abcam

Product datasheet

Anti-C Peptide antibody ab14181

2 Abreviews 19 References 2 Images

Overview

Product name	Anti-C Peptide antibody
Description	Rabbit polyclonal to C Peptide
Host species	Rabbit
Tested applications	**Suitable for:** IHC-P
Species reactivity	**Reacts with:** Human
Immunogen	Synthetic peptide corresponding to Human C Peptide aa 57-87 conjugated to bovine thyroglobulin. Sequence: EAEDLQVGQVELGGGPGAGSLQPLALEGSLQ Database link: **P01308** (Peptide available as **ab93903**) Run BLAST with Run BLAST with
General notes	C Peptide is part of the molecule of Proinsulin, that consists of three parts: C Peptide and two long strands of amino acids (called the alpha and beta chains) that later become linked together to form the insulin molecule. From every molecule of proinsulin, one molecule of insulin plus one molecule of C Peptide are produced. C peptide is released into the blood stream in equal amounts to insulin. A test of C peptide levels will show how much insulin the body is making. Insulin decreases blood glucose concentration. It increases cell permeability to monosaccharides, amino acids and fatty acids. It accelerates glycolysis, the pentose phosphate cycle, and glycogen synthesis in liver. The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing. If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As

Properties

Form	Liquid

Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C or -80°C. Avoid freeze / thaw cycle.
Storage buffer	Constituent: Whole serum
Purity	Whole antiserum
Primary antibody notes	C Peptide is part of the molecule of Proinsulin, that consists of three parts: C Peptide and two long strands of amino acids (called the alpha and beta chains) that later become linked together to form the insulin molecule. From every molecule of proinsulin, one molecule of insulin plus one molecule of C Peptide are produced. C peptide is released into the blood stream in equal amounts to insulin. A test of C peptide levels will show how much insulin the body is making. Insulin decreases blood glucose concentration. It increases cell permeability to monosaccharides, amino acids and fatty acids. It accelerates glycolysis, the pentose phosphate cycle, and glycogen synthesis in liver.
Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab14181 in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

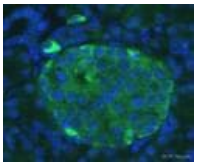
Application	Abreviews	Notes
IHC-P	★★★★☆ (1)	1/2000. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Target

Function	Insulin decreases blood glucose concentration. It increases cell permeability to monosaccharides, amino acids and fatty acids. It accelerates glycolysis, the pentose phosphate cycle, and glycogen synthesis in liver.
Involvement in disease	Defects in INS are the cause of familial hyperproinsulinemia (FHPRI) [MIM:176730]. Defects in INS are a cause of diabetes mellitus insulin-dependent type 2 (IDDM2) [MIM:125852]. IDDM2 is a multifactorial disorder of glucose homeostasis that is characterized by susceptibility to ketoacidosis in the absence of insulin therapy. Clinical fetaures are polydipsia, polyphagia and polyuria which result from hyperglycemia-induced osmotic diuresis and secondary thirst. These derangements result in long-term complications that affect the eyes, kidneys, nerves, and blood vessels. Defects in INS are a cause of diabetes mellitus permanent neonatal (PNDM) [MIM:606176]. PNDM is a rare form of diabetes distinct from childhood-onset autoimmune diabetes mellitus type 1. It is characterized by insulin-requiring hyperglycemia that is diagnosed within the first months of life. Permanent neonatal diabetes requires lifelong therapy. Defects in INS are a cause of maturity-onset diabetes of the young type 10 (MODY10) [MIM:613370]. MODY10 is a form of diabetes that is characterized by an autosomal dominant mode of inheritance, onset in childhood or early adulthood (usually before 25 years of age), a primary defect in insulin secretion and frequent insulin-independence at the beginning of the disease.
Sequence similarities	Belongs to the insulin family.

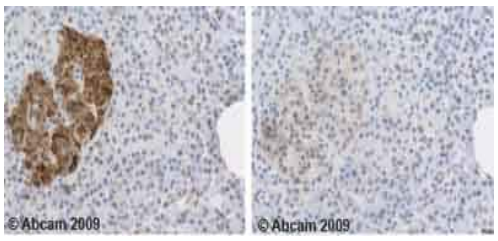
Cellular localization Secreted.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-C Peptide antibody (ab14181)

Formalin-fixed, paraffin-embedded human pancreas tissue stained for C Peptide with ab14181 (1/100 dilution) in immunohistochemical analysis. A Donkey anti-rabbit Alexa-Fluor® 488 conjugated secondary antibody was used at a 1/400 dilution.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-C Peptide antibody (ab14181)

ab14181 staining human normal pancreas. Staining is localized to the cytoplasm.

Left panel: with primary antibody diluted 1:2000.

Right panel: isotype control.

Sections were stained using an automated system DAKO Autostainer Plus , at room temperature. Sections were rehydrated and antigen retrieved with the Dako 3-in-1 AR buffer citrate pH 6.0 in a DAKO PT Link. Slides were peroxidase blocked in 3% H_2O_2 in methanol for 10 minutes. They were then blocked with Dako Protein block for 10 minutes (containing casein 0.25% in PBS), then incubated with primary antibody for 20 minutes, and detected with Dako Envision Flex amplification kit for 30 minutes. Colorimetric detection was completed with diaminobenzidine for 5 minutes. Slides were counterstained with haematoxylin and coverslipped under DePeX.

Please note that for manual staining we recommend to optimize the primary antibody concentration and incubation time (overnight incubation), and amplification may be required.

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