



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 08/30/2023 14:23 Received: 08/30/2023 14:23

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Chlamydia/Chlamydophila Antibody Panel 3 (IgG, IgA, IgM). Row 2: C. psittaci Ab (IgA) <1:16 QCRL. Row 3: C. psittaci Ab (IgM) <1:10 QCRL. Row 4: C. psittaci Ab (IgG) <1:64 QCRL. Row 5: C. psittaci Interpretation SEE NOTE QCRL.

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.

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: C.pneumoniae Ab (IgA) <1:16 QCRL

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED



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## Referral Testing

Collected: 08/30/2023 14:23 Received: 08/30/2023 14:23

| <u>Test Name</u>              | <u>Result</u>  | <u>Flag</u> | <u>Ref-Ranges</u> | <u>Units</u> | <u>Site</u> |
|-------------------------------|----------------|-------------|-------------------|--------------|-------------|
| C. pneumoniae Ab (IgM)        | <1:10          |             |                   |              | QCRL        |
| C. pneumoniae IgG Abs         | <b>1:64</b>    | <b>H</b>    |                   |              | QCRL        |
| C. pneumoniae Interpretation  | PAST INFECTION |             |                   |              | QCRL        |
| C. trachomatis Ab (IgA)       | <1:16          |             |                   |              | QCRL        |
| C. trachomatis Ab (IgM)       | <1:10          |             |                   |              | QCRL        |
| C. trachomatis Ab (IgG)       | <1:64          |             |                   |              | QCRL        |
| C. trachomatis Interpretation | SEE NOTE       |             |                   |              | QCRL        |

ANTIBODY NOT DETECTED

Performing Site:  
QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

**Reported Date:** 2023.08.30 14:24 CHLAP

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

F230000041  
WX0000003827

Ordered By: KAJAL SITWALA, MD, PhD  
WX00000000002365

Kajal V. Sitwala, MD, PhD - Medical Director  
Form: MM RL1

Printed D&T: 08/30/23 14:36

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