

## Trometamol

## Chemical Properties

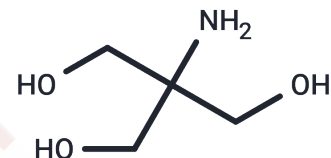
CAS No. : 77-86-1

Formula: C<sub>4</sub>H<sub>11</sub>NO<sub>3</sub>

Molecular Weight: 121.14

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

Actual storage temperature shall be subject to the COA.



## Biological Description

Description	Trometamol (Tromethamine) is a proton acceptor used to treat acidemia. It inhibits both isoforms of cyclooxygenases (COX1 and COX2), thereby blocking the conversion of arachidonic acid to pro-inflammatory pro-prostaglandins.
Targets(IC50)	COX
In vivo	The drug is rapidly eliminated by the kidney; 75% or more appears in the urine after eight hours. Urinary excretion continues over a period of three days. The maximum daily dose is 15 mmol/kg for an adult. In large doses, trometamol may induce respiratory depression and hypoglycemia. [1]

## Solubility Information

Solubility	DMSO: 165 mg/mL (1362.06 mM),Sonication is recommended. H <sub>2</sub> O: 242.5 mg/mL (2001.82 mM),Sonication is recommended. (< 1 mg/ml refers to the product slightly soluble or insoluble)
In vivo Formulation	10% DMSO+90% Saline: 10 mg/mL (82.55 mM),Solution. <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

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	<b>1mg</b>	<b>5mg</b>	<b>10mg</b>
1 mM	8.2549 mL	41.2746 mL	82.5491 mL
5 mM	1.651 mL	8.2549 mL	16.5098 mL
10 mM	0.8255 mL	4.1275 mL	8.2549 mL
50 mM	0.1651 mL	0.8255 mL	1.651 mL

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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

Holmdahl MH, et al. Acta Anaesthesiol Scand, 2000, 44(5), 524-527.

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