

Product Data Sheet

Product Name: Angiotensin II human acetate

Cat. No.: GC60584

Chemical Properties

Cas. No. 68521-88-0

SMILES O=C(N[C@@H](CCCNC(N)=N)C(N[C@@H](C(C)C)C(N[C@@H](CC1=CC=C(C=C1)O)C(N[C@@H]([C@@H](C)CC)C(N[C@@H](CC2=CNC=N2)C(N3[C@@H](CCC3)C(N[C@@H](CC4=CC=CC=C4)C(O)=O)=O)=O)=O)=O)[C@H](CC(O)=O)N.CC(O)=O

Formula C₅₂H₇₅N₁₃O₁₄ M.Wt 1106.23

Solubility 25 mg/mL in Water (Need ultrasonic) Storage Store at -20°C, protect from light, stored under nitrogen

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

Angiotensin II is a peptide hormone known best as a vasoconstrictor with central roles in chronic hypertension, heart failure, and stroke.¹ It is an octapeptide typically generated by the removal of two residues from angiotensin I by angiotensin-converting enzyme (ACE).² Angiotensin II is a ligand for at least two distinct receptors, AT₁ and AT₂, each evoking distinct signaling pathways and physiological responses.^{1,3} The development of antagonists for specific angiotensin II receptor subtypes represents a valuable alternative to ACE inhibitors.⁴

1. Burnier, M. Angiotensin II type 1 receptor blockers *Circulation* 103(6)904-912(2001)

2. Redelinguys, P., Nchinda, A.T., and Sturrock, E.D. Development of domain-selective angiotensin I-converting enzyme inhibitors *Ann. N. Y. Acad. Sci.* 1056160-175(2005)

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

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3. Bosnyak, S., Jones, E.S., Christopoulos, A., et al. Relative affinity of angiotensin peptides and novel ligands at AT1 and AT2 receptors. *Clin. Sci. (Lond.)* 121(7):297-303 (2011)

4. Wexler, R.R., Greenlee, W.J., Irvin, J.D., et al. Nonpeptide angiotensin II receptor antagonists: The next generation in antihypertensive therapy. *J. Med. Chem.* 39(3):625-656 (2014)

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