

Anti-Cytokeratin antibody [CK-cocktail] ab115959

7 References

Overview

Product name	Anti-Cytokeratin antibody [CK-cocktail]
Description	Mouse monoclonal [CK-cocktail] to Cytokeratin
Host species	Mouse
Tested applications	Suitable for: IHC-Fr, IHC-P, ICC
Species reactivity	Reacts with: Human
Immunogen	Human epidermal Cytokeratin.
Positive control	Human skin, lung, colon, prostate, or any GI tissue or cancer tissues.
General notes	<p>This product was changed from ascites to tissue culture supernatant on 15th June 2017. Lot numbers higher than GR309863-1 will be from tissue culture supernatant. Please note that the dilutions may need to be adjusted accordingly.</p> <p>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.</p> <p>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</p>

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	pH: 7.40 Preservative: 0.09% Sodium azide Constituents: 98% PBS, 1% BSA
Purity	Tissue culture supernatant
Clonality	Monoclonal
Clone number	CK-cocktail
Isotype	IgG1

Light chain type

kappa

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab115959 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-Fr		Use at an assay dependent concentration.
IHC-P		Use at an assay dependent concentration.
ICC		Use at an assay dependent concentration.

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 the cause of ichthyosis hystrix 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. 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.

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 Undergoes deimination of some arginine residues (citrullination).

modifications

Cellular localization

Cell membrane. Located on plasma membrane of neuroblastoma NMB7 cells.

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