S1. Repeatability (intra-assay) and reproducibility (inter-assay) of fabricated LFIA

cTnI concentration (pg mL^{-1})	intra-assay			inter-assay		
	mean	SD	CV (%)	mean	SD	CV (%)
10	41.30	1.53	3.70	42.30	2.08	4.90
80	63.30	1.065	1.68	62.30	2.08	3.34
150	72.60	1.53	2.10	73.16	1.17	1.59