Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
CHLAMYDIA/CHLAMYDOPHILA AB PNL 3 (IGG,IGA,IGM)				
C. TRACHOMATIS AB (IGG)	<1:64		titer	
C. TRACHOMATIS AB (IGA)	<1:16		titer	
C. TRACHOMATIS AB (IGM)	<1:10		titer	
INTERPRETATION	ANTIBODY NOT DETECTED			
C. PNEUMONIAE AB (IGG)	<1:64		titer	
C. PNEUMONIAE AB (IGA)	<1:16		titer	
C. PNEUMONIAE AB (IGM)	<1:10		titer	
INTERPRETATION	ANTIBODY NOT DETECTED			
C. PSITTACI AB (IGG)	<1:64		titer	
C. PSITTACI AB (IGA)	<1:16		titer	
C. PSITTACI AB (IGM)	<1:10		titer	
INTERPRETATION	ANTIBODY NOT DETECTED			

Reference Range:
IgG <1:64
IgA <1:16
IgM <1:10

Per CDC guidelines, nucleic acid detection in a sample taken from the anatomic exposure site is the preferred method for diagnosing C. trachomatis infection. The immunofluorescent detection of specific antibodies to Chlamydia trachomatis, Chlamydophila pneumoniae, and C. psittaci may be complicated by crossreactive antibodies, non-specific antibody stimulation, or past exposure to more than one of these organisms. IgM titers of 1:10 or greater are indicative of recent infection; however, IgM antibody is very crossreactive, often demonstrating titers to multiple organisms. Any IgG titer may indicate past exposure to that particular organism. Infection by a particular organism typically yields IgG titers that are higher than antibody titers to non-infecting organisms. IgA titers may help to identify the infecting organism when crossreactive IgG is present. IgA is typically present at low titers during primary infection, but may be elevated in recurrent exposures or in chronic infection.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

SPECIMEN: