abcam

Product datasheet

Anti-Insulin antibody ab63820

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Overview

Product name	Anti-Insulin antibody
Description	Rabbit polyclonal to Insulin
Host species	Rabbit
Tested applications	**Suitable for:** IHC-P, ICC/IF
Species reactivity	**Reacts with:** Rat, Human **Predicted to work with:** Mouse, Cat, Dog, Pig, Chimpanzee, Orangutan
Immunogen	Synthetic peptide corresponding to Human Insulin aa 1-100 conjugated to keyhole limpet haemocyanin. (Peptide available as **ab86658**)
Positive control	This antibody gave a positive staining pattern in formalin-fixed paraffin-embedded Mouse Pancreas tissue section and Human pancreas tissue section. This antibody gave a positive result when used in the following methanol fixed cell lines: RIN-5F.
General notes	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. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C or -80°C. Avoid freeze / thaw cycle.
Storage buffer	pH: 7.40 Preservative: 0.02% Sodium azide Constituents: PBS, 1% BSA Batches of this product that have a concentration < 1mg/ml may have BSA added as a stabilising agent. If you would like information about the formulation of a specific lot, please contact our scientific support team who will be happy to help.

Purity	Immunogen affinity purified
Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab63820 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	★★★★★ (2)	Use a concentration of 1 µg/ml.
ICC/IF	★★★★★ (1)	Use a concentration of 1 - 5 µg/ml.

Target

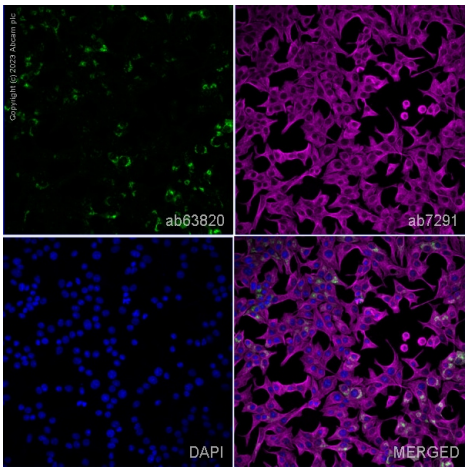
Function Insulin decreases blood glucose concentration. It increases cell permeability to monosaccharides, amino acids and fatty acids. It accelerates glycolysis, the pentose phosphate cycle, and glycogen synthesis in liver.

Involvement in disease Defects in INS are the cause of familial hyperproinsulinemia (FHPRI) [MIM:176730].
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 fetaures 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.
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.
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.

Sequence similarities Belongs to the insulin family.

Cellular localization Secreted.

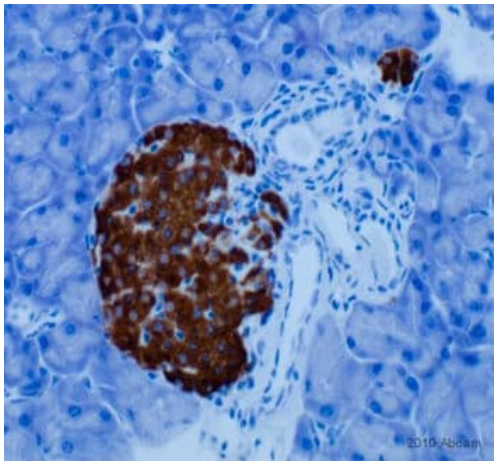
Images



Immunocytochemistry/ Immunofluorescence - Anti-Insulin antibody (ab63820)

ab63820 staining Insulin in Rin-5F cells. The cells were fixed with 4% paraformaldehyde (10 min), permeabilized with 0.1% PBS-Triton X-100 for 5 minutes and then blocked with 1% BSA/10% normal goat serum/0.3M glycine in 0.1%PBS-Tween for 1h. The cells were then incubated overnight at 4°C with ab63820 at 1µg/ml and **ab7291**, Mouse monoclonal [DM1A] to alpha Tubulin - Loading Control. Cells were then incubated with **ab150081**, Goat polyclonal Secondary Antibody to Rabbit IgG - H&L (Alexa Fluor® 488), pre-adsorbed at 1/1000 dilution (shown in green) and **ab150120**, Goat polyclonal Secondary Antibody to Mouse IgG - H&L (Alexa Fluor® 594), pre-adsorbed at 1/1000 dilution (shown in pseudocolour magenta). Nuclear DNA was labelled with DAPI (shown in blue).

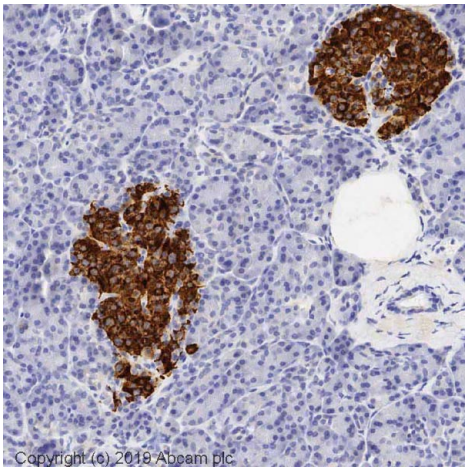
Image was acquired with a high-content analyser (Operetta CLS, Perkin Elmer) and a maximum intensity projection of confocal sections is shown.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Insulin antibody (ab63820)

This image is courtesy of an anonymous Abreview.

ab63820 staining Insulin in Mouse pancreas tissue section by Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections). The tissue section underwent formaldehyde fixation and enzymatic epitope retrieval step. The primary antibody was used at 1µg/ml and incubated with the sample for 1 hour. An HRP-conjugated Rabbit HRP polymer system was used undiluted with the secondary antibody.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Insulin antibody (ab63820)

IHC image of Insulin staining in a section of formalin-fixed paraffin-embedded normal human normal pancreas* performed on a Leica BOND™ system using the standard protocol F. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20mins. The section was then incubated with ab63820, 0.1ug/ml, for 15 mins at room temperature and detected using an HRP conjugated compact polymer system. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX.

For other IHC staining systems (automated and non-automated) customers should optimize variable parameters such as antigen retrieval conditions, primary antibody concentration and antibody incubation times.

**Tissue obtained from the Human Research Tissue Bank, supported by the NIHR Cambridge Biomedical Research Centre*

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