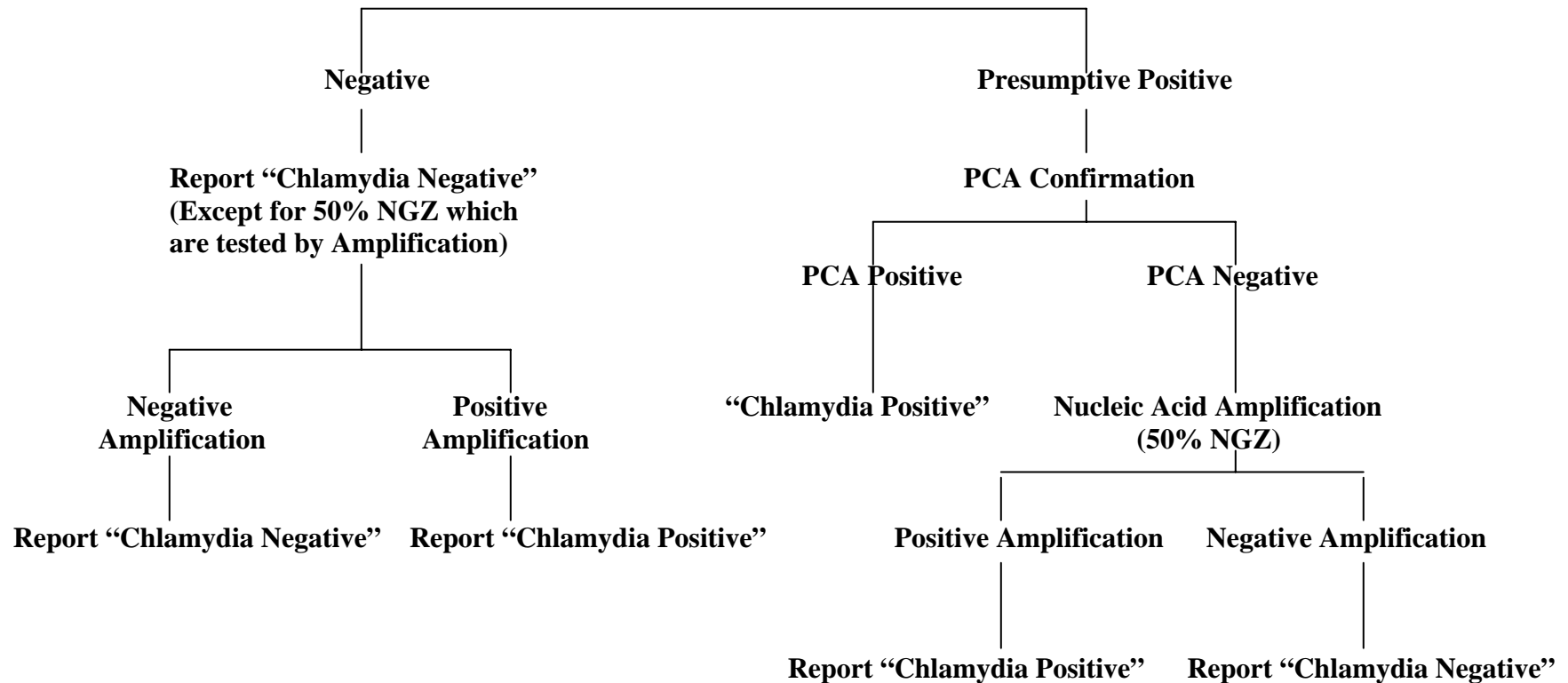


## Chlamydia Screening Algorithm #1

(June 1997)

(Gen-Probe Screening)



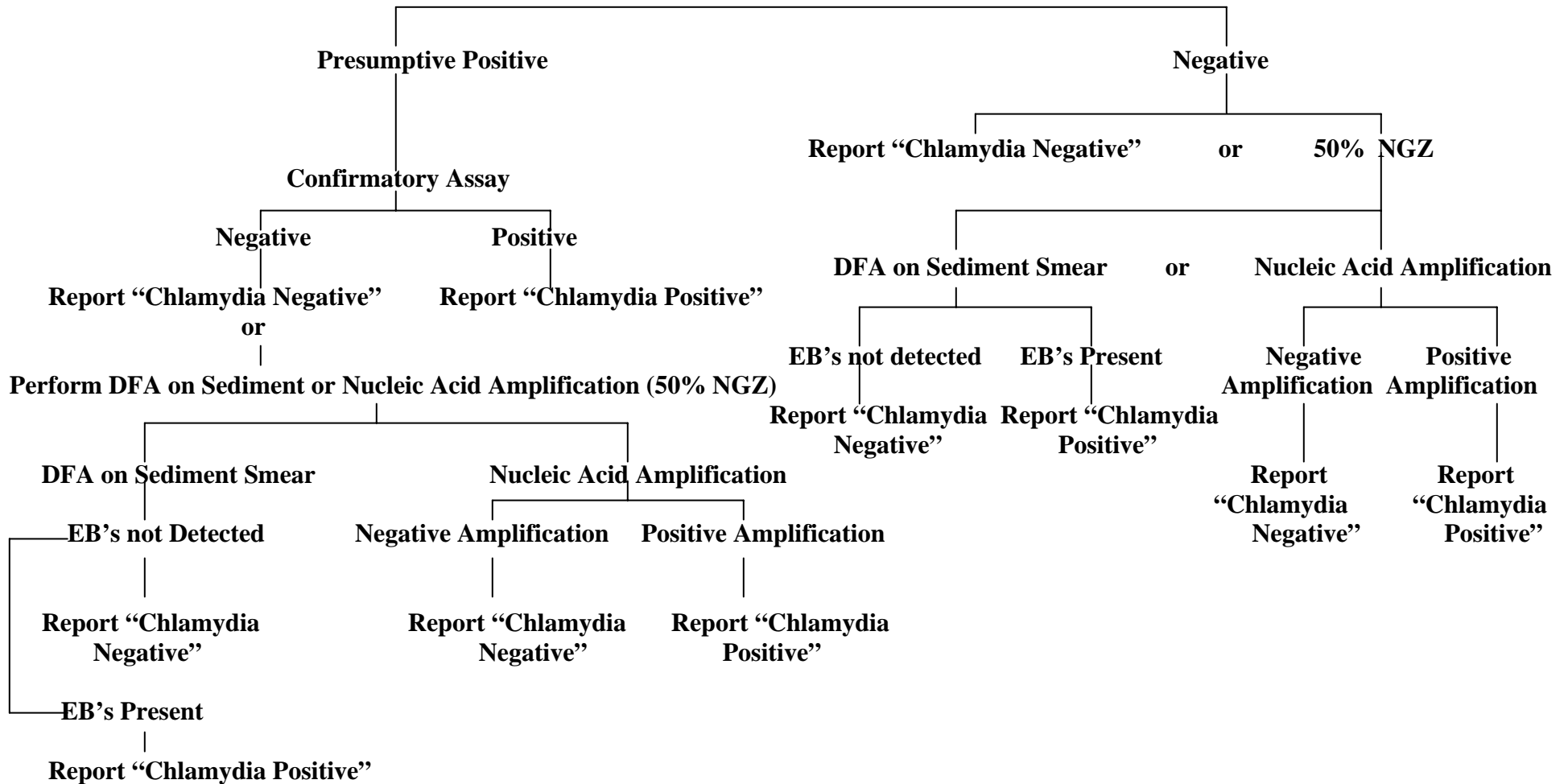
### Note:

1. Each laboratory must establish its own grey zone for its particular population being screened. These algorithms provide guidelines for laboratory screening but each laboratory must determine the extent to which they are applicable.
2. Although a 50% negative grey zone is used in these algorithms, each laboratory should establish its own negative grey zone for testing by nucleic acid amplification technology.

## Chlamydia Screening Algorithm #2

(June 1997)

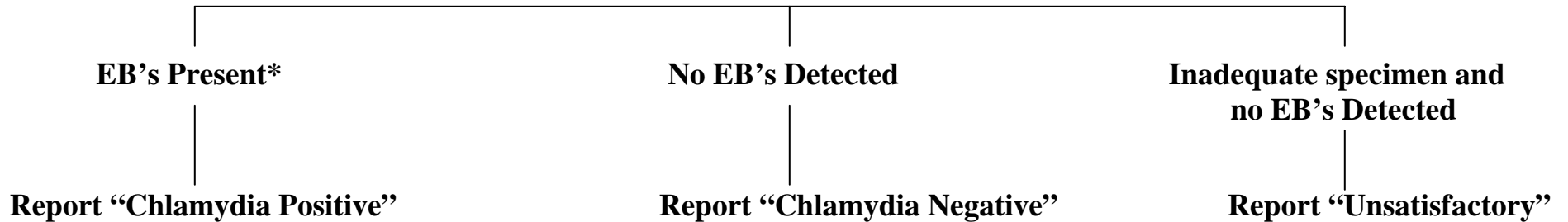
(EIA Screening)



## Chlamydia Screening Algorithm #3

(June 1997)

### Chlamydia DFA Screening

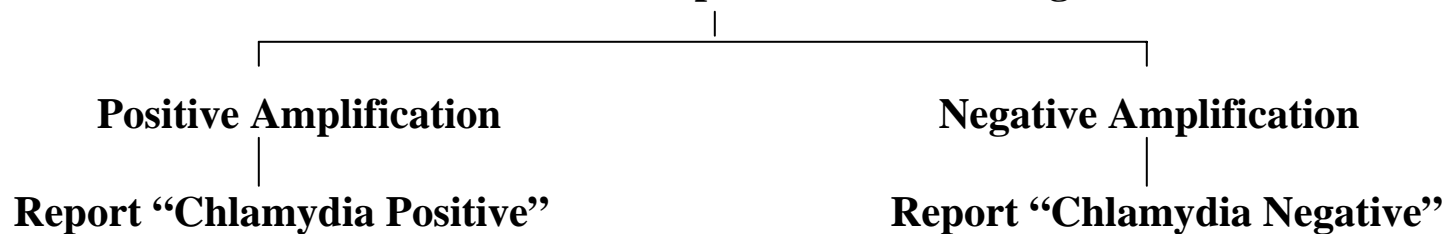


\*EB's observed in DFA smear confirms presence of Chlamydia; smear should be also for cellular adequacy.

## Chlamydia Screening Algorithm #4

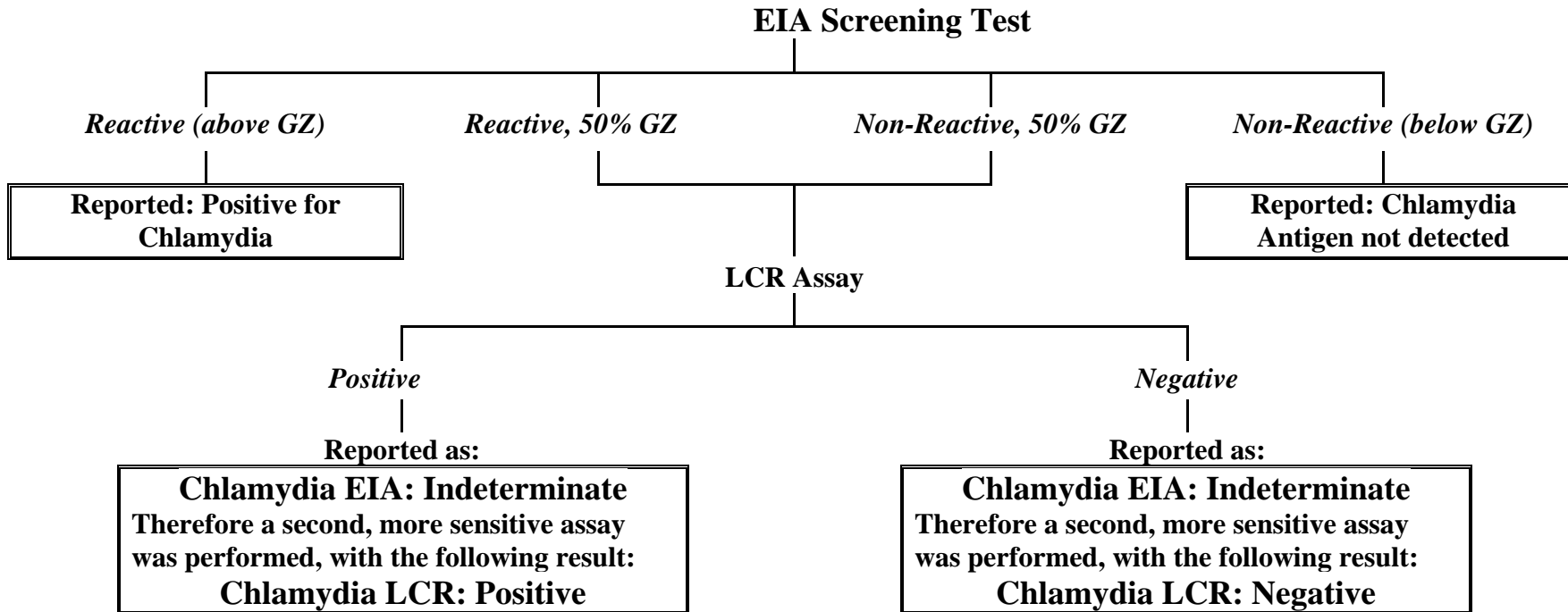
(June 1997)

### Nucleic Acid Amplification Screening



**Current Chlamydia Screening Algorithm #5: Wisconsin State Laboratory of Hygiene (WSLH)**

(April 2000)



**Notes:**

1. Prior to December 1999, “confirmation” of positives was done only by clinician request. After a thorough evaluation involving testing of all positive EIA’s by LCR, for a period of six months, confirmation of EIA specimens reactive within 50% of the cutoff was implemented (12/99)
2. Prior to October 1997, DFA was used for supplemental testing of negatives falling in the 50% non-reactive grayzone. Both EIA and DFA results were reported in all cases when DFA was done.