**Microarray-Core Facility**

W110

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Heidelberg, 16/03/2022

**Kinome Profiling Service –**

**Study information form**

**Contact information:**

DKFZ-Kst /Department/Institute: .…..…………………………………….….

Name contact person: …….…..…………………………………………………

Email contact person: …….………………………………………………………

Submission Number / Quote Number: ………...………………………………………

**Scientific background/Goals:**

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Hypotheses to test via Kinome Profiling. Please specify the most important question you want answered: .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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**Sample information:**

Goals of experiment

Confirmation of results using PamChip® technology

Proof of concept (what concept)

Generate hypotheses on pathways/kinases involved

Indentify potential Biomarkers

Type of experiment

Comparison of cell lines/tissues

Inhibitor study

* + Spike in of inhibitor
  + Cell culture with inhibitor (time, dosing)

Type of Sample

Cell lines: …………………………………………………………………………………….

Tissues: ………………………………………………….…………………………………

Recombinant kinase: ……………………………..………………………………….

Compounds: ……………………………………….………………………………………

Number of Conditions: ………………

Each condition will be tested in triplicate. What kind of replicates are planned:

Technical (one lysate tested in triplicate)

Biological (lysates of three cell cultures or animals)

**Analysis:**

Kinase activity profiles of treated samples will be compared to the corresponding untreated control condition.

The following outcome can be expected:

A list of peptides (including peptide sequence and uniprot lD) that are differentially phosphorylated, representing the difference in kinase activity between control and conditions.

Optionally, these may be used to obtain or confirm hypotheses about the signaling pathways or upstream kinases affected by treatment.

Please state the most important conditions you want analyzed: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………

**Additional remarks:**

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