

Product datasheet

Anti-Insulin antibody ab195956

★★★★★ 2 Abreviews 2 References 1 Image

Overview

<b>Product name</b>	Anti-Insulin antibody
<b>Description</b>	Guinea pig polyclonal to Insulin
<b>Host species</b>	Guinea pig
<b>Tested applications</b>	<b>Suitable for:</b> IHC-P, ICC, IHC-Fr
<b>Species reactivity</b>	<b>Reacts with:</b> Human, Pig
<b>Immunogen</b>	Immunogen (human insulin) was conjugated with R-phycoerythrin (R-PE) as a carrier protein.
<b>Positive control</b>	Human pancreas tissue.

Properties

<b>Form</b>	Liquid
<b>Storage instructions</b>	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze / thaw cycle.
<b>Storage buffer</b>	pH: 7.4 Preservative: 0.05% Sodium azide Constituents: PBS, 1% BSA
<b>Purity</b>	Protein A purified
<b>Clonality</b>	Polyclonal
<b>Isotype</b>	IgG

Applications

Our [Abpromise guarantee](#) covers the use of **ab195956** in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

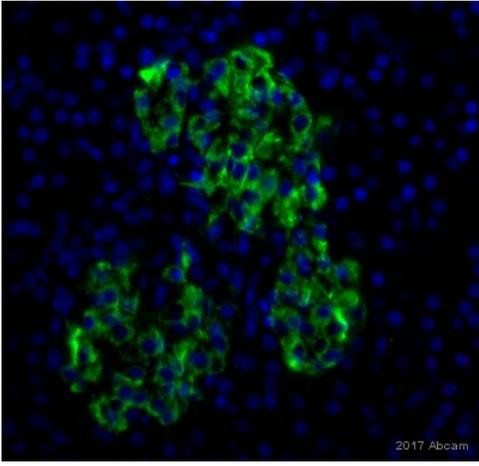
Application	Abreviews	Notes
IHC-P	★★★★★	1/50 - 1/100. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol. Streptavidin-biotin or polymer secondary antibody detection recommended.

Application	Abreviews	Notes
ICC		Use at an assay dependent concentration.
IHC-Fr		1/50 - 1/100. Streptavidin-biotin or polymer secondary antibody detection recommended.

## Target

<b>Function</b>	Insulin decreases blood glucose concentration. It increases cell permeability to monosaccharides, amino acids and fatty acids. It accelerates glycolysis, the pentose phosphate cycle, and glycogen synthesis in liver.
<b>Involvement in disease</b>	<p>Defects in INS are the cause of familial hyperproinsulinemia (FHPRI) [MIM:176730].</p> <p>Defects in INS are a cause of diabetes mellitus insulin-dependent type 2 (IDDM2) [MIM:125852]. IDDM2 is a multifactorial disorder of glucose homeostasis that is characterized by susceptibility to ketoacidosis in the absence of insulin therapy. Clinical fetures are polydipsia, polyphagia and polyuria which result from hyperglycemia-induced osmotic diuresis and secondary thirst. These derangements result in long-term complications that affect the eyes, kidneys, nerves, and blood vessels.</p> <p>Defects in INS are a cause of diabetes mellitus permanent neonatal (PNDM) [MIM:606176]. PNDM is a rare form of diabetes distinct from childhood-onset autoimmune diabetes mellitus type 1. It is characterized by insulin-requiring hyperglycemia that is diagnosed within the first months of life. Permanent neonatal diabetes requires lifelong therapy.</p> <p>Defects in INS are a cause of maturity-onset diabetes of the young type 10 (MODY10) [MIM:613370]. MODY10 is a form of diabetes that is characterized by an autosomal dominant mode of inheritance, onset in childhood or early adulthood (usually before 25 years of age), a primary defect in insulin secretion and frequent insulin-independence at the beginning of the disease.</p>
<b>Sequence similarities</b>	Belongs to the insulin family.
<b>Cellular localization</b>	Secreted.

## Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Insulin antibody (ab195956)

This image is courtesy of an anonymous Abreview

ab195956 staining Insulin in pig pancreas tissue sections by Immunohistochemistry (IHC-P - paraformaldehyde-fixed, paraffin-embedded sections). Tissue was fixed with paraformaldehyde and blocked with 10% serum for 20 minutes at 22°C; antigen retrieval was by heat mediation in Tris-EDTA, pH 9.0. Samples were incubated with the primary antibody (1/100 in 10% serum in PBS) for 18 hours at 4°C. An Alexa Fluor® 488-conjugated goat anti-guinea pig IgG (H+L) polyclonal (1/200) was used as the secondary antibody.

**Please note:** All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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