


Cytokeratin 17 (KRT17) (Basal Epithelial Marker); Clone KRT17/778 (Concentrate)


Availability/Contents:	<u>Item #</u> RA0183-C.5	<u>Volume</u> 0.5 ml
Description:		
Species:	Mouse	
Immunogen:	The cytoskeletal fraction of rat colon epithelium	
Clone:	KRT17/778	
Isotype:	IgG2b, kappa	
Entrez Gene ID:	3872 (Human); 287702 (Rat)	
Hu Chromosome Loc.:	17q21.2	
Synonyms:	K17; Keratin Type I Cytoskeletal 17; Keratin-17; KRT17; PCHC1	
Mol. Weight of Antigen:	46kDa	
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 to CK17 is an excellent tool to distinguish myoepithelial cells from luminal epithelium of various glands such as mammary, sweat and salivary. CK17 is expressed in epithelial cells of various origins, such as bronchial epithelial cells and skin appendages. It may be considered as an “epithelial stem cell” marker because the CK17 antibody marks basal cell differentiation.	
Background:	Cytokeratin 17 (CK17) is a member of the Cytokeratin subfamily of intermediate filament proteins (IFP’s). It is unique in that it is normally expressed in the basal cells of complex epithelia but not in stratified or simple epithelia. CK17 is expressed in the nail bed, hair follicle, sebaceous glands, and other epidermal appendages. CK17 can be useful when included in a panel of antibodies against TTF-1, napsin A, CK5&6, p63, and SOX-2 for diagnostic differentiation between lung adenocarcinoma (LADC) and lung squamous cell carcinoma (SCLC), especially for poorly-differentiated lung carcinoma. CK17 expression in SCLC is much higher than in LADC. In breast carcinomas, approximately 20% of patients show no expression of ER, PR and Her2, which are defined as triple negative tumors. Eighty-five percent of the triple negative breast carcinomas immunoreact with basal cytokeratins including anti-CK17. Also important is that cases of triple negative breast carcinoma with expression of CK17 show an aggressive clinical course. The histologic differentiation of ampullary cancer, intestinal vs. pancreatobiliary, is very important for treatment. Usually, anti-CK17 and anti-MUC1 immunoreactivity represents the pancreatobiliary subtype whereas anti-MUC2 and anti-CDX-2 positivity defines the intestinal subtype.	
Species Reactivity:	Human, Rat, Cow, Goat and Pig. Others not known.	
Positive Control:	T24 cells or skin.	
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:	1-2 µg/ml
	Western Blotting:	0.5-1 µg/ml
	Immunoprecipitation:	1-2 µg/500µg protein lysate
Microbiological State:	This product is not sterile.	

Storage: 2° C  8° C

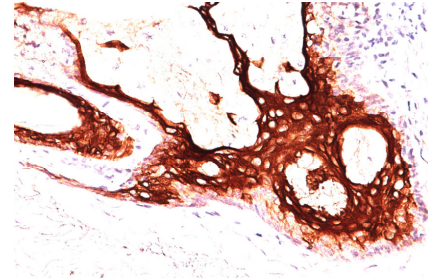


ScyTek Laboratories, Inc.
 205 South 600 West
 Logan, UT 84321
 U.S.A.



 EmergoEurope (31)(0) 70 345-8570
 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.



Formalin-paraffin skin stained with CK17; Clone KRT17/778.

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. Smedts et. al. Am J Pathol 141: 497, 1992.
2. Smedts et. al. Am J Pathol 140: 601, 1992.
3. Wetzels et. al. Histopathol 20: 295, 1992.

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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