
Product Data Sheet

Product Name: Argatroban

Cat. No.: GC11672

Chemical Properties

Cas. No. 74863-84-6

Chemical Name (2R,4R)-1-((S)-5-((diaminomethylene)amino)-2-((R)-3-methyl-1,2,3,4-tetrahydroquinoline-8-sulfonamido)pentanoyl)-4-methylpiperidine-2-carboxylic acid

SMILES O=C([C@H](CCC/N=C(N)/N)NS(=O)(C1=C2NC[C@H](C)CC2=CC=C1)=O)N3[C@@H](C(O)=O)[C@H](C)CC3

Formula	C ₂₃ H ₃₆ N ₆ O ₅ S	M.Wt	508.63
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Solubility	≥ 25.25mg/mL in DMSO	Storage	Store at -20°C
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General tips For obtaining a higher solubility , please warm the tube at 37 °C and shake it in the ultrasonic bath for a while. Stock solution can be stored below -20°C for several months.

Shipping Condition Evaluation sample solution : ship with blue ice All other available size: ship with RT , or blue ice upon request.

Structure **Background**

Argatroban (MD-805) is a direct, selective thrombin inhibitor.

Argatroban (MD-805) may have a complementary effect for preventing thrombus formation without aggravating bleeding tendency because of its monotarget specificity to thrombin. Administration (0.5 to 2 micrograms/kg/min) of Argatroban (MD-805) is a safe anticoagulant for left heart bypass in repairs of traumatic aortic rupture associated with multiple organ injuries[1]. Argatroban (MD-805), as compared with heparin, appears to enhance reperfusion with TPA in patients with AMI, particularly in those patients with delayed presentation. The incidences of major bleeding and adverse clinical outcome were lower in the patients receiving argatroban[2].

References:

[1]. Kawada, T., et al., Argatroban, an attractive anticoagulant, for left heart bypass with

Caution: Product has not been fully validated for medical applications. For research use only.

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centrifugal pump for repair of traumatic aortic rupture. Jpn J Thorac Cardiovasc Surg, 1999. 47(3): p. 104-9.

[2]. Jang, I.K., et al., A multicenter, randomized study of argatroban versus heparin as adjunct to tissue plasminogen activator (TPA) in acute myocardial infarction: myocardial infarction with novastan and TPA (MINT) study. J Am Coll Cardiol, 1999. 33(7): p. 1879-85.

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