abcam

Product datasheet

Alexa Fluor® 555 Anti-EpCAM antibody [EPR677(2)] ab275122

Recombinant

1 Image

Overview

Product name Alexa Fluor® 555 Anti-EpCAM antibody [EPR677(2)]

Description Alexa Fluor® 555 Rabbit monoclonal [EPR677(2)] to EpCAM

Host species Rabbit

Conjugation Alexa Fluor® 555. Ex: 555nm, Em: 565nm

Tested applications

Suitable for: IHC-P

Species reactivity

Reacts with: Human

Immunogen Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.

Positive control IHC-P: Human colon adenocarcinoma.

General notes This product is a recombinant monoclonal antibody, which offers several advantages including:

- High batch-to-batch consistency and reproducibility
- Improved sensitivity and specificity
- Long-term security of supply
- Animal-free production

For more information see here.

Our RabMAb[®] technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to **RabMAb**[®] **patents**.

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Properties

Form Liquid

Storage instructions 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. Store In the Dark.

Storage buffer pH: 7.40

Preservative: 0.02% Sodium azide

Constituents: 30% Glycerol (glycerin, glycerine), 1% BSA, 68.98% PBS

Purity Protein A purified

ClonalityMonoclonalClone numberEPR677(2)

Isotype IgG

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab275122 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 Tris/EDTA buffer pH 9.0 before commencing with IHC staining protocol.

Target

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 extracolonic 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.

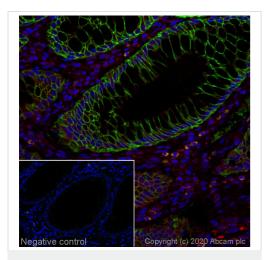
Glycosylation at Asn-198 is crucial for protein stability.

Cellular localization

Lateral cell membrane. Cell junction > tight junction. Co-localizes with CLDN7 at the lateral cell

membrane and tight junction.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Alexa Fluor® 555 Anti-EpCAM antibody [EPR677(2)] (ab275122)

Immunofluorescence staining of EpCAM staining in a section of formalin-fixed paraffin-embedded human colon adenocarcinoma*.Performed on a Leica BOND. The section was pre-treated using heat mediated antigen retrieval with EDTA (pH9.0) using retrieval settings of 110°C for 20 minutes. The section was then incubated at room temperature for 1 hour with ab275122 at 1/100 dilution (shown in green) and counterstained using ab195884, Rat monoclonal to Tubulin (Alexa Fluor® 647), at 1/250 dilution (shown in red). Nuclear DNA was labelled with DAPI (shown in blue). The section was then mounted using Dako Fluorescence Mounting Medium ®.lmage was taken with a confocal microscope (Leica-Microsystems, TCS SP8).For other IHC staining systems (automated and non-automated), customers should optimize variable parameters such as antigen retrieval conditions, antibody concentrations and incubation times.*Tissue obtained from the Human Research Tissue Bank, supported by the NIHR Cambridge Biomedical Research Centre.

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