Faster answers. *Clearer* guidance.



Deliver answers with the largest rare disease and prenatal exome dataset*, GeneDx Infinity™.[1]

* dataset includes unique fetal probands and products of conception

A genetic test is only as strong as the data and expertise behind it

The largest rare disease dataset

2.5 million tests, nearly 1 million exomes & genomes, and 7 million phenotypic data points.[1] GeneDx Infinity™ gives deeper variant context, faster results, and more clarity.

Experts here to help you

With 100+ MDs and PhDs and 150+ certified genetic counselors [1], GeneDx brings one of the most experienced clinical genetics teams in the world, partnering with you at every step of care.

Advanced technology

Our interpretation platform leverages AI-enabled tools to harness Infinity's scale, supporting our experts in delivering accurate, actionable answers faster and more efficiently.

Choose the right test for your patient

CMA

Use when: Abnormal serum screening, non-diagnostic karyotype, and fetal ultrasound anomalies suggest deletion and duplication syndromes.
Turnaround time: Typical laboratory turnaround time is within 2 weeks

ExomeDx™ Prenatal

Use when: Fetal anomalies are detected via ultrasound and CMA and karyotype are non-diagnostic.
Turnaround time: Typical laboratory turnaround time is within 2 weeks

GenomeDx™ Prenatal

Use when: Complex or unexplained fetal anomalies are detected via ultrasound and CMA and karyotype are non-diagnostic, and comprehensive genomic analysis is needed.
Turnaround time: Typical laboratory turnaround time is within 2 weeks

Targeted Panels

Use when: A specific condition is strongly suspected and CMA and karyotype are non-diagnostic.
Turnaround time: Typical laboratory turnaround time is within 2 weeks

References: 1. GeneDx Internal Data, Data on File 2025 **2.** Wapner RJ, Martin CL, Levy B, et al. Chromosomal microarray versus karyotyping for prenatal diagnosis. N Engl J Med. 2012 Dec 6;367(23):2175-84. doi: 10.1056/NEJMoa1203382 **3.** Mellis R, Oprych K, Scotchman E, H et al. Diagnostic yield of exome sequencing for prenatal diagnosis of fetal structural anomalies: A systematic review and meta-analysis. Prenat Diagn. 2022 May;42(6):662-685. doi: 10.1002/pd.6115. (PMID: 35170059). **4.** Wang Y, Greenfeld E, Watkins N, B et al. Diagnostic yield of genome sequencing for prenatal diagnosis of fetal structural anomalies. Prenat Diagn. 2022 Jun;42(7):822-830. doi: 10.1002/pd.6108. **5.** Zhou J, Yang Z, Sun J,et al. Whole Genome Sequencing in the Evaluation of Fetal Structural Anomalies: A Parallel Test with Chromosomal Microarray Plus Whole Exome Sequencing. Genes (Basel). 2021 Mar 6;12(3):376. doi: 10.3390/genes12030376. **5.** So PL, Hui ASY, Ma TWL, et al. Implementation of Public Funded Genome Sequencing in Evaluation of Fetal Structural Anomalies. Genes (Basel). 2022 Nov 10;13(11):2088. doi: 10.3390/genes13112088.

GeneDx®

Reflex to exome with the same sample

When CMA or panel testing does not provide an answer, automatically reflex to exome using the same sample with no additional ordering steps or sample requirements, and faster access to clinically actionable insights.[2]

	Prenatal CMA	ExomeDx Prenatal	GenomeDx Prenatal
Diagnostic Yield	13%[2]	31%[3] *Incremental diagnostic yield	*19-36%*[4-6] *Incremental diagnostic yield
TAT	1-2 weeks	Within 2 weeks	Within 2 weeks
SNV's		✓	✓
CNVs	✓	✓	✓
Indels		✓	✓
Intronic/Regulatory Variants			✓
UPD	✓	✓	✓
Repeat Expansions (STR)			✓ 10 conditions*
Aneuploidy	✓	✓	✓
Polyploidy	✓	✓	✓
Triploidy	✓	✓	✓
Reanalysis		✓	✓
Average depth of coverage	N/A	100-120x with 98% of the targeted region at ≥10x coverage	30x
Pre-test Patient Education Resources		✓	✓
Post-test genetic counseling**	✓	✓	✓
Genotype Driven Phenotype Informed		✓	✓

*repeat expansions include *ARX (PA1), ATN1, ATXN2, ATXN3, ATXN7, DMPK, FMR1, FXN, HOXD13, PHOX2B*

**Post-test genetic counseling available in select countries

Specimen requirements

We accept amniotic fluid, cultured amniocytes, cultured chorionic villi (CVS), products of conception (POC), and extracted DNA. A maternal blood or buccal sample is required to conduct maternal cell contamination (MCC) studies. A paternal and maternal blood or buccal sample is also required for exome/genome trio, chromosomal microarray (CMA), and panel tests.

Data Privacy

GeneDx employs a range of physical, technical and administrative safeguards to secure patient information that is entrusted to us. For more information on data use and protection, please visit GeneDx's Privacy Hub: genedx.com/privacy-hub

The right data changes everything. Get started at GeneDx.com

GeneDx

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