Test Name: **PRE-PROCEDURAL PREGNANCY TEST**

**General Information**

Lab Order Codes: UHCGP

Synonyms: HCG Point of Care Testing; HCG POCT; Pregnancy Screening Test; Pregnancy Test, Preoperative/Preprocedural

CPT Codes: 84703 – Gonadotropin, chorionic (hCG); qualitative

Test Includes: Pregnancy screening testing performed as Point of Care Testing and reported as positive or negative.

**Logistics**

Test Indications: It is the policy of Children’s Hospitals and Clinics that female patients who are 12 years old or have begun menstruating have a pregnancy screening prior to the onset of general anesthesia, procedural sedation, MRI contrast, teratogenic drugs and chemotherapy. This testing is done to minimize the risk of potential adverse effects on a developing fetus.

Lab Testing Sections: Urine/Stool

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: Within 5 minutes

Special Instructions: ● Prior to the interventions listed under Test Indications, the patient/care giver/parent or legal guardian will be informed of the policy regarding pre-operative and pre-procedural pregnancy testing on female patients 12 years old or who have begun menstruating.

● Outpatient pregnancy screening should be ordered and reviewed by the primary physician who orders the test or procedure prior to the patient arriving at Children’s.

● If an inpatient is scheduled for surgery, it is the responsibility of the attending physician who carries out the pre-operative History and Physical to order the test.

● The pregnancy test does not need to be repeated if one was completed in the primary physician’s office within 7 days prior to the surgery/procedure.

See Organizational Policy and Procedural Manual, Policy Number 385.00 for more information.
**Specimen**

**Specimen Type:** Urine  
**Container:** Urine cup  
**Draw Volume:** 1 mL urine  
**Processed Volume:** 0.5 mL urine  
**Collection:** Routine urine collection  
**Special Processing:** Label specimen appropriately  
**Patient Preparation:** None  
**Sample Rejection:** Unlabeled specimen or mislabeled specimen  

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**Interpretive**

**Reference Range:** Negative  
**Critical Values:** Positive results will have immediate follow-up.  
**Limitations:** N/A  
**Methodology:** Monoclonal Antibody, Quick Vue One-Step hCG Combo Test®  
**References:** Children’s Hospitals and Clinics Organizational Policy and Procedure Manual, Policy 385.00, April 2005