

Anti-Cardiac Troponin I antibody [4C2] ab10231

★★★★★ [3 Abreviews](#) [24 References](#) [1 图像](#)

概述

产品名称	Anti-Cardiac Troponin I抗体[4C2]
描述	小鼠单克隆抗体[4C2] to Cardiac Troponin I
宿主	Mouse
特异性	reacts with free cardiac troponin I (cTnI) and cTnI 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.
经测试应用	适用于: IHC-P
种属反应性	与反应: Human
免疫原	Full length native protein (purified) corresponding to Human Cardiac Troponin I.
表位	23-29 aa
常规说明	Concentration 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

性能

形式	Liquid
存放说明	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
存储溶液	pH: 7.40 Preservative: 0.1% Sodium azide Constituent: PBS
纯度	Protein A purified
纯化说明	Purity tested by electrophoresis.
克隆	单克隆
克隆编号	4C2

骨髓瘤 Sp2/0
同种型 IgG2a

应用

The Abpromise guarantee **Abpromise™**承诺保证使用ab10231于以下的经测试应用

“应用说明”部分 下显示的仅为推荐的起始稀释度;实际最佳的稀释度/浓度应由使用者检定。

应用	Ab评论	说明
IHC-P	★★★★★ (1)	Use a concentration of 1 µg/ml.

靶标

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

疾病相关 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.

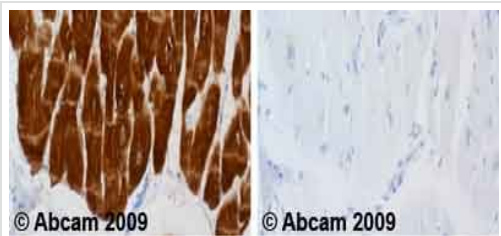
Defects in TNNI3 are the cause of cardiomyopathy familial restrictive type 1 (RCM1) [MIM:115210]. RCM1 is an heart muscle disorder characterized by impaired filling of the ventricles with reduced diastolic volume, in the presence of normal or near normal wall thickness and systolic function.

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.

序列相似性 Belongs to the troponin I family.

图片



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded 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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