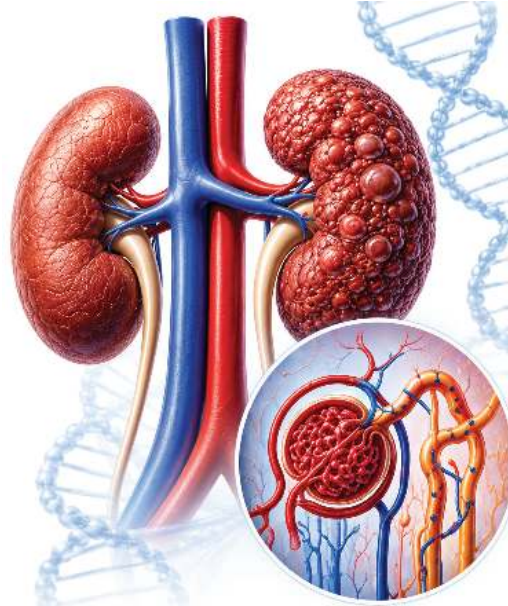




Hereditary **RENAL** Disorders Panel

Before the Kidneys
Run Out of Time.

A molecular diagnosis for inherited kidney disease reclassifying 'unexplained' CKD and reshaping transplant, treatment, and family decisions.



The clinical reality

A meaningful share of chronic kidney disease labeled 'unexplained' is, in fact, monogenic. Identifying the responsible gene does more than end the diagnostic search — it changes management. It can spare a patient futile immunosuppression, reframe the evaluation of a living-related donor, and set realistic expectations for progression and recurrence after transplant.

Why a molecular diagnosis changes management



Reclassifies unexplained CKD

Turns an idiopathic label into a precise, named diagnosis with a known clinical course.



Avoids futile immunosuppression

In genetic FSGS, a molecular result can prevent months of ineffective, toxic therapy.



Informs transplant & donor choice

Clarifies inheritance so related donors can be evaluated safely and confidently.



Enables cascade testing

One variant opens targeted, low-cost screening for at-risk relatives.

From cysts to glomeruli

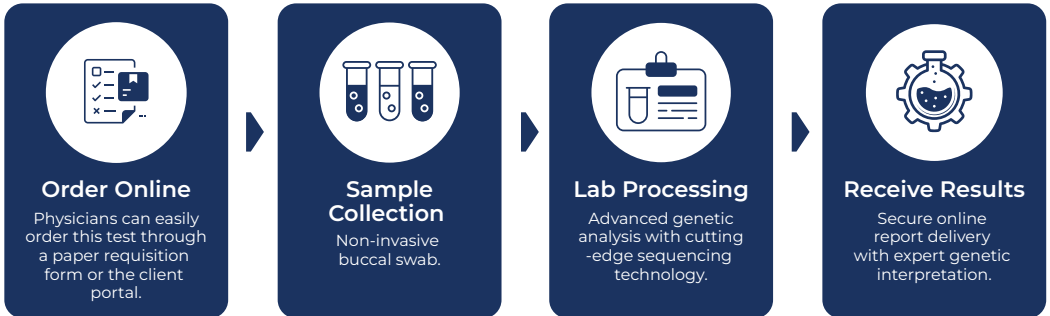
GENE(S)	ASSOCIATED CONDITION
PKD1 / PKD2	Autosomal dominant polycystic kidney disease (ADPKD).
PKHD1	Autosomal recessive polycystic kidney disease (ARPKD).
COL4A3 / COL4A4 / COL4A5	Alport syndrome and thin basement membrane nephropathy.
NPHS1 / NPHS2	Steroid-resistant nephrotic syndrome and FSGS.
WT1	Nephrotic syndrome; Denys-Drash and Frasier syndromes.

Turnaround Time



Results in 7 business days
Fast, reliable results

How the Test Works?



When to think genetic

- ▶ Chronic kidney disease without a clear cause, especially at a young age.
- ▶ A family history of polycystic kidney disease or inherited nephropathy.
- ▶ Persistent hematuria or proteinuria, or steroid-resistant nephrotic syndrome.
- ▶ Evaluation of a potential living-related kidney donor.
- ▶ A relative with a known pathogenic renal variant.

