Product datasheet


Overview

Description: Mouse monoclonal [Ber-EP4] to EpCAM
Host species: Mouse
Specificity: Epithelial specific antigen is cell surface glycoprotein and is broadly distributed in epithelial cells and displays a highly conserved expression in carcinomas. Epithelial specific antigen has been know to play an important role as tumor-cell marker in lymph nodes from patients with esophageal carcinoma. Epithelial specific antigen can be used to distinguish between basal cell and basosquamous carcinomas and squamous cell carcinoma of the skin.

Tested applications: Suitable for: IHC-FoFr, IHC-P, IHC-Fr, ICC/IF
Species reactivity: Reacts with: Human
Immunogen: BALB/C mice were immunized with human breast carcinoma cell line, MCF-7.
Positive control: Kidney tissue sections.

Properties

Form: Liquid
Storage instructions: Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze / thaw cycle.
Storage buffer: Preservative: 0.05% Sodium azide
Constituents: Tissue culture supernatant, 1% BSA
Purity: Tissue culture supernatant
Clonality: Monoclonal
Clone number: Ber-EP4
Isotype: IgG1
Light chain type: kappa

Applications

Our Abpromise guarantee covers the use of ab7504 in the following tested applications.
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.
**Function**
May act as a physical homophilic interaction molecule between intestinal epithelial cells (IECs) and intraepithelial lymphocytes (IELs) at the mucosal epithelium for providing immunological barrier as a first line of defense against mucosal infection. Plays a role in embryonic stem cells proliferation and differentiation. Up-regulates the expression of FABP5, MYC and cyclins A and E.

**Tissue specificity**
Highly and selectively expressed by undifferentiated rather than differentiated embryonic stem cells (ESC). Levels rapidly diminish as soon as ESC’s differentiate (at protein levels). Expressed in almost all epithelial cell membranes but not on mesodermal or neural cell membranes. Found on the surface of adenocarcinoma.

**Involvement in disease**
Defects in EPCAM are the cause of diarrhea type 5 (DIAR5) [MIM:613217]. It is an intractable diarrhea of infancy characterized by villous atrophy and absence of inflammation, with intestinal epithelial cell dysplasia manifesting as focal epithelial tufts in the duodenum and jejunum. Defects in EPCAM are a cause of hereditary non-polyposis colorectal cancer type 8 (HNPCC8) [MIM:613244]. HNPCC is a disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early-onset colorectal carcinoma (CRC) and extra-colonic tumors of the gastrointestinal, urological and female reproductive tracts. HNPCC is reported to be the most common form of inherited colorectal cancer in the Western world. Clinically, HNPCC is often divided into two subgroups. Type I is characterized by hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II is characterized by increased risk for cancers in certain tissues such as the uterus, ovary, breast, stomach, small intestine, skin, and larynx in addition to the colon. Diagnosis of classical HNPCC is based on the Amsterdam criteria: 3 or more relatives affected by colorectal cancer, one a first degree relative of the other two; 2 or more generation affected; 1 or more colorectal cancers presenting before 50 years of age; exclusion of hereditary polyposis syndromes. The term ‘suspected HNPCC’ or ‘incomplete HNPCC’ can be used to describe families who do not or only partially fulfill the Amsterdam criteria, but in whom a genetic basis for colon cancer is strongly suspected. Note=HNPCC8 results from heterozygous deletion of 3-prime exons of EPCAM and intergenic regions directly upstream of MSH2, resulting in transcriptional read-through and epigenetic silencing of MSH2 in tissues expressing EPCAM.

**Sequence similarities**
Belongs to the EPCAM family.
Contains 1 thyroglobulin type-1 domain.

**Post-translational modifications**
Hyperglycosylated in carcinoma tissue as compared with autologous normal epithelia. Glycosylation at Asn-198 is crucial for protein stability.

**Cellular localization**

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<td>IHC-FoFr</td>
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<td>Use at an assay dependent concentration.</td>
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<tr>
<td>IHC-P</td>
<td>⭐⭐⭐⭐⭐</td>
<td>Use at an assay dependent concentration. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.</td>
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<tr>
<td>IHC-Fr</td>
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<td>Use at an assay dependent concentration.</td>
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<td>ICC/IF</td>
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<td>Use at an assay dependent concentration.</td>
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Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-EpCAM antibody [Ber-EP4] (ab7504)

ab7504 staining EpCAM in formalin-fixed, paraffin-embedded Human breast carcinoma tissue by Immunohistochemistry. Staining was detected using DAB.

Immunocytochemistry/ Immunofluorescence analysis of HepG2 cells labeling EpCAM with ab7504 at 1/200 dilution. Cells were fixed in methanol. Staining with ab7504 at 1/200 was carried out for 16 hours at 22°C in PBS buffer. ab150117, a Goat Anti-mouse IgG H&L (Alexa Fluor® 488) preadsorbed secondary antibody was used at 1/200 dilution. DAPI was used to counterstain.

ab7504 staining EpCAM in Human liver tissue sections by Immunohistochemistry (IHC-P - paraformaldehyde-fixed, paraffin-embedded sections). Tissue was fixed with formaldehyde and blocked with 1% serum for 1 hour at 20°C; antigen retrieval was by heat mediation (microwave) in a commercial retrieval buffer. Samples were incubated with primary antibody (1/250 in 1% serum) for 12 hours at 4°C. A Biotin-conjugated Horse anti-mouse IgG polyclonal (1/200) was used as the secondary antibody.

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