# abcam

## Product datasheet

## Anti-NNMT antibody ab272669

## 6 Images

#### Overview

Product name Anti-NNMT antibody

**Description** Rabbit polyclonal to NNMT

Host species Rabbit

Tested applications Suitable for: ICC/IF, IHC-P, WB

Species reactivity Reacts with: Human

**Immunogen** Recombinant fragment corresponding to Human NNMT aa 150-300.

Database link: P40261

Run BLAST with
Run BLAST with

**Positive control** WB: U-2 OS cells. ICC: SiHa cells. IHC-P: Human liver, kidney and skin tissue.

**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 long

term. Avoid freeze / thaw cycle.

Storage buffer pH: 7.20

Preservative: 0.02% Sodium azide

Constituents: 40% Glycerol (glycerin, glycerine), PBS

**Purity** Immunogen affinity purified

**Clonality** Polyclonal

**Isotype** IgG

#### **Applications**

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## The Abpromise guarantee

Our <u>Abpromise guarantee</u> covers the use of ab272669 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
ICC/IF		Use a concentration of 0.25 - 2 µg/ml.
IHC-P		1/50 - 1/200. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.
WB		Use a concentration of 0.04 - 0.4 µg/ml.

## **Target**

**Function** Catalyzes the N-methylation of nicotinamide and other pyridines to form pyridinium ions. This

activity is important for biotransformation of many drugs and xenobiotic compounds.

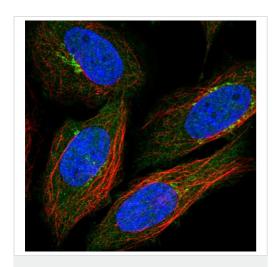
Tissue specificity Predominantly expressed in the liver. A lower expression is seen in the kidney, lung, skeletal

muscle, placenta and heart. Not detected in the brain or pancreas.

**Sequence similarities** Belongs to the NNMT/PNMT/TEMT family.

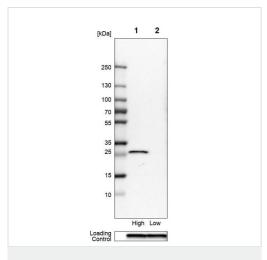
Cellular localization Cytoplasm.

#### **Images**



Immunocytochemistry/ Immunofluorescence - Anti-NNMT antibody (ab272669)

PFA fixed, Triton X-100 permeablized SiHa cells (human cervical carcinoma cell line) labeling NNMT (green) using ab272669 at 2 ug/ml in ICC/IF analysis.



Western blot - Anti-NNMT antibody (ab272669)

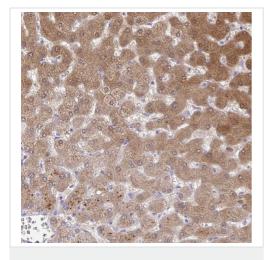
All lanes : Anti-NNMT antibody (ab272669) at 0.4  $\mu g/ml$ 

**Lane 1**: U-2 OS cells (Human bone osteosarcoma epithelial cell line)

Lane 2: SK-MEL-30 cells (Human cutaneous melanoma cell line)

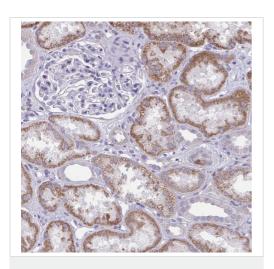
Corresponding NNMT RNA-seq data are presented for the same cell lines.

Loading control: Anti-GAPDH.



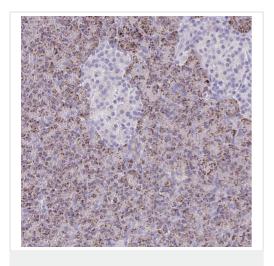
Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-NNMT antibody (ab272669)

Immunohistochemical analysis of human liver tissue labeling NNMT with ab 272669 at a 1/500 dilution.



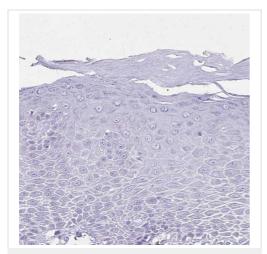
Immunohistochemical analysis of human kidney tissue labeling NNMT with ab272669 at a 1/500 dilution.

Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-NNMT antibody (ab272669)



Immunohistochemical analysis of human pancreas tissue labeling NNMT with ab272669 at a 1/500 dilution.

Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-NNMT antibody (ab272669)



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-NNMT antibody (ab272669)

Immunohistochemical analysis of human skin tissue labeling NNMT with ab272669 at a 1/500 dilution.

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

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