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**ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide  
Mouse Monoclonal Antibody [Clone SPM333 ]  
Catalog # AH10672****Specification**

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**ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide  
- Product Information**

Application	IHC-P, IF, FC
Primary Accession	<a href="#">P01189</a>
Other Accession	<a href="#">5443</a> , <a href="#">1897</a>
Reactivity	Human, Mouse, Rat
Host	Mouse
Clonality	Monoclonal
Isotype	Mouse / IgG1, kappa
Calculated MW	ACTH is ~5kDa, and the POMC precursor is ~30kDa. The molecular weight of POMC depends upon isoform variation and post-translational modifications. KDa

**ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide  
- Additional Information**

**Gene ID** 5443

**Other Names**

Pro-opiomelanocortin, POMC, Corticotropin-lipotropin, NPP, Melanotropin gamma, Gamma-MSH, Potential peptide, Corticotropin, Adrenocorticotrophic hormone, ACTH, Melanotropin alpha, Alpha-MSH, Corticotropin-like intermediary peptide, CLIP, Lipotropin beta, Beta-LPH, Lipotropin gamma, Gamma-LPH, Melanotropin beta, Beta-MSH, Beta-endorphin, Met-enkephalin, POMC

**Application Note**

IHC-P~~N/A  
IF~~1:50~200  
FC~~1:10~50

**Format**

200ug/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available WITHOUT BSA & azide at 1.0mg/ml.

**Storage**

Store at 2 to 8°C. Antibody is stable for 24 months.

**Precautions**

ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide is for research use only and not for use in diagnostic or therapeutic procedures.

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- Protein Information**

**Name** POMC**Function**

[Corticotropin]: Stimulates the adrenal glands to release cortisol. [Melanocyte-stimulating hormone beta]: Increases the pigmentation of skin by increasing melanin production in melanocytes. [Met-enkephalin]: Endogenous opiate.

**Cellular Location**

Secreted {ECO:0000250|UniProtKB:P01193}. Note=Melanocyte-stimulating hormone alpha and beta-endorphin are stored in separate granules in hypothalamic POMC neurons, suggesting that secretion may be under the control of different regulatory mechanisms {ECO:0000250|UniProtKB:P01193}

**Tissue Location**

ACTH and MSH are produced by the pituitary gland.

**ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide - Protocols**

Provided below are standard protocols that you may find useful for product applications.

- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

**ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide - Images****ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide - Background**

ACTH (same as Corticotropin) is a 39 amino acid active peptide produced by the anterior pituitary. This MAb is specific to Synacthen (aa1-24 of ACTH); does not react with CLIP (aa17-39 of ACTH). POMC (pro-opiomelanocortin or corticotropin-lipotropin) is a 267 amino acid polypeptide hormone precursor that goes through extensive, tissue-specific posttranslational processing by convertases. POMC is cleaved into ten hormone chains named NPP, ACTH, alpha-MSH (Melanocyte Stimulating Hormone), beta-MSH, gamma-MSH, CLIP (corticotropin-like intermediary peptide), Lipotropin-beta, Lipotropin-gamma, beta-endorphin and Met-enkephalin. ACTH is also produced by cells of immune system (T-cells, B-cells, and macrophages) in response to stimuli associated with stress. Anti-ACTH is a useful marker in classification of pituitary tumors and the study of pituitary disease. It reacts with ACTH-producing cells (corticotrophs). It also may react with other tumors (e.g. some small cell carcinomas of the lung) causing paraneoplastic syndromes by secreting ACTH. AA

**ACTH (Adrenocorticotrophic Hormone) (Pituitary Marker) Antibody - With BSA and Azide - References**

Hsu DW et. al. American Journal of Pathology, 1991, 138(4):897-909