

Laboratory Testing Update

The purpose of this update is to notify ordering providers about changes to *serum/plasma* human chorionic gonadotropin (hCG) testing. This does not apply to *urine* hCG. Effective April 8th, system laboratories will only offer HCG Quantitative [LAB143]. HCG Qualitative [LAB4201] will no longer be orderable.

Why?

1. Same methodology, same test.
2. Turn-around time for quantitative test is no different than qualitative test in most cases. However, if initial serum value is greater than 10,000 mIU/mL, then sample is diluted and requires additional run time.

Changes to reporting

The lab has verified a previously published upper 95% confidence limit of up to 4.9 mIU/mL on non-pregnant premenopausal women. The lab has also verified an upper 95% confidence limit of 8.1 mIU/mL on apparently healthy postmenopausal women.

	Range (mIU/mL)
Female (non-pregnant)	0 – 4.9
Female (postmenopausal)	0 – 8.1

Interpretive comment: “Indeterminate values for pregnancy (e.g., 5 – 25 mIU/mL) may be confirmed with a repeat test in 48 – 72 hours. Values in pregnancy should double every 2 – 3 days for the first 6 weeks.”

Notes:

1. Biotin may falsely lower hCG levels. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.
2. False-elevations may occur with patients who have human anti-animal or heterophilic antibodies.
3. Elevated hCG concentrations not associated with pregnancy are found in patients with other diseases such as tumors of the germ cells, ovaries, bladder, pancreas, stomach, lungs, and liver. This test is not intended to detect or monitor tumors or gestational trophoblastic disease.

If you have any questions, contact Amy Binion (Chemistry Manager) at 859 301-2077.