Product datasheet

Anti-Cytokeratin antibody [34BE12] ab191208

Overview

Product name Anti-Cytokeratin antibody [34BE12]
Description Mouse monoclonal [34BE12] to Cytokeratin
Host species Mouse
Specificity ab191208 recognizes CK1, CK5, CK10 and CK14. In normal epithelia, it stains stratified epithelia, myoepithelial cells and basal cells in the prostate gland and bronchi. ab191208 shows no reactivity with hepatocytes, pancreatic acinar cells, proximal renal tubules, or endometrial glands; there is no reactivity with cells derived from simple epithelia. Mesenchymal tumors, lymphomas, melanomas, neural tumors, and neuroendocrine tumors are negative with this antibody. It stains myoepithelial cells and has been shown to be useful in distinguishing prostate adenocarcinoma from benign prostate.

Tested applications Suitable for: ICC/IF, IHC-Fr, WB, IHC-P, Flow Cyt
Species reactivity Reacts with: Mouse, Rat, Human
Immunogen Other Immunogen Type corresponding to Human Cytokeratin. (Solubilized keratin extract from Human stratum corneum).
Positive control PC12 cells, Skin, Prostate carcinoma; Human prostate tissue.

Properties

Form Liquid
Storage buffer Preservative: 0.05% Sodium azide
Constituents: 0.05% BSA, PBS
Purification notes purified from Bioreactor Concentrates by Protein A/G column chromatography
Clonality Monoclonal
Clone number 34BE12
Isotype IgG1
Light chain type kappa

Applications
Our **Abpromise guarantee** covers the use of **ab191208** in the following tested applications.

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

<table>
<thead>
<tr>
<th>Application</th>
<th>Abreviews</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>ICC/IF</td>
<td></td>
<td>Use a concentration of 0.5 - 1 µg/ml.</td>
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<tr>
<td>IHC-Fr</td>
<td></td>
<td>Use a concentration of 0.5 - 1 µg/ml.</td>
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<tr>
<td>WB</td>
<td></td>
<td>Use a concentration of 0.5 - 1 µg/ml. Predicted molecular weight: 67, 58, 57, 50 kDa.</td>
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<tr>
<td>IHC-P</td>
<td></td>
<td>Use a concentration of 0.5 - 1 µg/ml. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.</td>
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<tr>
<td>Flow Cyt</td>
<td></td>
<td>Use 0.5-1µg for 10^6 cells. <strong>ab170190</strong> - Mouse monoclonal IgG1, is suitable for use as an isotype control with this antibody.</td>
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**Target**

**Function**
May regulate the activity of kinases such as PKC and SRC via binding to integrin beta-1 (ITB1) and the receptor of activated protein kinase C (RACK1/GNB2L1).

**Tissue specificity**
The source of this protein is neonatal foreskin. The 67-kDa type II keratins are expressed in terminally differentiating epidermis.

**Involvement in disease**
Defects in KRT1 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 KRT1 are a cause of congenital ichthyosis Curth-Macklin type (IHCM) [MIM:146590]. IHCM is a genodermatosis with severe verrucous hyperkeratosis. Affected individuals manifest congenital verrucous black scale on the scalp, neck, and limbs with truncal erythema, palmoplantar keratoderma and keratoses on the lips, ears, nipples and buttocks.

Defects in KRT1 are a cause of palmoplantar keratoderma non-epidermolytic (NEPPK) [MIM:600962]. NEPPK is a dermatological disorder characterized by focal palmoplantar keratoderma with oral, genital, and follicular lesions.

Defects in KRT1 are a cause of ichthyosis annular epidermolytic (AEI) [MIM:607602]; also known as cyclic ichthyosis with epidermolytic hyperkeratosis. AEIs 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.

Defects in KRT1 are the cause of palmoplantar keratoderma striate type 3 (SPPK3) [MIM:607654]; also known as keratosis palmoplantaris striata III. SPPK3 is a dermatological disorder affecting palm and sole skin where stratum corneum and epidermal layers are thickened. There is no involvement of non-palmoplantar skin, and both hair and nails are normal.
**Sequence similarities**
Belongs to the intermediate filament family.

**Post-translational modifications**
Undergoes deimination of some arginine residues (citrullination).

**Cellular localization**
Cell membrane. Located on plasma membrane of neuroblastoma NMB7 cells.

**Images**

Immunohistochemical analysis of formalin-fixed, paraffin-embedded Human prostate tissue labeling Cytokeratin with ab191208 at 1 µg/ml.

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