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Product datasheet

Anti-Cytokeratin 5 antibody ab74526

画像数1

製品の概要

製品名 Anti-Cytokeratin 5 antibody

製品の詳細 Rabbit polyclonal to Cytokeratin 5

由来種 Rabbit

アプリケーション **適用あり**: IHC-P

種交差性 交差種: Human

免疫原 Synthetic peptide within Human Cytokeratin 5 aa 550 to the C-terminus (C terminal). The exact

sequence is proprietary.

Database link: **P13647**

ポジティブ・コントロール

Human mesothelioma tissue.

特記事項

This product is FOR RESEARCH USE ONLY. For commercial use, please contact $% \left(1\right) =\left(1\right) \left(1\right)$

partnerships@abcam.com.

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.

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

製品の特性

製品の状態 Liquid

保存方法 Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.

バッファー pH: 7.60

Preservative: 0.1% Sodium azide Constituents: PBS, 1% BSA

精製度 Immunogen affinity purified

ポリ/モノ ポリクローナル

アイソタイプ lgG

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アプリケーション	Abreviews	特記事項
IHC-P		1/100. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol. 1/100 for 30 min at RT. Staining of formalin-fixed tissues requires boiling tissue sections in 10mM citrate buffer, pH 6.0 for 10 min followed by cooling at RT for 20 min.

ターゲット情報

関連疾患

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, althought it is less severe.

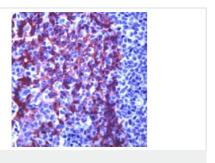
Defects in KRT5 are the cause of epidermolysis bullosa simplex with mottled pigmentation (MP-EBS) [MIM:131960]. MP-EBS is a form of intraepidermal epidermolysis bullosa characterized by blistering at acral sites and 'mottled' pigmentation of the trunk and proximal extremities with hyperand hypopigmentation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

配列類似性

Belongs to the intermediate filament family.

画像



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-Cytokeratin 5 antibody (ab74526)

ab74526 at 1/100 dilution staining Cytokeratin 5 in Human mesothelioma by Immunohistochemistry, Formalin-fixed, Paraffinembedded tissue.

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