

hinlab Sleep Test

A three-night home oximetry screen with a validated pediatric sleep questionnaire, for children 28 days to 12 years.

What it is

Three nights of overnight oximetry recorded with the Gabi upper-arm cuff in the child's own bed, read together with a validated pediatric sleep questionnaire. Built on FDA-cleared technology, made for kids 28 days to 12 years.

COST TO THE FAMILY

\$399 out of pocket · HSA/FSA eligible

No insurance billing. Full refund if the test is not prescribed.



Where it fits in the care pathway

Screen at home first, and refer to the sleep lab when it counts.

In-lab polysomnography (PSG) remains the most complete test, but often has wait times of 6–12 months. This screen returns objective overnight data in days, so the decision to refer is made on evidence rather than symptoms alone. It is consistent with the AAP guidelines' alternative-testing pathway where PSG is not available.

Who it is for

Children 28 days to 12 years

- Suspected sleep-disordered breathing on symptoms and exam
- Triage before tonsil or adenoid surgery, where most children have no prior sleep study
- Persistent symptoms after adenotonsillectomy
- Watchful waiting, where a baseline helps the next visit
- Airway management by a dentist or orthodontist

Who should go straight to PSG

- Cases where a definitive of diagnosis of obstructive sleep apnea is needed
- Children whose symptoms, medical history, or clinical presentation call for comprehensive in-lab evaluation

hinlab is a screening tool, not a replacement for PSG.

How it works

1

You prescribe using the template

2

Family orders and pays directly

3

Three nights + questionnaire

4

Report returns to you in days

5

You decide next steps

No cost or equipment for your practice.

What you receive

What the report contains

ODI

SpO₂ statistics

Time below thresholds

Hypoxic burden

McGill score

Pulse rate

Questionnaire results

Clearance and validation

Built on FDA-cleared technology, made for kids 28 days to 12 years. Accuracy validated at the UCSF Hypoxia Research Laboratory. Meets ISO 80601-2-61 and FDA SpO₂ guidance.

4,000+ children in clinical studies

Limitations

This is a screening test, not a diagnosis. It does not diagnose sleep apnea and it does not replace in-lab polysomnography. Interpretation and all care decisions rest with the prescribing clinician.

Why prescribe the hinlab Sleep Test?

Easy to review

Essential findings are summarized concisely for quick review.

Clinical context built in

Our report compares key metrics with thresholds from the scientific literature to support interpretation.

Built to support your next step

Designed for physicians across all specialties, we provide resources to help determine appropriate next steps for your patient.

REFERENCES

1. Hoban TF. J Clin Sleep Med 2007; Radhakrishnan et al. 2021. Fewer than 10% of children in US practice surveys, and 12.8% of 27,837 children in Ontario, had a sleep study before adenotonsillectomy.
2. Uwiera TC. Children 2021;8(11):944. Approximately 75% resolution in otherwise healthy, non-obese children; 51 to 83% across all children.
3. American Academy of Pediatrics. Clinical practice guideline: diagnosis and management of childhood obstructive sleep apnea syndrome, 2012.