

Anti-Cytokeratin 10 antibody [SPM261] ab233909

[1 Image](#)

Overview

Product name	Anti-Cytokeratin 10 antibody [SPM261]
Description	Mouse monoclonal [SPM261] to Cytokeratin 10
Host species	Mouse
Tested applications	Suitable for: IHC-P
Species reactivity	Reacts with: Human
Immunogen	Tissue, cells or virus corresponding to Cytokeratin 10. Skin extract of a human psoriasis patient.
Positive control	IHC-P: Human bladder carcinoma tissue.
General notes	<p>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.</p> <p>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</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: 0.05% Sodium azide</p> <p>Constituents: PBS, 0.05% BSA</p>
Purity	Protein A/G purified
Purification notes	ab233909 is purified from bioreactor concentrate by Protein A/G.
Clonality	Monoclonal
Clone number	SPM261
Isotype	IgG1
Light chain type	kappa

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab233909 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		Use a concentration of 0.1 - 0.2 µg/ml. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

Target

Tissue specificity

Seen in all suprabasal cell layers including stratum corneum.

Involvement in disease

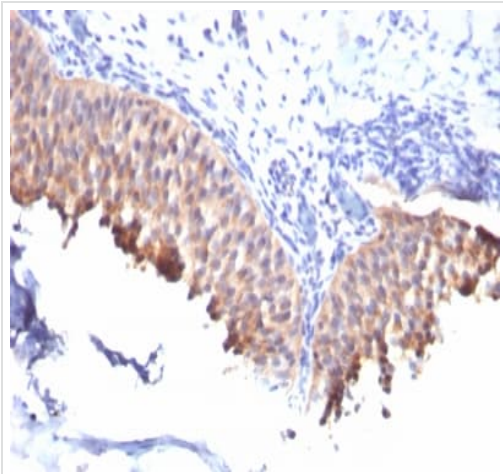
Defects in KRT10 are a cause of bullous congenital ichthyosiform erythroderma (BCIE) [MIM:113800]; also known as epidermolytic hyperkeratosis (EHK) or bullous erythroderma ichthyosiformis congenita of Brocq. BCIE is an autosomal dominant skin disorder characterized by widespread blistering and an ichthyotic erythroderma at birth that persist into adulthood. Histologically there is a diffuse epidermolytic degeneration in the lower spinous layer of the epidermis. Within a few weeks from birth, erythroderma and blister formation diminish and hyperkeratoses develop.

Defects in KRT10 are a cause of ichthyosis annular epidermolytic (AEI) [MIM:607602]; also known as cyclic ichthyosis with epidermolytic hyperkeratosis. AEI is a skin disorder resembling bullous congenital ichthyosiform erythroderma. Affected individuals present with bullous ichthyosis in early childhood and hyperkeratotic lichenified plaques in the flexural areas and extensor surfaces at later ages. The feature that distinguishes AEI from BCIE is dramatic episodes of flares of annular polycyclic plaques with scale, which coalesce to involve most of the body surface and can persist for several weeks or even months.

Sequence similarities

Belongs to the intermediate filament family.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 10 antibody [SPM261] (ab233909)

Formalin-fixed, paraffin-embedded human bladder carcinoma tissue stained for Cytokeratin 10 using ab233909 at 0.2 µg/ml in immunohistochemical analysis.

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

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