**Species Reactivity**  
Human/Mouse  

**Specificity**  
Detects human and mouse Proinsulin. Does not detect mature insulin.  

**Source**  
Monoclonal Mouse IgG2A Clone # 253627  

**Purification**  
Protein A or G purified from hybridoma culture supernatant  

**Immunogen**  
*E. coli*-derived recombinant human Proinsulin  
Phe25-Asn110  
Accession # P01308  

**Formulation**  
Lyophilized from a 0.2 μm filtered solution in PBS with Trehalose. See Certificate of Analysis for details.  
*Small pack size (-SP) is supplied either lyophilized or as a 0.2 μm filtered solution in PBS.*  

**APPLICATIONS**  

**Please Note:** Optimal dilutions should be determined by each laboratory for each application. General Protocols are available in the Technical Information section on our website.  

<table>
<thead>
<tr>
<th>Recommended Concentration</th>
<th>Sample</th>
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</thead>
<tbody>
<tr>
<td>Immunocytochemistry</td>
<td>8-25 µg/mL</td>
</tr>
<tr>
<td>Intracellular Staining by Flow Cytometry</td>
<td>2.5 µg/10⁶ cells</td>
</tr>
<tr>
<td>CyTOF-ready</td>
<td>Ready to be labeled using established conjugation methods. No BSA or other carrier proteins that could interfere with conjugation.</td>
</tr>
</tbody>
</table>

**DATA**  

**Immunocytochemistry**  
Proinsulin in beta TC-6 Mouse Cell Line. Proinsulin was detected in immersion fixed beta TC-6 mouse beta cell insulinoma cell line using Mouse Anti-Human/Mouse Proinsulin Monoclonal Antibody (Catalog # MAB13361) at 10 µg/mL for 3 hours at room temperature. Cells were stained using the NorthernLights™ 557-conjugated Anti-Mouse IgG Secondary Antibody (red; Catalog # NL007) and counterstained with DAPI (blue). Specific staining was localized to cytoplasm. View our protocol for Fluorescent ICC Staining of Cells on Coverslips.  

**PREPARATION AND STORAGE**  

**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**  
Use 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.

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*Human/Mouse Proinsulin Antibody  
Monoclonal Mouse IgG2A Clone # 253627  
Catalog Number: MAB13361*  

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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: