abcam

Product datasheet

Anti-Cardiac Troponin I antibody [4C2] ab10231

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Overview

Product name Anti-Cardiac Troponin I antibody [4C2]

Description Mouse monoclonal [4C2] to Cardiac Troponin I

Host species Mouse

Specificity reacts with free cardiac troponin I (cTnl) and cTnl forming complexes with other troponin

components (in the presence of 5 mM EDTA). Not affected by heparin, phosphorylation, oxidation

and troponin complex formation. Does not cross-react with skeletal muscle troponin I.

Tested applications Suitable for: ℍC-P

Species reactivity Reacts with: Human

Immunogen Full length native protein (purified) corresponding to Human Cardiac Troponin I.

Epitope 23-29 aa

General notesConcentration varies from lot to lot and can be provided on request.

The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets

your needs before purchasing.

If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be

found below, along with publications, customer reviews and Q&As

Properties

Form Liquid

Storage instructions Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.

Storage buffer pH: 7.40

Preservative: 0.1% Sodium azide

Constituent: PBS

Purity Protein A purified

Purification notes Purity tested by electrophoresis.

Clonality Monoclonal

Clone number 4C2

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Myeloma Sp2/0 Isotype IgG2a

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab10231 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	*** <u>*</u> (1)	Use a concentration of 1 µg/ml.

Target

Function

Troponin I is the inhibitory subunit of troponin, the thin filament regulatory complex which confers calcium-sensitivity to striated muscle actomyosin ATPase activity.

Involvement in disease

Defects in TNNI3 are the cause of cardiomyopathy familial hypertrophic type 7 (CMH7) [MIM:613690]. Familial hypertrophic cardiomyopathy is a hereditary heart disorder characterized by ventricular hypertrophy, which is usually asymmetric and often involves the interventricular septum. The symptoms include dyspnea, syncope, collapse, palpitations, and chest pain. They can be readily provoked by exercise. The disorder has inter- and intrafamilial variability ranging from benign to malignant forms with high risk of cardiac failure and sudden cardiac death. Defects in TNNI3 are the cause of cardiomyopathy familial restrictive type 1 (RCM1) [MIM:115210]. RCM1 is an heart muscle disorder characterized by impaired filling of the ventricles with reduced diastolic volume, in the presence of normal or near normal wall thickness and systolic function.

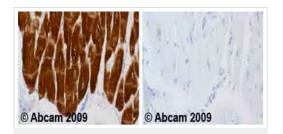
Defects in TNNI3 are the cause of cardiomyopathy dilated type 2A (CMD2A) [MIM:611880]. Dilated cardiomyopathy is a disorder characterized by ventricular dilation and impaired systolic function, resulting in congestive heart failure and arrhythmia. Patients are at risk of premature death.

Defects in TNNI3 are the cause of cardiomyopathy dilated type 1FF (CMD1FF) [MIM:613286]. Dilated cardiomyopathy is a disorder characterized by ventricular dilation and impaired systolic function, resulting in congestive heart failure and arrhythmia. Patients are at risk of premature death.

Sequence similarities

Belongs to the troponin I family.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-Cardiac Troponin I antibody [4C2] (ab10231)

Ab10231 staining human heart tissue. Staining is localised to cytoplasm.

Left panel: with primary antibody at 1ug/ml. Right panel: isotype control.

Sections were stained using an automated system DAKO Autostainer Plus, at room temperature. Sections were rehydrated and antigen retrieved with the Dako 3-in-1 antigen retrieval buffer citrate pH 6.0 in a DAKO PT Link. Slides were peroxidase blocked in 3% H2O2 in methanol for 10 minutes. They were then blocked with Dako Protein block for 10 minutes (containing casein 0.25% in PBS) then incubated with primary antibody for 20 minutes and detected with Dako Envision Flex amplification kit for 30 minutes. Colorimetric detection was completed with diaminobenzidine for 5 minutes. Slides were counterstained with Haematoxylin and coverslipped under DePeX. Please note that for manual staining we recommend to optimize the primary antibody concentration and incubation time (overnight incubation), and amplification may be required.

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

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