

## Product datasheet

# Anti-Cytokeratin 10 antibody [KRT10/844] - BSA and Azide free ab212546

[2 Images](#)

### Overview

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<b>Product name</b>	Anti-Cytokeratin 10 antibody [KRT10/844] - BSA and Azide free
<b>Description</b>	Mouse monoclonal [KRT10/844] to Cytokeratin 10 - BSA and Azide free
<b>Host species</b>	Mouse
<b>Tested applications</b>	<b>Suitable for:</b> Flow Cyt, ICC/IF, IHC-P
<b>Species reactivity</b>	<b>Reacts with:</b> Mouse, Human
<b>Immunogen</b>	Recombinant full length protein. Database link: <a href="#">P13645</a>
<b>Positive control</b>	Human bladder carcinoma, skin, esophagus and tonsil tissues; A431, HeLa, MCF7 cells.

### Properties

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<b>Form</b>	Liquid
<b>Storage instructions</b>	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.
<b>Storage buffer</b>	Constituent: 100% PBS
<b>Carrier free</b>	Yes
<b>Purity</b>	Protein A purified
<b>Purification notes</b>	ab212546 was purified from Bioreactor Concentrate by Protein A/G.
<b>Clonality</b>	Monoclonal
<b>Clone number</b>	KRT10/844
<b>Isotype</b>	IgG1
<b>Light chain type</b>	kappa

### Applications

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Our [Abpromise guarantee](#) covers the use of **ab212546** 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
Flow Cyt		Use 0.5-1µg for 10 <sup>6</sup> cells. (in 0.1 ml).
ICC/IF		Use a concentration of 0.5 - 1 µg/ml.
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. (Primary incubation for 30 min at RT).

## Target

### Tissue specificity

Seen in all suprabasal cell layers including stratum corneum.

### Involvement in disease

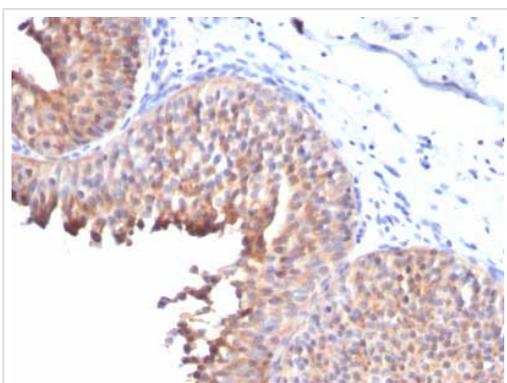
Defects in KRT10 are a cause of bullous congenital ichthyosiform erythroderma (BCIE) [MIM:113800]; also known as epidermolytic hyperkeratosis (EHK) or bullous erythroderma ichthyosiformis congenita of Brocq. BCIE is an autosomal dominant skin disorder characterized by widespread blistering and an ichthyotic 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

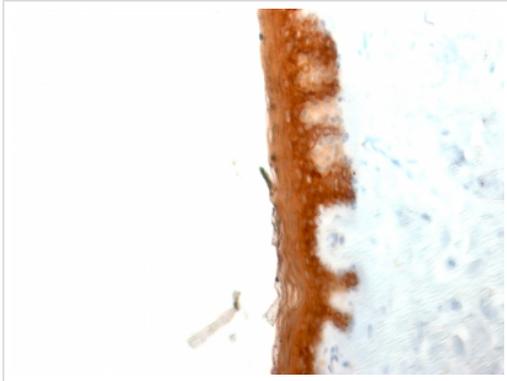
Belongs to the intermediate filament family.

## Images



Immunohistochemical analysis of formalin-fixed, paraffin-embedded Human bladder carcinoma tissue labeling Cytokeratin 10 with ab212546 at 0.2 µg/ml.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 10 antibody [KRT10/844] - BSA and Azide free (ab212546)



Immunohistochemical analysis of formalin-fixed, paraffin-embedded Human skin tissue labeling Cytokeratin 10 with ab212546 at 0.2 µg/ml.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 10 antibody [KRT10/844] - BSA and Azide free (ab212546)

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

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