

Tocofersolan

Chemical Properties

CAS No. : 9002-96-4

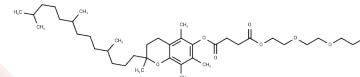
Formula: C₃₉H₆₆O₈

Molecular Weight: 662.949

Store at low temperature, Keep away from direct sunlight, Keep away from moisture

Storage: Pure form: -20°C for 3 years | In solvent: -80°C for 1 year

Actual storage temperature shall be subject to the COA.



Biological Description

Description	Tocofersolan (TPGS) is a polyethylene glycol derivative of α -tocopherol and synthetic water-soluble version of Tocopherol. Tocofersolan is an oral treatment of vitamin E deficiency due to digestive malabsorption in pediatric patients with congenital chronic cholestasis or hereditary chronic cholestasis.
Targets(IC50)	Others

Solubility Information

Solubility	DMSO: 31.25 mg/mL (47.14 mM), Sonication is recommended. (< 1 mg/ml refers to the product slightly soluble or insoluble)
In vivo Formulation	10% DMSO+40% PEG300+5% Tween 80+45% Saline: 2.00 mg/mL (3.02 mM), Sonication is recommended. <i>Please add the solvents sequentially, clarifying the solution as much as possible before adding the next one. Dissolve by heating and/or sonication if necessary. Working solution is recommended to be prepared and used immediately. The formulation provided above is for reference purposes only. In vivo formulations may vary and should be modified based on specific experimental conditions.</i>

Preparing Stock Solutions

	1mg	5mg	10mg
1 mM	1.5084 mL	7.542 mL	15.0841 mL
5 mM	0.3017 mL	1.5084 mL	3.0168 mL
10 mM	0.1508 mL	0.7542 mL	1.5084 mL
50 mM	0.0302 mL	0.1508 mL	0.3017 mL

Please select the appropriate solvent to prepare the stock solution, according to the solubility of the product in different solvents. Please use it as soon as possible.

Note: The dilution table applies only to solid products. For liquid products, please calculate the stock solution based on the stated concentration and/or density.

Reference

Thébaud, A, Nemeth A , Le Mouhaër, J, et al. Oral Tocofersolan Corrects or Prevents Vitamin E Deficiency in Children With Chronic Cholestasis[J]. *Journal of Pediatric Gastroenterology & Nutrition*, 2016, 63(6):1.

Roongpraiwan R , Suthutvoravut U , Feungpean B , et al. Effect of oral vitamin E supplementation in children with cholestasis.[J]. *Journal of the Medical Association of Thailand = Chotmai het thangphaet*, 2002, 85 Suppl 4:S1199.

Rehim WM, et al. Antioxidant capacity in *Fasciola hepatica* patients before and after treatment with triclabendazole alone or in combination with ascorbic acid (vitamin C) and tocofersolan (vitamin E).

Arzneimittelforschung. 2003;53(3):214-20.

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