

Cytokeratin 8; Clone K8/383 (Concentrate)

Availability/Contents:	<u>Item #</u> A00136-C	<u>Volume</u> 1 ml
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Description:

Species: Mouse
 Immunogen: BALB/c mice were injected with recombinant Cytokeratin 8 protein.
 Clone: K8/383
 Isotype: IgG1
 Format: This antibody is provided in a phosphate buffered saline containing 1% BSA.
 Specificity: Cytokeratin 8 Antibody belongs to the type II (or B or Basic) subfamily of high molecular weight Cytokeratins and exists in combination with Cytokeratin 18. Cytokeratin 8 is primarily found in the non-squamous epithelia and is present in a majority of adenocarcinomas and ductal carcinomas. It is absent in squamous cell carcinomas.


Background: Epithelial cells express antimicrobial proteins in response to invading pathogens. Cytokeratins (CKs) are heteropolymers, similar to the intermediate filament (IF)-forming proteins of epithelial cells. CKs serves to distinguish different epithelial cells, in which they are expressed. CKs largely maintain the specific keratin patterns associated with their respective cells of origin thus play important role in the classification of tumor cells. Antibodies to cytokeratins are important markers of tissue differentiation. More recently, cytokeratins have also been documented as regulators of other cellular properties and functions, including apico-basal polarization, motility, cell size, protein synthesis and membrane traffic and signaling. Mutations in most of them are now associated with specific tissue-fragility disorders. CKs are now extensively used as diagnostic tumor markers, as epithelial malignancies. Therefore, cleaved cytokeratin expression in tumors and/or peripheral blood carries prognostic significance for cancer patients. Several studies have also provided evidence for active involvement of cytokeratins in cancer cell invasion and metastasis, as well as in treatment responsiveness.

Species Reactivity: Human, Rat. Others not tested.
 Positive Control: MCF-7 or A431 cells. Human Skin, Colon, Lung or Breast carcinoma.
 Cellular Localization: Cytoplasm and Cell Surface.
 Titer/Working Dilution: Immunohistochemistry: 1:100-150
 Microbiological State: This product is not sterile.

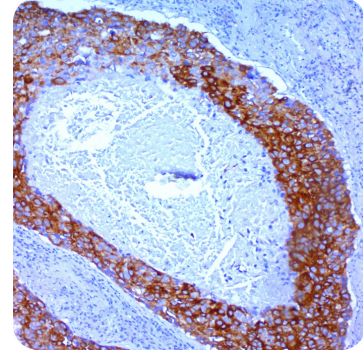
Storage: 2° C  8° C

 ScyTek Laboratories, Inc.
 205 South 600 West
 Logan, UT 84321
 U.S.A.

 IVD

 EmergoEurope (31)(0) 70 345-8570
 Molsnstraat 15
 2513 BH Hague, The Netherlands

Uses/Limitations: Not to be taken internally.
 For In Vitro Diagnostic Use.
 This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
 Do not use if reagent becomes cloudy.
 Do not use past expiration date.
 Non-Sterile.



Human breast carcinoma stained with Ultra-Tek HRP and DAB Chromogen.

Ordering Information and Current Pricing at www.scytek.com

Procedure:

1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed, paraffin embedded tissue sections is enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500).
2. **Primary Antibody Incubation Time:** We suggest an incubation period of 30 minutes at room temperature. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user.
3. **Visualization:** For maximum staining intensity we recommend the “UltraTek HRP Anti-Polyvalent Lab Pack” (ScyTek catalog# UHP125, see IFU for instructions) combined with the “DAB Chromogen/Substrate Bulk Pack (High Contrast)” (ScyTek catalog# ACV500, see IFU for instructions).


Precautions: Contains Sodium Azide as a preservative (0.09% w/v).
 Do not pipette by mouth.
 Avoid contact of reagents and specimens with skin and mucous membranes.
 Avoid microbial contamination of reagents or increased nonspecific staining may occur.
 This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200, OSHA Hazardous Communication Standard and EC Directive 91/155/EC.

References:


1. Guelstein VI et al.; Int J Cancer 1988; 42:147-53.
2. Ku N.-O. ,Omary M.B.; J. Cell Biol. 2006; 174: 115-125 .
3. Lau A.T. ,Chiu J.F.; Cancer Res. 2007; 67: 2107-2113.
4. Linder S. et al; Cancer Lett. 2004; 214: 1-9.
5. van Dorst E.B.L. et al.; J. Clin. Pathol. 1998; 51: 679-684.
6. Barak V, et al.; Clin Biochem. 2004 ; 37(7):529-40.

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