

Product datasheet

Anti-TNNI1 antibody [EPR17120-11] ab203515

Recombinant **RabMAb**

6 Images

Overview

Product name	Anti-TNNI1 antibody [EPR17120-11]
Description	Rabbit monoclonal [EPR17120-11] to TNNI1
Host species	Rabbit
Tested applications	Suitable for: WB, IHC-P, IP
Species reactivity	Reacts with: Human
Immunogen	Recombinant full length protein. This information is proprietary to Abcam and/or its suppliers.
Positive control	WB: Human fetal heart and skeletal muscle lysates. IHC-P: Human skeletal muscle tissue. IP: Human fetal heart whole cell lysate.
General notes	<p>This product is a recombinant monoclonal antibody, which offers several advantages including:</p> <ul style="list-style-type: none"> - High batch-to-batch consistency and reproducibility - Improved sensitivity and specificity - Long-term security of supply - Animal-free production <p>For more information see here.</p> <p>Our RabMAb[®] technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to RabMAb[®] patents.</p>

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	<p>pH: 7.2</p> <p>Preservative: 0.01% Sodium azide</p> <p>Constituents: 59% PBS, 40% Glycerol (glycerin, glycerine), 0.05% BSA</p>
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EPR17120-11
Isotype	IgG

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab203515 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
WB		1/2000. Detects a band of approximately 22 kDa (predicted molecular weight: 22 kDa).
IHC-P		1/100. Perform heat mediated antigen retrieval with Tris/EDTA buffer pH 9.0 before commencing with IHC staining protocol.
IP		1/50.

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.

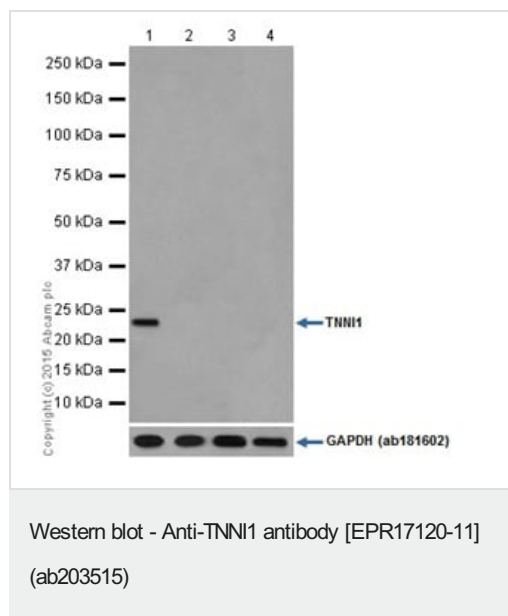
Tissue specificity

Highest levels observed in human skeletal muscle (e.g. gastrocnemius muscle), differentiated cultures of primary human muscle cells and rhabdomyosarcoma cells cultured in low serum medium. Expressed in C2 muscle cell myoblasts and myotubes.

Sequence similarities

Belongs to the troponin I family.

Images



All lanes : Anti-TNNI1 antibody [EPR17120-11] (ab203515) at 1/2000 dilution

Lane 1 : Human fetal heart tissue lysate

Lane 2 : Human fetal kidney tissue lysate

Lane 3 : U-87 MG (Human glioblastoma-astrocytoma epithelial cell line) cell lysate

Lane 4 : HepG2 (Human liver hepatocellular carcinoma) cell lysate

Lysates/proteins at 10 µg per lane.

Secondary

All lanes : Anti-Rabbit IgG (HRP), specific to the non-reduced form of IgG at 1/50000 dilution

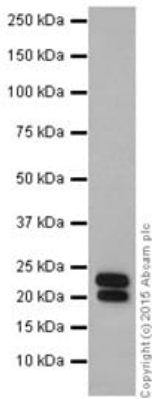
Predicted band size: 22 kDa

Observed band size: 22 kDa

Exposure time: 5 seconds

Blocking/Dilution buffer: 5% NFDM/TBST.

TNNI1 is abundantly expressed in the human skeletal muscle and heart.



Western blot - Anti-TNNI1 antibody [EPR17120-11] (ab203515)

Anti-TNNI1 antibody [EPR17120-11] (ab203515) at 1/2000 dilution
+ Human skeletal muscle tissue lysate at 10 µg

Secondary

Anti-Rabbit IgG (HRP), specific to the non-reduced form of IgG at 1/50000 dilution

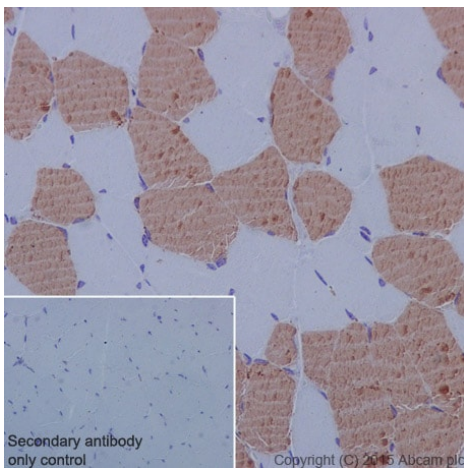
Predicted band size: 22 kDa

Observed band size: 22 kDa

Exposure time: 5 seconds

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TNNI1 is abundantly expressed in the human skeletal muscle and heart.

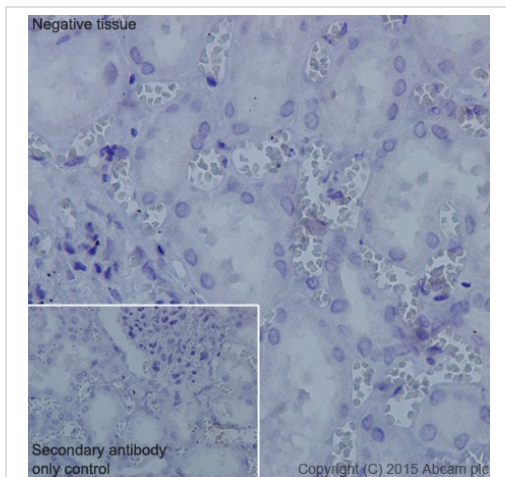


Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-TNNI1 antibody [EPR17120-11] (ab203515)

Immunohistochemical analysis of paraffin-embedded Human skeletal muscle tissue labeling TNNI1 with ab203515 at 1/100 dilution, followed by Goat Anti-Rabbit IgG H&L (HRP) ([ab97051](#)) secondary antibody at 1/500 dilution. Cytoplasmic staining on striated Human skeletal muscle tissue is observed. Counter stained with Hematoxylin.

Secondary antibody only control: Used PBS instead of primary antibody, secondary antibody is Goat Anti-Rabbit IgG H&L (HRP) ([ab97051](#)) at 1/500 dilution.

Perform heat mediated antigen retrieval with Tris/EDTA buffer pH 9.0 before commencing with IHC staining protocol.

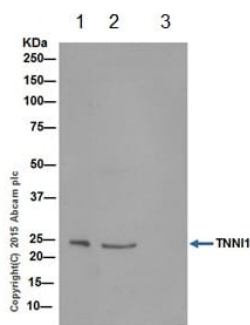


Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-TNNI1 antibody [EPR17120-11] (ab203515)

Immunohistochemical analysis of paraffin-embedded Human kidney tissue labeling TNNI1 with ab203515 at 1/100 dilution, followed by Goat Anti-Rabbit IgG H&L (HRP) ([ab97051](#)) secondary antibody at 1/500 dilution. No staining on Human kidney tissue is observed. Counter stained with Hematoxylin.

Secondary antibody only control: Used PBS instead of primary antibody, secondary antibody is Goat Anti-Rabbit IgG H&L (HRP) ([ab97051](#)) at 1/500 dilution.

Perform heat mediated antigen retrieval with Tris/EDTA buffer pH 9.0 before commencing with IHC staining protocol.



Immunoprecipitation - Anti-TNNI1 antibody [EPR17120-11] (ab203515)

TNNI1 was immunoprecipitated from 1mg of Human fetal heart whole cell lysate with ab203515 at 1/40 dilution. Western blot was performed from the immunoprecipitate using ab203515 at 1/1000 dilution. Anti-Rabbit IgG (HRP), specific to the non-reduced form of IgG, was used as secondary antibody at 1/1500 dilution.

Lane 1: Human fetal heart whole cell lysate 10 µg (Input). Lane 2: ab203515 IP in Human fetal heart whole cell lysate. Lane 3: Rabbit monoclonal IgG ([ab172730](#)) instead of ab203515 in Human fetal heart whole cell lysate.

Blocking and dilution buffer and concentration: 5% NFDM/TBST.

Exposure time: 1 second.

Why choose a recombinant antibody?



Research with confidence
Consistent and reproducible results



Long-term and scalable supply
Recombinant technology



Success from the first experiment
Confirmed specificity



Ethical standards compliant
Animal-free production

Anti-TNNI1 antibody [EPR17120-11] (ab203515)

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

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