Troponin I-C (Phospho Thr142) Rabbit pAb

CatalogNo: YP0321

Key Features

Host Species	Reactivity	Applications
• Rabbit	• Human,Mouse,Rat	• WB,IHC,IF,ELISA

MW	Isotype
• 28kD (Observed)	• IgG

Storage

Storage*	-15°C to -25°C/1 year(Do not lower than -25°C)
Formulation	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.

Recommended Dilution Ratios

WB 1:500-1:2000
ELISA 1:20000
IF 1:50-200

Basic Information

Clonality	Polyclonal

Immunogen Information

Immunogen	The antiserum was produced against synthesized peptide derived from human TNNI3 around the phosphorylation site of Thr142. AA range:111-160
Specificity	Phospho-Troponin I-C (T142) Polyclonal Antibody detects endogenous levels of Troponin I-C protein only when phosphorylated at T142.The name of modified sites may be influenced by many factors, such as species (the modified site was not originally found in human samples) and the change of protein sequence (the previous protein sequence is incomplete, and the protein sequence may be prolonged with the development of protein sequencing technology). When naming, we will use the "numbers" in historical reference to keep the sites consistent with the reports. The antibody binds to the following modification sequence (lowercase letters are modification sites):RPtLR

Target Information

Gene name TNNI3

Protein Name Troponin I cardiac muscle

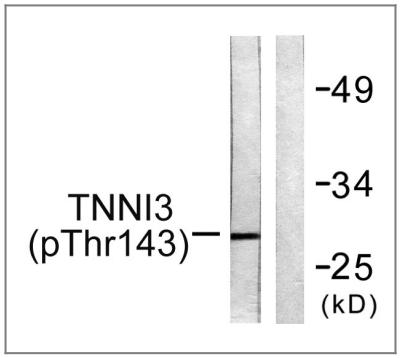
Organism	Gene ID	UniProt ID
Human	7137;	P19429;
Mouse	21954;	P48787;
Rat	29248;	P23693;

Cellular Localization cytosol,troponin complex,sarcomere,

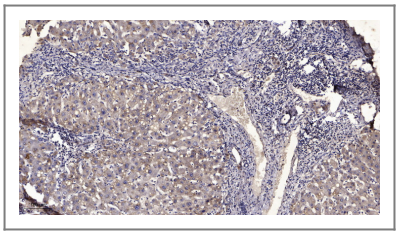
Tissue specificity Heart,Heart muscle,PCR rescued clones,

Function Disease: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.,Disease:Defects in TNNI3 are the cause of cardiomyopathy familial hypertrophic type 7 (CMH7) [MIM:191044]. 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.,Disease: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.,Function:Troponin I is the inhibitory subunit of troponin, the thin filament regulatory complex which confers calcium-sensitivity to striated muscle actomyosin ATPase activity.,similarity:Belongs to the troponin I family.,subunit:Binds to actin and tropomyosin. Interacts with TRIM63.,

Validation Data



Western blot analysis of lysates from mouse heart, using TNNI3 (Phospho-Thr142) Antibody. The lane on the right is blocked with the phospho peptide.



Immunohistochemical analysis of paraffin-embedded human liver cancer. 1, Antibody was diluted at 1:200(4° overnight). 2, Tris-EDTA,pH9.0 was used for antigen retrieval. 3,Secondary antibody was diluted at 1:200(room temperature, 45min).

Contact information

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Please scan the QR code to access additional product information:
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