


Product datasheet

HRP Anti-Cytokeratin 5 antibody [EP1601Y] ab193896

Recombinant RabMAb

3 Images

Overview

Product name	HRP Anti-Cytokeratin 5 antibody [EP1601Y]
Description	HRP Rabbit monoclonal [EP1601Y] to Cytokeratin 5
Host species	Rabbit
Conjugation	HRP
Tested applications	Suitable for: IHC-P, WB
Species reactivity	Reacts with: Human Predicted to work with: Mouse 
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	WB: A431 cell lysate. IHC: human skin melanoma tissue
General notes	Our RabMAb [®] technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to RabMAb[®] patents .

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C. Avoid freeze / thaw cycle. Store In the Dark.
Storage buffer	pH: 7.40 Preservative: 0.1% Proclin 300 Solution Constituents: 30% Glycerol (glycerin, glycerine), 1% BSA, PBS
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EP1601Y
Isotype	IgG

Applications

The Abpromise guarantee Our [Abpromise guarantee](#) covers the use of ab193896 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		1/500. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.
WB		1/5000. Detects a band of approximately 62 kDa (predicted molecular weight: 62 kDa).

Target

Involvement in disease

Defects in KRT5 are a cause of epidermolysis bullosa simplex Dowling-Meara type (DM-EBS) [MIM:131760]. DM-EBS is a severe form of intraepidermal epidermolysis bullosa characterized by generalized herpetiform blistering, milia formation, dystrophic nails, and mucous membrane involvement.

Defects in KRT5 are the cause of epidermolysis bullosa simplex with migratory circinate erythema (EBSMCE) [MIM:609352]. EBSMCE is a form of intraepidermal epidermolysis bullosa characterized by unusual migratory circinate erythema. Skin lesions appear from birth primarily on the hands, feet, and legs but spare nails, ocular epithelia and mucosae. Lesions heal with brown pigmentation but no scarring. Electron microscopy findings are distinct from those seen in the DM-EBS, with no evidence of tonofilament clumping.

Defects in KRT5 are a cause of epidermolysis bullosa simplex Weber-Cockayne type (WC-EBS) [MIM:131800]. WC-EBS is a form of intraepidermal epidermolysis bullosa characterized by blistering limited to palmar and plantar areas of the skin.

Defects in KRT5 are a cause of epidermolysis bullosa simplex Koebner type (K-EBS) [MIM:131900]. K-EBS is a form of intraepidermal epidermolysis bullosa characterized by generalized skin blistering. The phenotype is not fundamentally distinct from the Dowling-Meara type, although it is less severe.

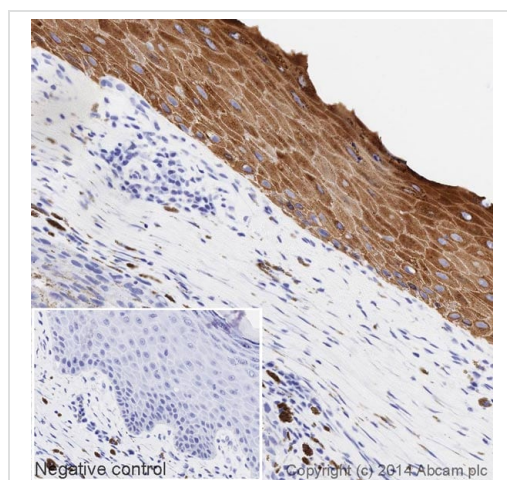
Defects in KRT5 are the cause of epidermolysis bullosa simplex with mottled pigmentation (MP-EBS) [MIM:131960]. MP-EBS is a form of intraepidermal epidermolysis bullosa characterized by blistering at acral sites and 'mottled' pigmentation of the trunk and proximal extremities with hyper- and hypopigmentation macules.

Defects in KRT5 are the cause of Dowling-Degos disease (DDD) [MIM:179850]; also known as Dowling-Degos-Kitamura disease or reticulate acropigmentation of Kitamura. DDD is an autosomal dominant genodermatosis. Affected individuals develop a postpubertal reticulate hyperpigmentation that is progressive and disfiguring, and small hyperkeratotic dark brown papules that affect mainly the flexures and great skin folds. Patients usually show no abnormalities of the hair or nails.

Sequence similarities

Belongs to the intermediate filament family.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - HRP Anti-Cytokeratin 5 antibody [EP1601Y] (ab193896)

IHC image of Cytokeratin 5 staining in a section of formalin-fixed paraffin-embedded human skin melanoma tissue*, performed on a Leica BOND. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20mins. The section was then incubated with ab193896 at 1/500 dilution, for 15 mins at room temperature. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX. The inset negative control image is taken from an identical assay without primary antibody.

For other IHC staining systems (automated and non-automated) customers should optimize variable parameters such as antigen retrieval conditions, primary antibody concentration and antibody incubation times.

*Tissue obtained from the Human Research Tissue Bank, supported by the NIHR Cambridge Biomedical Research Centre



Western blot - HRP Anti-Cytokeratin 5 antibody [EP1601Y] (ab193896)

HRP Anti-Cytokeratin 5 antibody [EP1601Y] (ab193896) at 1/5000 dilution + A431 (Human epithelial carcinoma cell line) Whole Cell Lysate at 10 µg

Developed using the ECL technique.

Performed under reducing conditions.

Predicted band size: 62 kDa

Observed band size: 62 kDa

Exposure time: 10 seconds

This blot was produced using a 4-12% Bis-tris gel under the MOPS buffer system. The gel was run at 200V for 50 minutes before being transferred onto a Nitrocellulose membrane at 30V for 70 minutes. The membrane was then blocked for an hour using 2% Bovine Serum Albumin before being incubated with ab193896 overnight at 4°C. Antibody binding was visualised using ECL development solution [ab133406](#).

Why choose a recombinant antibody?



Research with confidence
Consistent and reproducible results



Long-term and scalable supply
Recombinant technology



Success from the first experiment
Confirmed specificity



Ethical standards compliant
Animal-free production

HRP Anti-Cytokeratin 5 antibody [EP1601Y]
(ab193896)

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