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<u>Survey Questions for Principal Investigators of Other Screening/Probe Production</u> <u>Centers</u>

Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0476). Do not return the completed form to this address.

A. Network Customer Satisfaction: How well is the network serving the needs of the community?

- 1. What aspects of the MLPCN network are unique?
 - a) Do other centers deposit their data in free access databases?
 - b) If there are other databases, are the compounds the same?
 - c) Do other screening centers screen annotated compound sets?
 - d) Do other centers provide access to medicinal chemistry?
 - e) How many assays per year do other centers receive/screen against how many compounds?
 - f) How were the compounds in the library selected?
 - g) How do other centers store & distribute their library contents?

B. Probes & Probe Reports: What is the usefulness of the probes produced?

- 1. Do the probes produced reflect the state of the art in probe development/production?
 - a) What is the current or potential application of MLSCN/MLPCN data and probes to your research?
 - b) What is the current or potential application of MLSCN/MLPCN data and probes to the broader research community?

C. Sustainability of the Network: What is the best model for the future of the MLPCN?

1. In 2014, the MLPCN will transition from the 10-year start-up funding providing by the NIH Roadmap. What are the business models for other large service or resource programs that would be a good fit for sustaining the MLPCN after Roadmap funding ends?