

Product datasheet

Anti-Cytokeratin 5 antibody ab74526

1 Image

Overview

Product name	Anti-Cytokeratin 5 antibody
Description	Rabbit polyclonal to Cytokeratin 5
Host species	Rabbit
Tested applications	Suitable for: IHC-P
Species reactivity	Reacts with: Human
Immunogen	Synthetic peptide within Human Cytokeratin 5 aa 550 to the C-terminus (C terminal). The exact sequence is proprietary. Database link: P13647
Positive control	Human mesothelioma tissue.
General notes	This product is FOR RESEARCH USE ONLY. For commercial use, please contact partnerships@abcam.com.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer	pH: 7.6 Preservative: 0.1% Sodium azide Constituents: PBS, 1% BSA
Purity	Immunogen affinity purified
Clonality	Polyclonal
Isotype	IgG

Applications

Our [Abpromise guarantee](#) covers the use of **ab74526** 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		1/100. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol. 1/100 for 30 min at RT. Staining of formalin-fixed tissues requires boiling tissue sections in 10mM citrate buffer, pH 6.0 for 10 min followed by cooling at RT for 20 min.

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, although it is less severe.

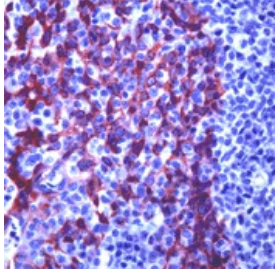
Defects in KRT5 are the cause of epidermolysis bullosa simplex with mottled pigmentation (MP-EBS) [MIM:131960]. MP-EBS is a form of intraepidermal epidermolysis bullosa characterized by blistering at acral sites and 'mottled' pigmentation of the trunk and proximal extremities with hyper- and hypopigmentation 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



ab74526 at 1/100 dilution staining Cytokeratin 5 in Human mesothelioma by Immunohistochemistry, Formalin-fixed, Paraffin-embedded tissue.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 5 antibody (ab74526)

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