

Reporting Title: Chlamydia IgM/IgG Panel, IFA, S
Performing Location: Rochester

Ordering Guidance:
For suspected *Chlamydia trachomatis* infection, order either CTRNA / *Chlamydia trachomatis*, Nucleic Acid Amplification, Varies or CGRNA / *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, Nucleic Acid Amplification, Varies.

Specimen Requirements:
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.6 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:
[If not ordering electronically, complete, print, and send an Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619392	C. pneumoniae IgG	Alphanumeric	titer	In Process
619393	C. psittaci IgG	Alphanumeric	titer	In Process
619390	C. pneumoniae IgM	Alphanumeric	titer	In Process
619391	C. psittaci IgM	Alphanumeric	titer	In Process

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CHLG	Chlamydia IgG, IFA, S	2	86631	Yes	Yes
CHLM	Chlamydia IgM, IFA, S	2	86632	Yes	Yes

CPT Code Information:

86632 x 2

86631 x 2

Reference Values:

Chlamydia pneumoniae

IgM: <1:10

IgG: <1:64

Chlamydia psittaci

IgM: <1:10

IgG: <1:64