

Product datasheet

Human KRAS knockout MCF7 cell line ab277873

Overview

Product name	Human KRAS knockout MCF7 cell line
Description	KRAS KO MCF7 cell line
Parental Cell Line	MCF7
Organism	Human
Passage number	<20
Biosafety level	1
General notes	<p>Recommended control: Human wild-type MCF7 cell line (ab277916). Please note a wild-type cell line is not automatically included with a knockout cell line order, if required please add recommended wild-type cell line at no additional cost using the code WILDTYPE-TMTK1.</p> <p>Cryopreservation cell medium: Cell Freezing Medium-DMSO Serum free media, contains 8.7% DMSO in MEM supplemented with methyl cellulose.</p> <p>Culture medium: MEM + 10% FBS + 0.01 mg/ml bovine insulin</p> <p>Initial handling guidelines: Upon arrival, the vial should be stored in liquid nitrogen vapor phase and not at -80°C. Storage at -80°C may result in loss of viability.</p> <ol style="list-style-type: none"> 1. Thaw the vial in 37°C water bath for approximately 1-2 minutes. 2. Transfer the cell suspension (0.8 mL) to a 15 mL/50 mL conical sterile polypropylene centrifuge tube containing 8.4 mL pre-warmed culture medium, wash vial with an additional 0.8 mL culture medium (total volume 10 mL) to collect remaining cells, and centrifuge at 201 x g (rcf) for 5 minutes at room temperature. 10 mL represents minimum recommended dilution. 20 mL represents maximum recommended dilution. 3. Resuspend the cell pellet in 5 mL pre-warmed culture medium and count using a haemocytometer or alternative cell counting method. Based on cell count, seed cells in an appropriate cell culture flask at a density of 5-7x10⁴ cells/cm². Seeding density is given as a guide only and should be scaled to align with individual lab schedules. 4. Incubate the culture at 37°C incubator with 5% CO₂. Cultures should be monitored daily. <p>Subculture guidelines:</p> <p>All seeding densities should be based on cell counts gained by established methods. A guide seeding density of 5-7x10⁴ cells/cm² is recommended.</p> <p>A partial media change 24 hours prior to subculture may be helpful to encourage growth, if required.</p> <p>Cells should be passaged when they have achieved 80-90% confluence.</p> <p>This product is subject to limited use licenses from The Broad Institute and ERS Genomics Limited, and is developed with patented technology. For full details of the limited use licenses and</p>

relevant patents please refer to our [limited use license](#) and [patent pages](#).

Properties

Number of cells	1 x 10 ⁶ cells/vial, 1 mL
Viability	~80%
Adherent /Suspension	Adherent
Tissue	Breast
Cell type	epithelial
Disease	Adenocarcinoma
Gender	Female
Mycoplasma free	Yes
Storage instructions	Shipped on Dry Ice. Store in liquid nitrogen.
Storage buffer	Constituents: 8.7% Dimethylsulfoxide, 2% Cellulose, methyl ether

Target

Function	Ras proteins bind GDP/GTP and possess intrinsic GTPase activity.
Involvement in disease	<p>Defects in KRAS are a cause of acute myelogenous leukemia (AML) [MIM:601626]. AML is a malignant disease in which hematopoietic precursors are arrested in an early stage of development.</p> <p>Defects in KRAS are a cause of juvenile myelomonocytic leukemia (JMML) [MIM:607785]. JMML is a pediatric myelodysplastic syndrome that constitutes approximately 30% of childhood cases of myelodysplastic syndrome (MDS) and 2% of leukemia. It is characterized by leukocytosis with tissue infiltration and in vitro hypersensitivity of myeloid progenitors to granulocyte-macrophage colony stimulating factor.</p> <p>Defects in KRAS are the cause of Noonan syndrome type 3 (NS3) [MIM:609942]. Noonan syndrome (NS) [MIM:163950] is a disorder characterized by dysmorphic facial features, short stature, hypertelorism, cardiac anomalies, deafness, motor delay, and a bleeding diathesis. It is a genetically heterogeneous and relatively common syndrome, with an estimated incidence of 1 in 1000-2500 live births. Rarely, NS is associated with juvenile myelomonocytic leukemia (JMML). NS3 inheritance is autosomal dominant.</p> <p>Defects in KRAS are a cause of gastric cancer (GASC) [MIM:613659]; also called gastric cancer intestinal or stomach cancer. Gastric cancer is a malignant disease which starts in the stomach, can spread to the esophagus or the small intestine, and can extend through the stomach wall to nearby lymph nodes and organs. It also can metastasize to other parts of the body. The term gastric cancer or gastric carcinoma refers to adenocarcinoma of the stomach that accounts for most of all gastric malignant tumors. Two main histologic types are recognized, diffuse type and intestinal type carcinomas. Diffuse tumors are poorly differentiated infiltrating lesions, resulting in thickening of the stomach. In contrast, intestinal tumors are usually exophytic, often ulcerating, and associated with intestinal metaplasia of the stomach, most often observed in sporadic disease.</p> <p>Note=Defects in KRAS are a cause of pilocytic astrocytoma (PA). Pilocytic astrocytomas are neoplasms of the brain and spinal cord derived from glial cells which vary from histologically benign forms to highly anaplastic and malignant tumors.</p> <p>Defects in KRAS are a cause of cardiofaciocutaneous syndrome (CFC syndrome) [MIM:115150]; also known as cardio-facio-cutaneous syndrome. CFC syndrome is characterized by a distinctive</p>

facial appearance, heart defects and mental retardation. Heart defects include pulmonic stenosis, atrial septal defects and hypertrophic cardiomyopathy. Some affected individuals present with ectodermal abnormalities such as sparse, friable hair, hyperkeratotic skin lesions and a generalized ichthyosis-like condition. Typical facial features are similar to Noonan syndrome. They include high forehead with bitemporal constriction, hypoplastic supraorbital ridges, downslanting palpebral fissures, a depressed nasal bridge, and posteriorly angulated ears with prominent helices. The inheritance of CFC syndrome is autosomal dominant. Note=KRAS mutations are involved in cancer development.

Sequence similarities	Belongs to the small GTPase superfamily. Ras family.
Cellular localization	Cell membrane.

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