

## **Human Proinsulin Antibody**

Monoclonal Mouse IgG<sub>1</sub> Clone # 253629 Catalog Number: MAB13363

Species Reactivity	Human							
Specificity	Detects human Proinsulin in sandwich immunoassays.							
Source	Monoclonal Mouse IgG <sub>1</sub> Clone # 253629							
Purification	Protein A or G purified from hybridoma culture supernatant							
Immunogen	E. coli-derived recombinant human Proinsulin Phe25-Asn110 Accession # P01308							
	Lyophilized from a 0.2 µm filtered solution in PBS with Trehalose. See Certificate of Analysis for details. *Small pack size (-SP) is supplied as a 0.2 µm filtered solution in PBS.							
Formulation								
Formulation  APPLICATIONS								
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APPLICATIONS Please Note: Optimal dilut	*Small pack size (-SP) is supplied as a 0.2 µm filtered solution in PBS.							
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APPLICATIONS Please Note: Optimal dilut. Human Proinsulin S	*Small pack size (-SP) is supplied as a 0.2 µm filtered solution in PBS.  tions should be determined by each laboratory for each application. General Protocols are available in the Technical Information section on our website.  Sandwich Immunoassay  Reagent							

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Reconstitution	Reconstitute at 0.5 mg/mL in sterile PBS.					
Shipping	The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below. *Small pack size (-SP) is shipped with polar packs. Upon receipt, store it immediately at -20 to -70 °C					
Stability & Storage	Jse a manual defrost freezer and avoid repeated freeze-thaw cycles.					

- 12 months from date of receipt, -20 to -70 °C as supplied.
- 1 month, 2 to 8 °C under sterile conditions after reconstitution.
- 6 months, -20 to -70 °C under sterile conditions after reconstitution.

## **BACKGROUND**

**DESCRIPTION** 

Proinsulin is synthesized as a single chain, 110 amino acid (aa) preproprecursor that contains a 24 aa signal sequence and an 86 aa proinsulin propeptide. Following removal of the signal peptide, the proinsulin peptide undergoes further proteolysis to generate mature insulin, a 51 aa disulfide-linked dimer that consists of a 30 aa B chain (aa 25-54) bound to a 21 aa A chain (aa 90-110). The 34 aa intervening peptide (aa 55-89) that connects the B and A chains is termed the C-peptide. Human proinsulin shares 84% and 80% aa sequence identity with rat and bovine proinsulin, respectively. Most of the sequence variation between species occurs in the region of the C-peptide (1). This peptide generates a structural conformation that allows for the correct formation of the intrachain disulphide bonds (1). Insulin is a molecule that facilitates the cellular uptake of glucose. This is accomplished by regulating the appearance of membrane glucose transporters. Low insulin levels or lack of insulin are associated with type 2 and type 1 diabetes mellitus, respectively. These conditions are associated with an increased risk for microvascular complications such as retinopathy, nephropathy, and peripheral neuropathy (3). Proinsulin also circulates, but its physiologic role is less well understood. It does possess about 25% of the activity of mature insulin, but it would seem unlikely to be a natural substitute for insulin (4). In type 2 diabetes, an elevated proinsulin to insulin ratio in the circulation is a well-known abnormality (5-9). Perhaps this abnormality represents either compromised proteolytic processing or a general inability to process increased levels of insulin precursor (5). In any event, proinsulin will stimulate amylin secretion by β-cells, and amyloid formation in pancreatic islets that promotes decreased β cell function (10). Studies also suggest that fasting serum proinsulin may be a better predictor of future type 2 diabetes than fasting insulin levels in obese children (11).

## References:

- 1. Bell, G.I. et al. (1980) Nature 284:26.
- Barbetti, F. et al. (1990) J. Clin. Endocrinol. Metab. 71:164.
- 3. Forst, T. et al. (2008) Exp. Diabetes Res. 2008:176245.
- 4. Steffes, M.W. et al. (2003) Diabetes Care 26:832.
- 5. Roder, M.E. *et al.* (1999) Diabetes Care **22**:609.
- 6. Porte, D. Jr. (1991) Diabetes 40:166.
- 7. Gordon, P. et al. (1974) Diabetologia 34:483.
- 8. Saad, M.F. et al. (1990) J. Clin. Endocrinol. Metab. 70:1247.
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- 10. Dworacka, M. et al. (2006) Int. J. Clin. Pharmacol. Ther. 44:14.
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