

Cytokeratin 10 (Suprabasal Epithelial Marker); Clone KRT10/844 (Concentrate)


Availability/Contents:

<u>Item #</u>	<u>Volume</u>
RA0180-C.5	0.5 ml

Description:


Species:	Mouse
Immunogen:	Recombinant human KRT10 protein
Clone:	KRT10/844
Isotype:	IgG1, kappa
Entrez Gene ID:	3858 (Human)
Hu Chromosome Loc.:	17q21.2
Synonyms:	BCIE, BIE, EHK, Keratin Type I Cytoskeletal 10, KRT10
Mol. Weight of Antigen:	56.5kDa
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 1mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	This antibody recognizes a protein of 56.5kDa, identified as cytokeratin 10 (CK10).
Background:	CK10 is expressed in all suprabasal layers of the epidermis. In the epidermis, expression of CK10 strictly parallels the extent of differentiation; it is absent in the basal layer, appears in the first suprabasal layers, and increases in concentration towards the granular layer. However, CK10 is rarely detected in early stages of vulvar squamous carcinomas (tumors less than 2 cm, clinical stage I), regardless of the tumor grade. In larger and more advanced tumors (greater than 2 cm, clinical stages II and III), CK10 is detected very frequently. Expression of CK10 is related to maturation of malignant keratinocytes, being preferentially detected in more differentiated parts.
Species Reactivity:	Human and Mouse. Others not known.
Positive Control:	A431, HeLa, MCF7 cells or Esophagus.
Cellular Localization:	Cytoplasmic
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml
	Flow Cytometry: 0.5-1 µg/million cells
	Immunofluorescence: 0.5-1 µg/ml
	Western Blotting: 0.25-0.5 µg/ml
	Immunoprecipitation: 0.5-1 µg/500µg protein lysate
Microbiological State:	This product is not sterile.

Storage: 2° C  8° C



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CE

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Molsnstraat 15
2513 BH Hague, The Netherlands

Uses/Limitations: Not to be taken internally.
For Research Use Only.
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.

Ordering Information and Current Pricing at www.scytek.com

Procedure:


1. **Tissue Section Pretreatment (Required):** Staining of formalin fixed, paraffin embedded tissue sections is significantly 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. van der Velden, L.A., et al. 1993. Cytokeratin expression in normal and (pre) malignant head and neck epithelia: an overview. Head Neck 15: 133-146.


Warranty: No products or “Instructions For Use (IFU)” are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our IFU or website. Our warranty is limited to the actual price paid for the product. ScyTek Laboratories, Inc. is not liable for any property damage, personal injury, time or effort or economic loss caused by our products. Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used.

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