
Lab Dept: Microbiology

Test Name: CHLAMYDIA PNEUMONIAE DNA PCR

General Information

Lab Order Codes: CHLP

Synonyms: Culture, Chlamydia pneumoniae (TWAR); Culture, TWAR (Chlamydia pneumoniae); PCR, Chlamydia pneumoniae (TWAR)

CPT Codes: 87486 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique

Test Includes: Polymerase Chain Reaction (PCR). Culture for *Chlamydia pneumoniae* has been replaced by DNA PCR.

Logistics

Lab Testing Sections: Microbiology - Sendouts

Referred to: LabCorp/Viomed (LC Test# 138263)

Phone Numbers: MIN Lab: 612-813-5866

STP Lab: 651-220-6555

Test Availability: Daily, 24 hours, Set up on Monday and Thursday

Turnaround Time: 4 – 5 days

Special Instructions: Requisition must state **specific site** of specimen and **date/time of collection**.

Test will be cancelled as duplicate testing if a Respiratory pathogen Panel (RPB) is ordered on the same sample.

Specimen

Specimen Type:

Specimen	Volume	Container
Throat	1 swab	UTM
Nasopharyngeal (NP)	1 swab	UTM

Bronchial washing/lavage	1 mL	Sterile container
Nasopharyngeal washing/aspirate	1 mL	Sterile container

Container:

Container dependent upon specimen collected:

Onsite collections: Swab or sterile container

Offsite collections: UTM transport media (available from Microbiology) or sterile container

Volume:

Bronchoscopy specimens: 1 mL in sterile container

Nasopharyngeal swabs: 2 mini-tip swabs; one each from the right and left nares

- NP flexible wire swab (CHC #811)

Nasal Washings/Nasal aspirate: 1 mL in sterile container

Throat swab: 1 swab

- White top, Liquid Stuart (CHC #359) or
- Red top double swab, Liquid Stuart (CHC #19092)

Collection:

Bronchoscopy:

1. Specimen obtained by physician through the biopsy channel of the bronchoscope.
2. Transfer specimen into a sterile container.

Nasopharyngeal Swabs:

1. Carefully insert a mini-tip swab into the posterior nasopharynx via the nose, collecting one each from right and left nares.
2. Rotate the swab slowly for 5 s to absorb secretions, keeping the swab near the floor and the septum of the nose.

Throat Swabs:

1. Depress tongue with a tongue depressor.
2. Sample the posterior pharynx, tonsils, and inflamed areas with a sterile swab.

Nasopharyngeal Washings:

1. Tilt patient's head back at a 70° angle.
2. Insert rubber bulb syringe containing 1 – 2 mL of sterile saline until it occludes the nostril.
3. Collect specimen (Minimum: 1 mL) with one complete squeeze and release bulb.

4. Repeat in other nostril.
5. Place washings in container.

Nasal Aspiration:

1. Prepare suction set up on low to medium suction.
2. Wash hands and put on protective barriers (e.g., gloves, gown, mask).
3. Place child supine and obtain assistant to hold child during procedure.
4. Attach luki tube to suction tubing and #6 French suction catheter.
5. Insert catheter into nostril and pharynx without applying suction.
6. Apply suction as catheter is withdrawn.
If necessary, suction 0.5 - 1 mL of normal saline through catheter in order to clear the catheter and increase the amount of specimen in the luki tube.
7. Place aspirate in sterile container.

Special Processing:

Offsite collections:

Throat swab: Place in UTM, break off plastic shaft. Allow the swab to remain in the tube.

2 NP swabs: Place both swabs in UTM, cut the wire shafts of the swabs. Allow the swabs to remain in the tube.

Transport/Storage:

Onsite collections: Transport to the Microbiology Laboratory immediately.

Offsite collections: Refrigerate specimen.

Specimens must be promptly transported to the laboratory, with the next available courier, not to exceed 24 hours from the time of the collection.

Sample Rejection:

Improperly labeled specimen; specimens with prolonged transit time (see [Transport/Storage](#) for requirements); specimen not submitted in appropriate transport container; insufficient volume; external contamination. If an unacceptable specimen is received, the physician or nursing station will be notified and another specimen will be requested before the specimen is discarded.

Interpretive

Reference Range:

No *Chlamydia pneumoniae* detected by DNA PCR

Limitations:

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or *C. pneumoniae* nucleic acid concentrations below the level of detection of the assay.

Methodology:

DNA PCR

References:

LabCorp Web Page <https://www.labcorp.com/test-menu/search> May 2025

Updates:

3/6/2009: Reference laboratory will no longer accept tissue samples for this testing. Added info for nasopharyngeal washings and nasal aspirations.

8/21/2013: Update to M4 VTM, removal of universal media.

11/11/2014: Addition of offsite collection information.