

Reporting Title: Chlamydia IgM, 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: 0.3 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.15 mL

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	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

CPT Code Information:

86632 x 2

Reference Values:

Chlamydia pneumoniae
<1:10

Chlamydia psittaci
<1:10