nrStar™ Human Functional LncRNA PCR Array

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Instruction Manual Version 1.0

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I. Introduction

A. Overview

Long non-coding RNAs (LncRNAs) as a non-coding RNA (> 200 nt) biotype can be subgrouped as antisense, enhancer, bidirectional, intronic, sense-overlapping and intergenic (lincRNAs); LncRNAs can act by multiple mechanisms as molecular scaffolds, aid alternative splicing, modify chromatin structure, control mRNA stability, or sponge miRNAs as competing endogenous RNAs (ceRNA). LncRNAs are often specific in expression patterns and regulate a wide range of biological functions, including genomic imprinting, stem cell pluripotency, embryonic development[1], cardic development[2], hematopoiesis, immunity[3], and endocrine systems[4]. Dysregulated expression of lncRNAs has been associated with many diseases such as neurodegenerative, cardiovascular[5], kidney, diabetes and many cancer diseases[6]. Profiling LncRNA expression is important in understanding of their functional roles, unraveling their regulatory molecular mechanisms or identifying LncRNA biomarkers.

Arraystar nrStar[™] Human Functional LncRNA PCR profiles 372 IncRNAs with known biological functions or disease associations. These well-characterized functional LncRNAs are comprehensively collected based on the results published in scientific publications and from the functional IncRNA databases. It has the most comprehensive and the up-to-date content to represent the functionally known and best studied IncRNAs on the market. It is a sensitive and accurate tool for functional IncRNA profiling, drug targets finding or biomarker validation.

B. LncRNA in biological functions and human diseases

Classification of LncRNAs

IncRNAs have been attracting intense research interest. However only a handful of IncRNAs have been characterized thoroughly. According to their genome position in relation with the neighboring protein-coding genes, IncRNAs can be categorized as antisense, enhancer, bidirectional, intronic, and intergenic IncRNAs (**Figure 1**), which are strongly correlated with the molecular mechanism of action. For example, enhancer IncRNAs mediate short-range and long-range interactions between the enhancers from which they are transcribed and other regulatory elements in the genome. The act of IncRNA transcription itself can initiate changes in chromatin accessibility or protein factor binding independent of its gene products. IncRNAs can also be categorized as *nuclear* in the nucleus to regulate gene expression, or *cytosolic* to regulate mRNA stability and translational efficiency through RNA–RNA interactions.

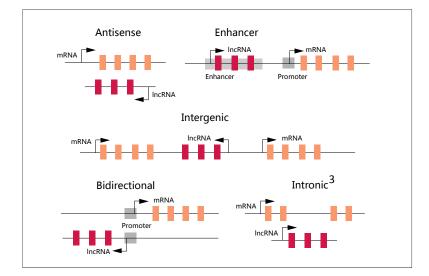


Figure 1 | Classification of IncRNAs according to their genomic location with the neighboring genes. Antisense IncRNAs are transcribed from the antisense strand of protein-coding genes and overlap one or several introns and exons of the sense sequence. Enhancer IncRNAs are located in enhancer regions. Intergenic IncRNAs are located more than 1kb~ 5kb away from the nearest protein-coding genes. Bidirectional IncRNAs are located within 1 kb of promoters in the opposite direction from the protein-coding transcript. Intronic IncRNAs are located in an intron of a coding gene.

Mechanisms of action

LncRNAs act through diverse mechanisms that rely on base paring, secondary or tertiary structures. Most IncRNAs are located in the nucleus, where they can act as molecular scaffolds, aid alternative splicing or modify chromatin structures. Some IncRNAs also have functions in the cytoplasm, such as modulating translation, promoting or inhibiting mRNA degradation, or acting as miRNA sponges (**Figure 2**).

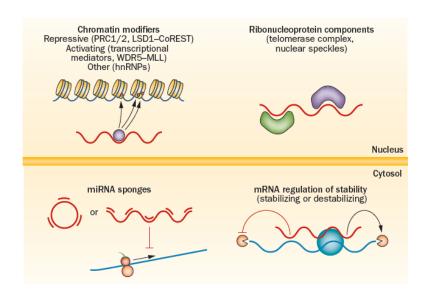


Figure 2 | LncRNA mechanisms action [4]. Most IncRNAs are nuclear and at common mechanism of action is via recruitment of chromatin modifiers to DNA. These chromatin modifiers can be either repressive or activating (such as transcriptional mediators) or other modifiers such as hnRNPs as nuclear organization factors. Some IncRNAs bind to specific proteins and act as scaffolds within ribonucleoprotein complexes. In the cytosol, IncRNAs can act at the post-transcriptional level as sponges for miRNAs, therefore inhibiting the actions of miRNAs on mRNAs. A few examples of IncRNAs that affect the half-life of mRNAs by either destabilizing or stabilizing a specific subset of mRNAs have been described. Abbreviations: hnRNP, heterogeneous ribonucleoprotein; miRNA, microRNA; PRC, polycomb repressor complex.

Biological functions

The functions of IncRNAs are only now starting to be understood. Central roles for IncRNAs have been uncovered in a diverse set of biological processes, including genomic imprinting, X chromosome inactivation, stem cell differentiation, embryonic development, lipid metabolism and adipogenesis, among many others.

Imprinting and X chromosome inactivation

Genomic imprinting is an important developmental mechanism as most imprinted genes regulate embryonic growth[7]. Several IncRNAs have been described to regulate imprinting. For instance, Airn is essential for the silencing of the *Igf2r/Slc22a2/Slc22a3* gene cluster on the paternal chromosome. The antisense IncRNA *Kcnq1ot1*, which regulates the silencing function of the imprinting control region of *Kcnq1* on the unmethylated paternal chromosome, is another example of IncRNA involved in imprinting. The IncRNA *Xist* also has a role in imprinting. During development in females, *Xist* leads to chromosome-wide repression of gene expression in the inactive X chromosome, whereas genetic information of the active X chromosome is transcribed.

Stem cell differentiation

The promoters of more than 100 IncRNAs are bound by stem cell factors. Disruption of these IncRNAs can alter cell differentiation[8]. One of them, lincRNA-RoR, is involved in the reprogramming of fibroblasts back to a pluripotent state. Thus, IncRNAs are likely to play important roles in both normal development and processes that require maintenance of adult stem cell pools.

Embryonic development

HOX genes encode an evolutionary conserved family of transcription factors that regulate the embryo body plan and that contribute to cell specification in several adult differentiation processes[3]. Several IncRNAs have been shown to be directly involved in the regulation of HOX genes. The IncRNA HOTTIP can bind WDR5, a key component of histone-modifying MLL1 complex, to catalyze activating H3K4me3 marks and maintain gene activation in the HOXA locus. Another IncRNA HOTAIR acts as a repressor of the HOXD cluster by recruiting repressive complex PRC2.

Lipid metabolism and adipogenesis

Recent publications have shown that IncRNAs influence lipid homeostasis by controlling lipid metabolism in the liver and by regulating adipogenesis[9]. APOA1 is a major component of high-density lipoprotein (HDL). APOA1-AS, antisense transcript of APOA1, negatively regulate APOA1 expression in vitro and in vivo. Another IncRNA, NEAT1, regulates PPARy2 splicing during adipogenesis. It also mediates miR-140 induced adipogenesis.

Hematopoiesis and Immunity

Multiple IncRNAs participate in different stages of immune system development and activation[3]. For example, Lnc-DC controls dendritic cell differentiation by promoting phosphorylation and nuclear translocation of a key DC transcription factor STAT3. The IncRNA PACER is upregulated after LPS stimulation in human macrophages and selectively regulates the expression of its neighboring gene COX-2. Furthermore, IncRNA THRIL, is essential for basal and inducible expression of the inflammatory-cytokine- encoding gene TNF (tumor necrosis factor), through interaction with hnRNP factor.

Cardiac development and heart function

Investigators have profiled cardiac-expressed IncRNAs and identified hundreds of differentially expressed IncRNAs during cardiac development. However, only several of them have been characterized function roles [2]. For example,

BVHT is expressed in cardiac mesoderm and is highly present in embryonic stem cells and cardiomyocytes. Depletion of BVHT severely impairs the capacity of embryonic stem cells to produce differentiated cardiomyocytes. Another IncRNA involved in cardiac lineage commitment is FENDRR. This IncRNA is exclusively expressed in cardiac mesoderm progenitors during development, and controls differentiation of tissues derived from the lateral mesoderm, which gives rise to the ventral body wall and heart.

Association with human diseases

Recent years, the examination of IncRNA involvement in diseases have got explosive progress. However, this field is still infancy, more efforts are needed to reveal the IncRNA functions in diseases and explore their therapeutic and biomarker potential. In the following part, we summarize the current knowledge of IncRNAs in multiple types of diseases with fatal concern.

Cancer

Cancer is fundamentally a genetic disease that alters cellular information flow to modify cellular homeostasis and promote growth. Genome-wide cancer mutation analyses are revealing an extensive landscape of functional mutations within the noncoding genome, with profound effects on the expression of IncRNAs. While the exquisite regulation of IncRNA transcription can provides signals of malignant transformation, IncRNAs drive many important cancer phenotypes (including growth, proliferation, metastasis and survival) and participate in cancer pathophysiology[6] (**Figure 3**).For instance, in T cell acute lymphoblastic leukemia, the Notch 1 oncogene drives growth in part by inducing IncRNA LUNAR1 to upregulate insulin-like growth factor 1 receptor expression and

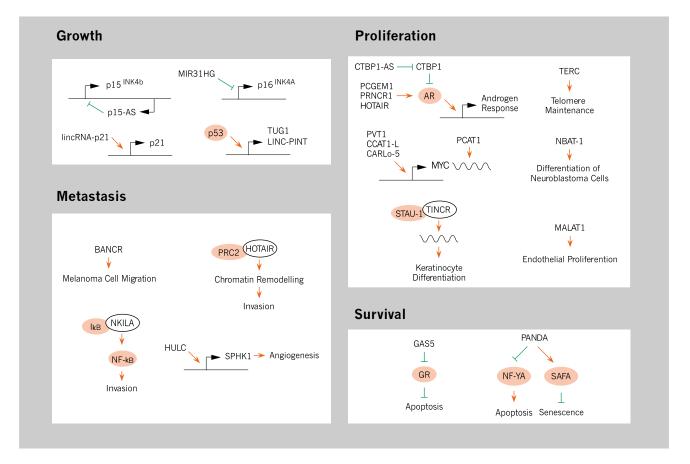


Figure 3 | LncRNAs in Cancer Phenotypes.

signaling. Androgen signaling in prostate cancer also relies on a number of IncRNAs implicated in prostate cancer proliferation that act though direct interaction with the androgen receptor (PCGEM1, PRNCR1, HOTAIR), or by inhibiting repressors of the androgen receptor (CTBP1·AS).

Neurodegenerative diseases

Multiple IncRNAs play important roles in brain development, neuron function and maintenance and central nervous system (CNS) development. Moreover, IncRNA involvement in neurodegenerative diseases, including Alzheimer's disease (AD), Parkinson's disease (PD), Huntington's disease (HD) are becoming increasingly evident[10]. BACE1-AS, which transcribed from the antisense protein-coding BACE 1 gene, is highly expressed in AD patients. Unlike the other natural antisense transcripts forming the duplex complex with the sense of coding mRNA to inhibit mRNA translation, BACE1-AS play the function by increasing BACE1 mRNA stability then generating additional Aβ42 through a post-transcriptional feed-forward mechanism, implying that BACE1-AS may drive AD-associated pathology, directly implicate in the increased abundance of Aβ42 in AD.

Cardiovascular diseases

A variety of IncRNAs have been demonstrated to significantly influence cardiac diseases such as heart failure and myocardial infarction[5]. In a study of IncRNA expression in a mouse model of myocardial infarction, the researchers found two IncRNAs were upregulated — myocardial infarction-associated transcript 1 (*Mirt1*) and *Mirt2*. The expression of these IncRNAs peaked 24 h after myocardial infarction and returned to baseline after 2 days. In mouse models of cardiac pressure overload and myocardial infarction, reactivation of the fetal cardiac genetic programme was accompanied by increased expression of fetal cardiac enhancer-associated IncRNA transcripts, suggesting that this specific type of IncRNA might have a central role in driving the progression of heart failure following myocardial infarction.

Kidney diseases and diabetes mellitus

Kidney disease frequently occurs in the setting of diabetes mellitus[5]. miRNA-coding IncRNAs, such as the intergenic IncRNA plasmacytoma variant translocation gene (*PVT1*), might have a role in kidney disease. *PVT1* was identified by genome-wide association studies conducted to identify genetic variants that contribute to end-stage renal disease in patients with type 2 diabetes mellitus. High-glucose treatment induced the expression of *PVT1* as well as fibronectin 1 (FN1), collagen type IV α 1, transforming growth factor β 1 (TGF- β 1) and plasminogen activator inhibitor-1 (PAI-1; otherwise known as SERPINE1) in human kidney mesangial cells. In turn, *PVT1* silencing resulted in a significant downregulation of these factors.

LncRNAs in clinic

It is now widely understood that IncRNAs, serving as signals of specific cellular states or readouts of active cellular programs, could identify cellular pathologies such as cancer, provide prognostic value, or even inform therapeutic options for patients. Spatial, temporal, and disease-associated regulation of expression suggest that IncRNA can be powerful and effective biomarkers. There has been numerous studies demonstrate the potential biomarker utility of IncRNA (**Table 1**). LncRNA *MT-LIPCAR*, was differentially expressed in patients with left ventricular remodelling compared to those without remodelling, and this differential expression was subsequently validated in 788 patients with cardiac remodelling and heart failure, comprising three independent cohorts. High circulating levels of *MT-LIPCAR* independently predicted adverse cardiac remodelling and this association was not confounded by other

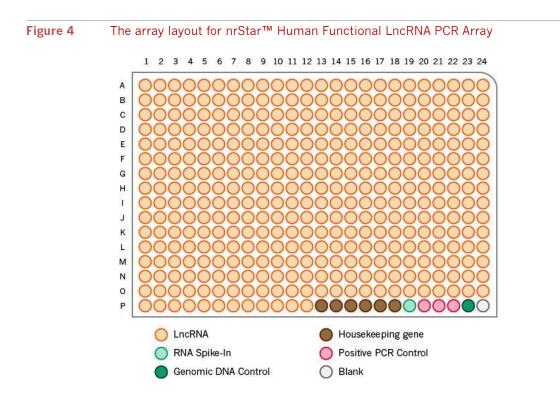
predictive markers of cardiovascular death. This study demonstrates the feasibility of detecting and amplifying circulating IncRNAs in large, independent cohorts of patients with heart failure.

LncRNA	Disease Association	Biomarker application
CDKN2B-AS1	Coronary artery disease ^[11, 12]	Risk factor
CDKN2B-AS1	Myocardial infarction ^[12]	Risk factor
KCNQ10T1	Myocardial infarction ^[13]	Predicts left ventricular dyfunction
MIAT	Myocardial infarction ^[14]	Risk factor
MT-LIPCAR	Myocardial infarction ^[15]	Predicts postinfarct remodelling
SOX2OT	Alzheimer's disease ^[16]	Risk factor
H19	Parkinson's Disease ^[17]	Risk factor
HULC	Hepatocellular carcinoma ^[18]	Diagnosis and monitoring
FALEC	Ovarian cancer ^[19]	Predicts poor prognosis
CCAT1	Colorectal cancer ^[20]	Predicts therapeutic responsiveness

 Table 1 | LncRNAs with potential biomarker applications.

C. Product summary

Kit Contents



All 372 functional IncRNAs chosen for the array are based on results from published in multiple scientific publications, or from the most updated databases. The controls on the array plate include six housekeeping genes for qPCR normalization, one RNA Spike-In for overall reactions efficiency, three positive PCR control (PPC) for PCR efficiency and inter-plate calibration, and Genomic DNA Control (GDC) for genomic DNA contamination detection.

Description of the control assays

nrStar[™] Human Functional PCR Array includes a series of external and internal controls for effective correction and normalization of sample and qPCR variabilities. In addition, Positive PCR Control and Genomic DNA Control are included to monitor the experiment process and the quality of RNA sample. These controls are described below.

• HK (Housekeeping genes; Internal Controls): 6 human housekeeping genes ACTB, B2M, Gusb, Hsp90ab1, GAPDH and 18S rRNA are included as the internal qPCR normalization references. nrStar™ PCR system provides multiple reference genes selected among commonly used reference genes by using a stringent bioinformatic algorithm, which offers the flexibility of choosing the most valid reference gene(s) for qPCR normalization for your sample types.

- **RNA Spike-In** (External Control): One External RNA Spike-In Mix is added in the RNA sample prior to the first strand cDNA synthesis. The RNA Spike-In control assay indicates the overall success and the efficiency of the reaction beginning from the cDNA synthesis to the final qPCR. Any problem(s) in these steps will result in a failed or compromised RNA Spike-In outcome. RNA spike-in assay results for samples are compared and outliers or failed reactions may be identified and excluded from further data analysis.
- **PPC** (Positive PCR control): 3 replicates of one artificial DNAs and the PCR primer pairs to indicate the qPCR amplification efficiency. A Ct value greater than 25 is an indication of low qPCR amplification efficiency. More importantly, the PPC are used as inter-plate calibrator (IPC) between PCR plate runs to give the same Ct value for the calibrator, thereby reducing run-to-run variance. Inter-plate calibration (IPC) can easily be performed with the data analysis tool available on our website (<u>www.arraystar.com</u>).
- **GDC** (Genomic DNA Control): The control assay consists of PCR primers for an untranscribed genomic region. Non-RT sample or RNA sample are added during the qPCR Process. The Ct values should be greater than 35. A positive GDC signal indicates the array result may have been compromised with genomic DNA contamination.

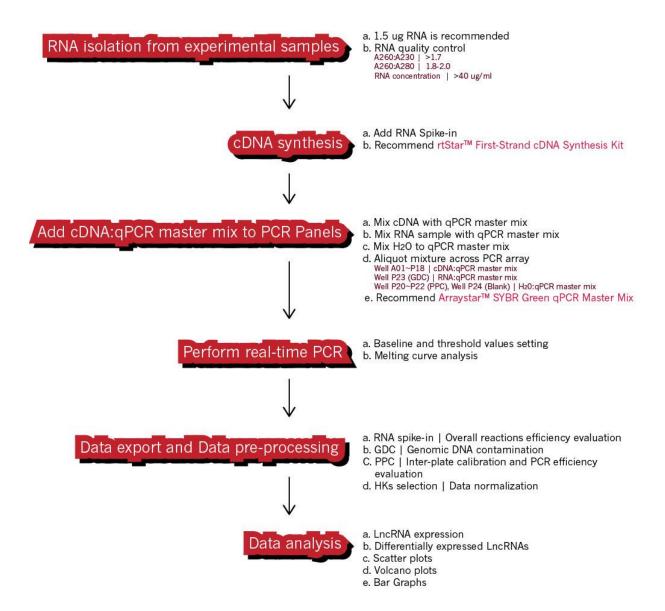
Shipping and Storage

nrStar[™] PCR Arrays are shipped at ambient temperature, on ice, or on dry ice, depending on the destination and accompanying products. Store at –20°C upon receipt. The contents are stable for at least 6 months.

Additional Required Equipment

- Thermal cycler
- Real time qPCR instrument, compatible with 384-well plate format
- Additional Required Reagents
 - rtStar™ First-Strand cDNA Synthesis Kit (Cat# AS-FS-001)
 - Arraystar[™] SYBR Green qPCR Master Mix (Cat# AS-MR-006-5)
 - Nuclease free PCR-grade water

D. Protocol overview



II. Protocol

IMPORTANT: Please read through this entire protocol before your first experiment. Prepare a workspace and use labwares free of DNA, RNA, and nuclease contamination. Wear gloves while performing this protocol.

A. RNA sample preparation and quality control

For best results from the PCR array, RNA samples must meet the QC standards of integrity and purity from protein, organics, genomic DNA contamination and excessive RNA degradation. You can measure the RNA concentration and purity by UV spectrophotometry. You can also check 18S and 28S ribosomal RNA as an indicator of RNA integrity by denaturing gel electrophoresis or by using an Agilent BioAnalyzer.

- A260:A230 ratio greater than 1.7.
- A260:A280 ratio between 1.8 and 2.0.
- Total RNA concentration greater than 40 ng/ μ l

Eliminating genomic DNA contamination is essential for accurate gene expression profiling by qPCR, which is particularly important for genes at low expression levels. Due to the presence of pseudogenes, even cross-intron primers are not a guarantee of avoiding amplification from contaminating genomic DNA. The Genomic DNA Control (GDC) in the PCR Array specifically detects potential genomic DNA contamination. A Ct for GDC less than 35 indicates the presence of genomic DNA contamination that may compromise the qPCR results

The recommended input total RNA amount is $1.5 \ \mu g$. Lower amounts may reduce the assay sensitivity particularly for genes at lower expression levels.

B. First-strand cDNA synthesis

Use the same amount of total RNA in this reaction for every sample. High quality cDNA synthesis is vital for the following qPCR performance. We highly recommend using rtStar™ First-Strand cDNA Synthesis Kit (Cat# AS-FS-001), which is specifically optimized for and fully compatible with the nrStar™ PCR Arrays.

NOTE: The first time to use this kit, please reconstitute the RNA spike-in by adding 20 μ l Nuclease-free water to the tube. Mix by vortexing and spin down. Leave on ice for 20 ~ 30 min to fully dissolve the RNA spike-in. Vortex again, then spin down.

1. Mix the following components in a 200 μL PCR tube for each sample.

If performing first-strand cDNA synthesis on multiple RNA samples, it is recommended to prepare an Annealing Mix of the Primer, dNTP Mix and RNA Spike-in (in the proportion indicated in Table). 10% excess volume for pipetting losses is recommended.

Random Primers	1.0 µl
dNTP Mix	1.5 μl
RNA Spike-in	1.0 µl
Template Total RNA	10.5 μl
Total volume	14.0 μl

2. Incubate in a thermal cycler at 65°C for 5 min, and then immediately chill on ice for at least 1 min. Collect the contents of the tube by brief centrifugation.

3. Add the following components directly to the product from STEP 2. The final volume will be 20 µL.

5 × RT Reaction buffer	4.0 μl
0.1 M DTT	1.0 μl
RNase Inhibitor	0.6 μl
Reverse Transcriptase	0.4 μl
Total volume	20 µl

4. Incubate at 25°C for 5–10 min, followed by 60 min at 50°C

5. Terminate the reactions at 85°C for 5 min. Hold the finished First Strand cDNA Synthesis Reaction on ice until the next step. OK to store overnight at .20°C.

C. Perform qPCR for the PCR array

- Dilute the cDNA in nuclease free water. If 1.5 µg input RNA is used with rtStar[™] First-Strand cDNA Synthesis Kit (Cat# AS-FS-001), the dilution factor is 1:80. Mix well and spin down. The diluted cDNA is used as the qPCR template in the wells for LncRNA Transcript assays, Housekeeping gene Internal Controls, and Spike-in External Controls.
- 2. For GDC Controls, combine 1 μ L NRT (no RT) sample or 1 μ L RNA sample, 5 μ L SYBR Green Master Mix, and 4 μ L Nuclease-free water. Mix well and spin down
- 3. For Blank Controls, combine 25 μ L SYBR Green Master Mix and 25 μ L Nuclease-free water. Mix well and spin down.

4. Use Arraystar SYBR Green Real-Time Quantitative PCR Master Mix to prepare the qPCR Master Mix. There are total of 384 wells of PCR reaction. Some extra amount is included for consumption by the liquid dispensing operation. Prepare the cocktail according to the following table.

2010 µL	SYBR Green Master Mix
1600 µL	diluted cDNA template
390 µL	ddH ₂ O
4000 µL	Total volume

- 5. Loading the 384-Well PCR Array
 - a. CAREFULLY remove the plate seal from the PCR Array;
 - b. Add 10 µL of the cocktail from STEP 4 to each PCR Array plate well (except well P20-P24);
 - c. Add 10 µL GDC Mixture aliquot from STEP 2 into the wells P23 to detect genomic DNA contamination.
 - d. Add 10 µL Blank Mixture aliquot from STEP 3 into the wells P20~P22 and wells P24.
 - e. CAREFULLY but tightly seal the PCR Array plate with the optical adhesive cover. Be sure that no bubbles appear in any of the wells. To remove bubbles, tap the plate gently on the bench top or centrifuge the plate briefly.
 - f. Keep the plate on ice while setting up the PCR program described in "Running Real-Time PCR Detection" below.
- 6. Running Real-Time PCR Detection

Cycles	Temperature	Time
1	95 °C	10 minutes
40	95 °C	10 seconds
	60 °C	1 minute
Melting curve analysis	· · · ·	

D. Data pre-processing and data analysis

Pre-process the qPCR run data according to the qPCR instrument manufacturer's instructions. If using baseline and threshold method for Ct calculations, such as with ABI 7900HT, the optimal baseline and threshold manual settings applied consistently across all assays on the plate are preferred over the software automatic settings for better reliability and accuracy.

Inspect the melting curve analysis of the post-PCR products to verify the amplification specificity. If the melting curve has multiple peaks or poor peak morphology deviated from that of the known single amplicon product, it may indicate non-specific off-target amplification or primer dimer formation, which will compromise the quantification. In such cases, gel electrophoresis or DNA fragment analysis can be performed to verify whether the product is from a single correct amplicon.

Export the raw Ct values to Excel. Free, easy-to-use data analysis software is available online, please refer to www.arraystar.com for detailed instruction. The data analysis procedures include:

Data pre-processing

1. Set all Ct values \geq 35 or N/A (not detected) to 35. From this point on, any Ct value equal to 35 is considered a negative result.

2. Examine the Ct values of the Genomic DNA Control (GDC) wells. If the value is 35, no genomic DNA contamination is detected and no action is needed. If the value is less than 35, genomic DNA contamination is evident and the result may be compromised.

3. Before initiating the data analysis, the RNA spike in wells are compared. Outlier samples may be identified and considered for exclusion in the further data analysis.

4. Inter-plate calibration (IPC) can be performed using the PPC assay replicates either with the data analysis software or manually. For each plate, verify that the replicates have Ct standard deviation \leq 0.5. If this is not the case, exclude the outlier if it can be identified. Calculate the average of the replicates for each plate, the overall average (average of IPC values from all plates). The calibration factor for each plate is calculated as the difference between the plate average and the overall average:

calibration factor = IPC(plate n) - IPC(overall)

The Ct value is corrected with the calibration factor as

 $Ct_{RNA} = Ct_{RNA}(Raw value, plate n) - IPC(plate n) + IPC(overall)$ or $Ct_{RNA} = Ct_{RNA}(Raw value, plate n) - calibration factor$

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	Plate 1	Plate 2	Plate 3
KCNQ10T1	20.26	20.83	20.44
IPC Plate average	16.70	16.70	16.40
IPC overall average	16.60	16.60	16.60
Calibration factor	0.10	0.10	-0.20
KCNQ10T1 (Calibrated)	20.16	20.73	20.64

5. Calculate the Δ Ct for each RNA in the plate.

 $\Delta C t_{RNA} = C t_{RNA} - average(C t_{HKs})$

Where average (Ct _{HKs}) is the average of the Ct values derived from the multiple HK genes. These most stably expressed housekeeping reference genes were selected from a broad range of samples by our stringent algorithm that evaluates the optimal properties and the number for endogenous controls.

Data analysis

1. Calculate the $\Delta\Delta$ Ct for each RNA

 $\Delta\Delta Ct = \Delta Ct(sample 1) - \Delta Ct(sample 2), \text{ between samples}$ or $\Delta\Delta Ct = \Delta Ct(group 1) - \Delta Ct(group 2), \text{ between groups}$

2. Calculate the fold change for each gene from sample 1 to sample 2 or group 1 to group 2 as following:

Fold Change =
$$2^{-\Delta\Delta Ct}$$

NOTE: By convention, if the fold change is greater than 1, the result is reported as a fold up-regulation. If the fold change is less than 1, its negative inverse is reported as a fold down-regulation.

3. When comparing profiling differences between two groups (such as disease versus control) with biological replicates, the statistical significance of the difference can be estimated as p-value by *t*-test. RNAs having fold changes ≥ 2 and p-values ≤ 0.05 are selected as the significantly differentially expressed RNAs.

NOTE: Fold change is related to biological effect size. Ranking by fold change is preferred over *p*-value. qPCR as commonly used in confirmation has a limit of quantification of 0.5 Δ Ct, which is equivalent to approximately 1.5 fold change.

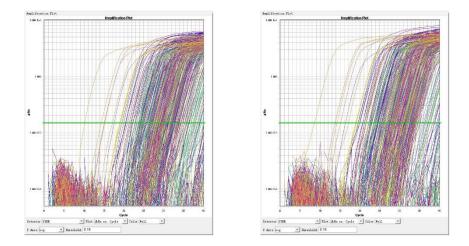
4. Other analyses such as scatter plots, volcano plots, and bar graph of expression differences for the IncRNAs are performed and included in the standard analysis package.

III. Quality Control and Sample Data

A. Human Functional LncRNA PCR Array validation

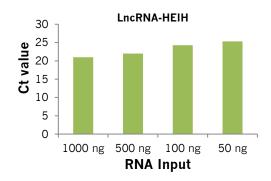
Real-time qPCR Validation

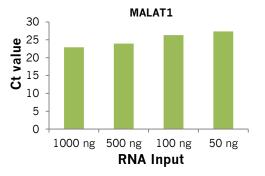
The performance of Human Functional LncRNA Panel was tested using a cohort of 10 cell line samples. The extracted RNA samples were converted to cDNA using rtStar[™] First-Strand cDNA Synthesis Kit. The cDNAs were profiled using the PCR array according to aforementioned protocol without modification. The results are charted on the real-time amplification plots for the entire plate for the cell lines.



Sensitivity Test

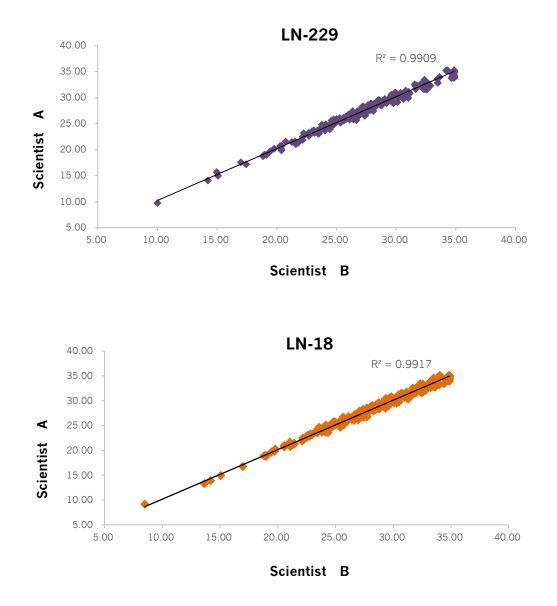
The decreasing input amounts of total RNAs from human glioblastoma cell lines were converted to cDNAs and profiled by the PCR arrays. The Ct values were determined using the software default automatic baseline and Ct settings. IncRNA-HEIH and MALAT1 transcripts were detected at Ct values of 25.2 and 27.0 respectively, with the input RNA amount as low as 50 ng.





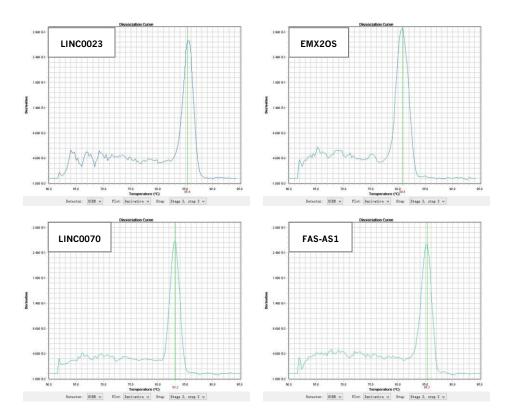
Reproducibility Test

Two independent runs of Human Functional PCR Array were conducted by two different scientists A and B at two different times using two different cell lines. The results demonstrate a high degree of reproducibility with correlation R²>0.98.



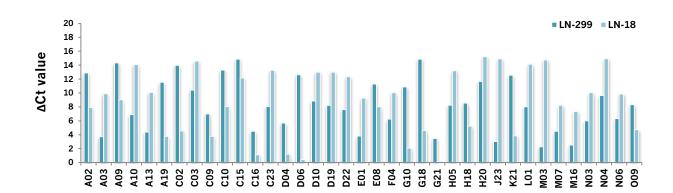
Specificity Test

The amplification products of transcripts and the isoforms of LINC0023, EMX2OS, LINC0070, FAS-AS1 genes were analyzed by melting curves, all of which had single sharp melting peaks. The results demonstrate the high amplification specificities for the transcript isoforms with the assays on the array.



B. Sample data: Analysis of human functional IncRNA levels in cell lines

The sample data were generated from RNAs extracted from two glioblastoma cell lines LN-229 and LN-18. The normalization was carried out using the average of the housekeeping genes. Δ Ct for the gene transcripts (well positions) in LN-229 vs. LN-18 cells are graphed in the bar chart below.



IV. Troubleshooting

Problem	Possible solution
qPCR background too high	• Reduce the amount of cDNA used in the SYBR Green Master Mix.
No qPCR signals	 Inspect if the Internal Controls have valid qPCR signal Set SYBR Green as the Detector's Reporter Dye Use more cDNA in the Master Mix Lower the annealing temperature in Protocol STEP C.6 from 60°C to 50°C.
Baseline and threshold settings	Follow the instructions of the qPCR system manufacturer.Contact their technical support as necessary.

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VI. Technical Support

For additional information, manual download or technical assistance, please visit our website at www.arraystar.com, or contact us at:

Arraystar Inc. 9430 Key West Ave #128 Rockville, MD 20850, USA

Tel: 888-416-6343 Fax: 240-238-9860 Email: support@arraystar.com

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