abcam

Product datasheet

Anti-Cytokeratin 10 antibody [LH2] ab20208

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Overview

Product name	Anti-Cytokeratin 10 antibody [LH2]
Description	Mouse monoclonal [LH2] to Cytokeratin 10
Host species	Mouse
Tested applications	**Suitable for:** Flow Cyt, IHC-P
Species reactivity	**Reacts with:** Human
Immunogen	Tissue, cells or virus corresponding to Human Cytokeratin 10. Extract of skin from psoriasis patient (Human).
General notes	The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing. If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As

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 or -80°C. Avoid freeze / thaw cycle.
Storage buffer	Preservative: 0.02% Sodium azide Constituent: 99.98% PBS
Purity	Protein G purified
Clonality	Monoclonal
Clone number	LH2
Myeloma	Sp2
Isotype	IgG1

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab20208 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
Flow Cyt		Use 1µg for 10^6 cells. **ab170190** - Mouse monoclonal IgG1, is suitable for use as an isotype control with this antibody.
IHC-P		Use a concentration of 0.1 - 0.2 µg/ml. LH2 does not react with any tumour tissue regardless of histological classification. LH2 is monospecific and has high affinity.

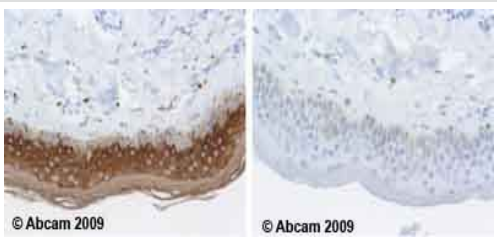
Target

Tissue specificity Seen in all suprabasal cell layers including stratum corneum.

Involvement in disease Defects in KRT10 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 KRT10 are a cause of ichthyosis annular epidermolytic (AEI) [MIM:607602]; also known as cyclic ichthyosis with epidermolytic hyperkeratosis. AEI is 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.

Sequence similarities Belongs to the intermediate filament family.

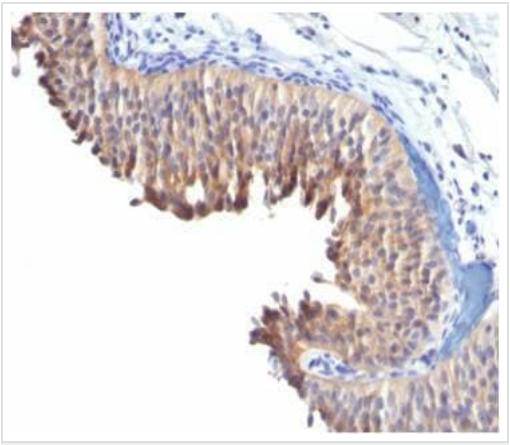
Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 10 antibody [LH2] (ab20208)

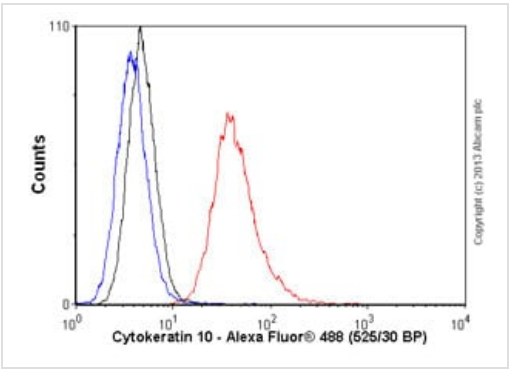
Ab20208 staining Human normal skin. Staining is localised to cytoplasmic compartment.
Left panel: with primary antibody at 1 ug/ml. Right panel: isotype control.
Sections were stained using an automated system DAKO Autostainer Plus , at room temperature: sections were rehydrated and antigen retrieved with the Dako 3 in 1 AR buffers EDTA pH 9.0 in a DAKO PT Link. Slides were peroxidase blocked in 3% H2O2 in methanol for 10 mins. They were then blocked with Dako Protein block for 10 minutes (containing casein 0.25% in PBS) then incubated with primary antibody for 20 min and detected with Dako

envision flex amplification kit for 30 minutes. Colorimetric detection was completed with Diaminobenzidine for 5 minutes. Slides were counterstained with Haematoxylin and coverslipped under DePeX. Please note that for manual staining we recommend to optimize the primary antibody concentration and incubation time (overnight incubation), and amplification may be required.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Cytokeratin 10 antibody [LH2] (ab20208)

Immunohistochemical analysis of formalin fixed paraffin embedded human Bladder carcinoma labelling cytokeratin 10 with ab20208 at 0.1 ug/ml.



Flow Cytometry - Anti-Cytokeratin 10 antibody [LH2] (ab20208)

Overlay histogram showing A431 cells stained with ab20208 (red line). The cells were fixed with 80% methanol (5 min) and then permeabilized with 0.1% PBS-Tween for 20 min. The cells were then incubated in 1x PBS / 10% normal goat serum / 0.3M glycine to block non-specific protein-protein interactions followed by the antibody (ab20208, 1µg/1x10^6 cells) for 30 min at 22°C. The secondary antibody used was Alexa Fluor® 488 goat anti-mouse IgG (H&L) (**ab150113**) at 1/2000 dilution for 30 min at 22°C. Isotype control antibody (black line) was mouse IgG1 [ICIGG1] (**ab91353**, 1µg/1x10^6 cells) used under the same conditions. Unlabelled sample (blue line) was also used as a control. Acquisition of >5,000 events were collected using a 20mW Argon ion laser (488nm) and 525/30 bandpass filter.

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