abcam

Product datasheet

Anti-Cytokeratin 5 antibody - Cytoskeleton Marker ab53121

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Overview

Product name	Anti-Cytokeratin 5 antibody - Cytoskeleton Marker
Description	Rabbit polyclonal to Cytokeratin 5 - Cytoskeleton Marker
Host species	Rabbit
Tested applications	**Suitable for:** IHC-P, ICC/IF, WB
Species reactivity	**Reacts with:** Human
Immunogen	Synthetic peptide corresponding to Human Cytokeratin 5.
Positive control	HepG2 cell extracts and human breast carcinoma 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 -20°C. Stable for 12 months at -20°C.
Storage buffer	pH: 7.00 Preservative: 0.02% Sodium azide Constituents: 50% Glycerol (glycerin, glycerine), 0.87% Sodium chloride, PBS Without Mg+2 and Ca+2
Purity	Immunogen affinity purified
Purification notes	ab53121 was affinity purified from rabbit antiserum by affinity chromatography using epitope specific immunogen.
Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab53121 in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

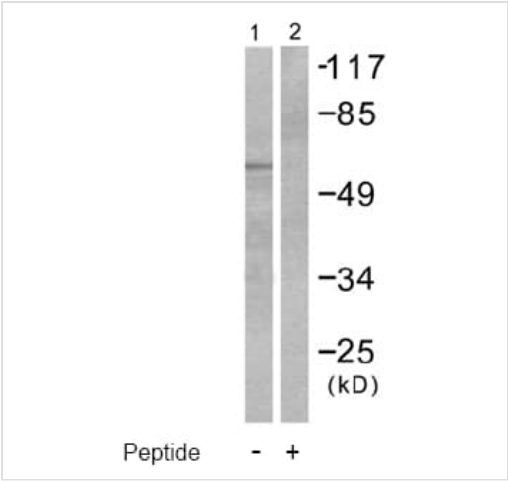
Application	Abreviews	Notes
IHC-P	★★★☆☆ (1)	Use at an assay dependent concentration.
ICC/IF	★★★★☆ (4)	Use a concentration of 1 µg/ml.
WB		1/300 - 1/1000. Detects a band of approximately 62 kDa (predicted molecular weight: 62 kDa).

Target

Involvement in disease Defects in KRT5 are a cause of epidermolysis bullosa simplex Dowling-Meara type (DM-EBS) [MIM:131760]. DM-EBS is a severe form of intraepidermal epidermolysis bullosa characterized by generalized herpetiform blistering, milia formation, dystrophic nails, and mucous membrane involvement.
Defects in KRT5 are the cause of epidermolysis bullosa simplex with migratory circinate erythema (EBSMCE) [MIM:609352]. EBSMCE is a form of intraepidermal epidermolysis bullosa characterized by unusual migratory circinate erythema. Skin lesions appear from birth primarily on the hands, feet, and legs but spare nails, ocular epithelia and mucosae. Lesions heal with brown pigmentation but no scarring. Electron microscopy findings are distinct from those seen in the DM-EBS, with no evidence of tonofilament clumping.
Defects in KRT5 are a cause of epidermolysis bullosa simplex Weber-Cockayne type (WC-EBS) [MIM:131800]. WC-EBS is a form of intraepidermal epidermolysis bullosa characterized by blistering limited to palmar and plantar areas of the skin.
Defects in KRT5 are a cause of epidermolysis bullosa simplex Koebner type (K-EBS) [MIM:131900]. K-EBS is a form of intraepidermal epidermolysis bullosa characterized by generalized skin blistering. The phenotype is not fundamentally distinct from the Dowling-Meara type, althought it is less severe.
Defects in KRT5 are the cause of epidermolysis bullosa simplex with mottled pigmentation (MP-EBS) [MIM:131960]. MP-EBS is a form of intraepidermal epidermolysis bullosa characterized by blistering at acral sites and 'mottled' pigmentation of the trunk and proximal extremities with hyper- and hypopigmentation macules.
Defects in KRT5 are the cause of Dowling-Degos disease (DDD) [MIM:179850]; also known as Dowling-Degos-Kitamura disease or reticulate acropigmentation of Kitamura. DDD is an autosomal dominant genodermatosis. Affected individuals develop a postpubertal reticulate hyperpigmentation that is progressive and disfiguring, and small hyperkeratotic dark brown papules that affect mainly the flexures and great skin folds. Patients usually show no abnormalities of the hair or nails.

Sequence similarities Belongs to the intermediate filament family.

Images

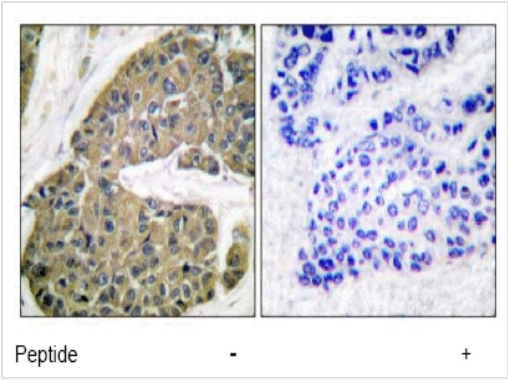


Western blot - Anti-Cytokeratin 5 antibody - Cytoskeleton Marker (ab53121)

All lanes : Anti-Cytokeratin 5 antibody - Cytoskeleton Marker (ab53121) at 1/300 dilution

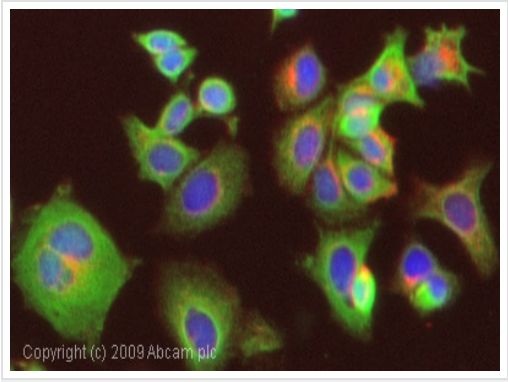
Lane 1 : HepG2 cell extract
Lane 2 : HepG2 cell extract with immunising peptide

Predicted band size: 62 kDa
Observed band size: 62 kDa



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 5 antibody - Cytoskeleton Marker (ab53121)

ab53121 at 1/50 dilution staining Cytokeratin 5 in human breast carcinoma by Immunohistochemistry, Paraffin embedded tissue, in the absence and presence of the immunising peptide.



Immunocytochemistry/ Immunofluorescence - Anti-Cytokeratin 5 antibody - Cytoskeleton Marker (ab53121)

ICC/IF image of ab53121 stained MCF7 cells. The cells were 100% methanol fixed (5 min) and then incubated in 1%BSA / 10% normal goat serum / 0.3M glycine in 0.1% PBS-Tween for 1h to permeabilise the cells and block non-specific protein-protein interactions. The cells were then incubated with the antibody (ab53121, 1µg/ml) overnight at +4°C. The secondary antibody (green) was Alexa Fluor® 488 goat anti-rabbit IgG (H+L) used at a 1/1000 dilution for 1h. Alexa Fluor® 594 WGA was used to label plasma membranes (red) at a 1/200 dilution for 1h. DAPI was used to stain the cell nuclei (blue) at a concentration of 1.43µM.

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