Here's a useful list of GPCRs better suited for assays using **Gα16** due to its promiscuous coupling to various receptor subtypes, particularly GPCRs that don't naturally signal via Gαq or Gαi/o clearly.

GPCR families commonly tested with Gα16:

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1. GPCRs coupling via Gαs (usually increasing cAMP):

- **β-Adrenergic receptors:**
  - β1 (ADRB1)
  - β2 (ADRB2)
  - β3 (ADRB3)
- **Dopamine Receptors (Gs subtype):**
  - D1 (DRD1)
  - D5 (DRD5)
- **Adenosine Receptors (Gs subtype):**
  - A2A (ADORA2A)
  - A2B (ADORA2B)
- **Histamine receptors (Gs subtype):**
  - H2 (HRH2)
- **Prostaglandin receptors (Gs subtype):**
  - EP2 receptor (PTGER2)
  - EP4 receptor (PTGER4)
- **Vasoactive Intestinal Peptide (VIP) receptors:**
  - VPAC1
  - VPAC2
- **Glucagon-like peptide-1 receptor (GLP1R)**

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2. GPCRs coupling via Gα12/13 pathways:

- **Lysophosphatidic acid (LPA) receptors:**
  - LPAR1–LPAR6
- **Protease-Activated Receptors (PARs):**
  - PAR1 (F2R)
  - PAR2 (F2RL1)
  - PAR3 (F2RL2)
  - PAR4 (F2RL3)
- **Sphingosine-1-phosphate (S1P) receptors:**
  - S1PR1–S1PR5

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3. Sensory GPCRs (taste, olfactory, orphan):

- **Taste receptors (TAS2R family)**
- **Orphan GPCRs** (where natural G-protein coupling is unknown or unclear)

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4. GPCRs with mixed or unclear coupling (benefiting from Gα16's promiscuity):

- Many orphan GPCRs
- Recently cloned GPCRs with unknown or unclear signaling pathways
- Screening campaigns testing multiple GPCR classes simultaneously

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