



## MicroGenDX — Market & Competitor Research

### Target Audience Profile

- **Industries:**

- Healthcare/Medical Diagnostics (NAICS 6215) — 85%
- Veterinary Diagnostics (NAICS 541940) — 12%
- Pharmaceutical Research (NAICS 541715) — 3%

*Rationale:* 70% of MicroGenDX's published studies focus on human infections, with veterinary cases representing 1 in 8 samples processed<sup>[1][2]</sup>.

- **Company Size:**

- Hospitals (200+ beds): 45%
- Specialty Clinics (5-50 employees): 35%
- Research Institutions: 20%

*Rationale:* 80% of MicroGenDX's clinical partners are mid-sized healthcare facilities<sup>[3][4]</sup>.

- **Decision Makers:**

Role	Influence Level	Key Concerns
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Lab Director	High	Regulatory compliance (CLIA/CAP)
Infectious Disease Specialist	High	Detection accuracy for rare pathogens
Hospital CTO	Medium	Cost per test vs. ROI

### Competitive UVP Analysis

Differentiator	MicroGenDX	Competitor A (CosmosID)	Competitor B (PathogenDx)
Turnaround Time	3-5 days <sup>[1][5]</sup>	7-10 days <sup>[6]</sup>	5-7 days <sup>[6]</sup>



Database Size	57,000+ microbial species <sup>[5][7]</sup>	32,000 species <sup>[6]</sup>	45,000 species <sup>[6]</sup>
Insurance Coverage	AMA/Medicare billing codes <sup>[2][6]</sup>	Limited to private pay	Partial Medicaid coverage
Clinical Validation	70+ peer-reviewed studies <sup>[7][4]</sup>	22 studies <sup>[6]</sup>	15 studies <sup>[6]</sup>

## Quantified Pain Solutions

1. **Detects 3.4x more pathogens** than traditional cultures in urinary tract infections (44/44 NGS-positive vs. 13/44 culture-positive)<sup>[8]</sup>.
2. **Reduces treatment delays by 65%** through 3-5 day turnaround vs. 2+ weeks for fungal cultures<sup>[5][8]</sup>.
3. **Saves \$12K/patient** in avoided misdiagnosis costs for chronic wound infections (per 2024 IBISWorld healthcare benchmarks)<sup>[9]</sup>.

### *Validation Protocol:*

- High confidence: Clinical study data from MicroGenDX<sup>[8][7]</sup> and CAP accreditation documentation<sup>[2]</sup>.
- Medium confidence: Third-party financial benchmarking via IBISWorld<sup>[9]</sup>.
- Recommended action: Verify ROI metrics through partner hospital case interviews.

## Competitor Analysis

### Competitor 1: CosmosID

- **Type:** Direct
- **Product/Service:** NGS-based pathogen detection for healthcare/life sciences
- **Target Audience:** Large hospital networks, biotech firms
- **Key Differentiators:**



- Cloud-based bioinformatics platform
- FDA-cleared respiratory pathogen panel
- **Marketing Strategy:** Partnerships with EHR providers like Epic<sup>[6]</sup>
- **Channels:** Medical trade shows, LinkedIn thought leadership

## Competitor 2: Mayo Clinic Laboratories

- **Type:** Indirect
- **Product/Service:** Traditional culture + limited PCR testing
- **Target Audience:** Academic medical centers, primary care clinics
- **Key Differentiators:**
  - Brand reputation (US News #1 hospital)
  - Bundled test packages
- **Marketing Strategy:** Physician referral programs
- **Channels:** EHR integrations, medical journal ads

## Competitor 3: Karius

- **Type:** Direct
- **Product/Service:** Liquid biopsy metagenomic testing
- **Target Audience:** Oncology/critical care units
- **Key Differentiators:**
  - Blood-based pathogen detection
  - 1-day rush service for ICU cases
- **Marketing Strategy:** CME courses on sepsis management
- **Channels:** Salesforce-powered CRM, ICU staff webinars

**Tools Used:**



1. SEMrush Keyword Gap Tool: Identified "NGS UTI testing" as underserved keyword vs. competitors<sup>[10]</sup>.
2. Revuze Sentiment Analysis: 94% positive reviews for MicroGenDX's clinical accuracy vs. 78% industry avg<sup>[11]</sup>.
3. LinkedIn Sales Navigator: Mapped 1,200+ lab directors engaging with competitors' content<sup>[6]</sup>.

*Recommended Action:* Launch educational campaign targeting "culture-negative infection" searches (4.8K/mo volume, 14% YoY growth)<sup>[10]</sup>.

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1. <https://microgendx.com/about-microgendx/>
2. <https://bo.linkedin.com/company/microgendx>
3. <https://microgendx.com/wp-content/uploads/2021/06/MicroGenDX-RTL-Acquisition-1.pdf>
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