






NICUXpress™ Panel: ~3,500 Gene Panel with a Verbal Result in 7 Days



FORMS AND DOCUMENTS

 Test Info Sheet (https://www.genedx.com/wp-content/uploads/2021/03/Info-SheetNICUXpress-Test-_-Feb-2021.pdf)  Test Requisition (https://www.genedx.com/wp-content/uploads/2017/08/92176_67830_RapidSequencing_TRF_V5_INTERACTIVE.pdf)  Family Member Test Requisition (https://www.genedx.com/wp-content/uploads/2012/08/91138_67826_TrioDuo_Testing_Family_Member_TRF_V5_INTERACTIVE.pdf)

TEST DETAILS

GENES:
Expand Genes

CLINICAL UTILITY:

- Determination of a clinical diagnosis
- Identification of gene implicated in genetic disease
- Assist with treatment/management decisions
- Recurrence risk assessment

NOTES:

The NICUXpress™ Panel evaluates nearly 3,500 genes associated with disorders impacting patients in the newborn to early childhood period of life. Genes on this panel are associated with neurodevelopmental disorders, neuromuscular disorders, metabolic disorders, nuclear mitochondrial disorders, multiple congenital anomalies, congenital heart disease, neonatal sex development disorders, immunodeficiency disorders, congenital ichthyosis, and epidermolysis bullosa.

This test has an expedited turnaround time* (TAT) of approximately 14 days. A verbal result is given within 7 calendar days after the start of testing and will include pathogenic and/or likely pathogenic variants in known disease-causing genes. A written report including all clinically relevant, confirmed variants will be reported within approximately 14 days after the start of testing.

Because of the rapid TAT, blood or DNA samples on the proband and both biological parents must be submitted at the same time, along with clinical information, in order to begin testing.

This test requires approval by GeneDx. Please email Xpress@GeneDx.com (<mailto:Xpress@GeneDx.com>) to discuss prior to sending in samples.

Insurance billing not accepted

LAB METHOD:
• Next-Gen Sequencing



ORDERING

TEST CODE:
TL27

TURNAROUND TIME *:
Verbal result in 7 days, final report ~2 weeks

PREFERRED SPECIMEN:
3-6 mL Blood Only - Lavender Top Tube

ALTERNATIVE SPECIMEN:
Buccal Swabs

**Reporting times are typical, but could be extended in situations outside GeneDx's reasonable control.*

BILLING

CPT CODES**:
81443x1

NEW YORK APPROVED
Yes

ABN REQUIRED
No

For price inquiries please email zebras@genedx.com (<mailto:zebras@genedx.com>)

***The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*

NEW YORK CLIENTS

Tests displaying the status “New York Approved: Yes” are approved or conditionally approved by New York State and do not require an NYS “NPL” exemption. Please note, for carrier/targeted variant tests the approval status depends on whether the gene is in an approved GeneDx single-gene or multi-gene test. In addition, carrier/targeted testing for any gene is automatically approved for relatives of existing GeneDx patients. In all other situations, complete the New York Exemption Form and fax it to the NYS Department of Health to obtain case-by-case permission before shipping the specimen to GeneDx.

 [NYS Dept. of Health Instructions \(/wp-content/uploads/2017/06/NYS-Dept-of-Health-Instructions.pdf\)](/wp-content/uploads/2017/06/NYS-Dept-of-Health-Instructions.pdf)

 [New York Exemption Form \(/wp-content/uploads/2017/07/NPLForm_GDx.pdf\)](/wp-content/uploads/2017/07/NPLForm_GDx.pdf)

[VIEW TESTS \(/TEST-CATALOG/TESTING-DIRECTORY/#!/NEW-YORK-TESTS/\)](/TEST-CATALOG/TESTING-DIRECTORY/#!/NEW-YORK-TESTS/)

FEATURED TESTS



[XomeDx \(/test-catalog/xomedx/\)](/test-catalog/xomedx/)
[XomeDxSlice \(/xomedx-slice-tool/\)](/xomedx-slice-tool/)
[Hereditary Cancer \(/test-catalog/medical-specialty/hereditary-cancer/\)](/test-catalog/medical-specialty/hereditary-cancer/)
[Neurology/Mitochondrial Genetics \(/test-catalog/medical-specialty/neurology/\)](/test-catalog/medical-specialty/neurology/)
[Cardiology Genetics \(/test-catalog/medical-specialty/cardiology/\)](/test-catalog/medical-specialty/cardiology/)
[Prenatal Genetics \(/test-catalog/medical-specialty/prenatal/\)](/test-catalog/medical-specialty/prenatal/)
[Deletion/Duplication Analysis \(/test-catalog/exonarraydx-deldup-testing/\)](/test-catalog/exonarraydx-deldup-testing/)
[Carrier/Mutation-Specific Testing \(/test-catalog/mutation-specific-testing/\)](/test-catalog/mutation-specific-testing/)
[Cytogenetics \(/test-catalog/molecular-cytogenetics/\)](/test-catalog/molecular-cytogenetics/)

RECENTLY VIEWED TESTS



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 NY Test List (</test-catalog/testing-directory/#!/new-york-tests/>)
 RI State License LCO00564 (<https://www.genedx.com/wp-content/uploads/2017/07/GeneDx-Rhode-Island-License-LC>)
 PA State License 029524A (<https://www.genedx.com/wp-content/uploads/2017/08/GeneDx-Pennsylvania-exp-15Aug21>)
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