

**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.

**Specimen Minimum Volume:**

0.3 mL

**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®
619390	C. pneumoniae IgM <b>Also used by tests: CHLM</b>	Alphanumeric	titer	In Process
619391	C. psittaci IgM <b>Also used by tests: CHLM</b>	Alphanumeric	titer	In Process

Result ID	Reporting Name	Type	Unit	LOINC®
619392	C. pneumoniae IgG <b>Also used by tests: CHLG</b>	Alphanumeric	titer	In Process
619393	C. psittaci IgG <b>Also used by tests: CHLG</b>	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	Orderable Separately
CHLM	Chlamydia IgM, IFA, S			Yes	Yes
CHLG	Chlamydia IgG, IFA, S			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