

Product datasheet

Anti-C Peptide antibody ab82696

1 Image

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 Predicted to work with: Chimpanzee, Cynomolgus monkey, Gorilla, Orangutan 
Immunogen	Synthetic peptide conjugated to KLH derived from within residues 50 to the C-terminus of Human C Peptide. Read Abcam's proprietary immunogen policy (Peptide available as ab103921 .)
Positive control	This antibody gave a positive signal in a human pancreas tissue section.
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.

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	Preservative: 0.02% Sodium Azide Constituents: 1% BSA, PBS, pH 7.4
Purity	Immunogen affinity purified
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

Our [Abpromise guarantee](#) covers the use of **ab82696** 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		Use a concentration of 5 µg/ml. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Target

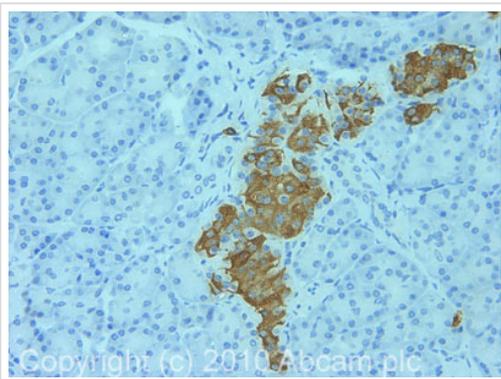
Function Insulin decreases blood glucose concentration. It increases cell permeability to monosaccharides, amino acids and fatty acids. It accelerates glycolysis, the pentose phosphate cycle, and glycogen synthesis in liver.

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 features 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 (ab82696)

IHC image of C Peptide staining in human normal pancreas FFPE section, performed on a Bond™ system using the standard protocol F. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20 mins. The section was then incubated with ab82696, 5µg/ml, for 15 mins at room temperature and detected using an HRP conjugated compact polymer system. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX

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