

Cytokeratin 17 (KRT17) (Basal Epithelial Marker) Antibody

Mouse Monoclonal Antibody [Clone E3; same as Ks17.E3]

Catalog No	Format	Size
3872-MSM1-P0	Purified Ab with BSA and Azide	200ug/ml
3872-MSM1-P1	Purified Ab with BSA and Azide	200ug/ml
3872-MSM1-P1ABX	Purified Ab WITHOUT BSA and Azide	1.0mg/ml

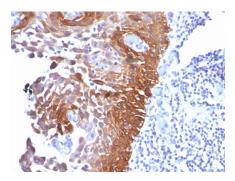
Applications	Tested Dillution
Flow Cytometry (Flow)	1-2ug/million cells
Immunofluorescence (IF)	1-3ug/ml
Immunohistochemistry (IHC)	1-2ug/ml
Western Blot (WB)	2-4ug/ml

Product Details

E3; same as Ks17.E3
KRT17
Cytoskeletal fraction of rat colon epithelium
Mouse
Monoclonal
IgG2b / Kappa
46kDa
Cytoplasm
Cow, Goat, Human, Pig, Rat
T24 cells. Skin. Bladder or Cervix.

*Optimal dilution for a specific application should be determined.

Product Images for Cytokeratin 17 (KRT17) (Basal Epithelial Marker) Antibody



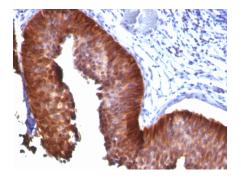
Formalin-fixed, paraffin-embedded human Cervical Carcinoma stained with CK17 Mouse Monoclonal Antibody (E3).

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70	_	
50	_	-
40 35	=	
25	—	
20	_	
15 10	=	

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Western Blot Analysis of HeLa lysate using Cytokeratin 17 Mouse Monoclonal Antibody (E3; same as Ks17.E3)





Formalin-fixed, paraffin-embedded human Bladder Carcinoma stained with CK17 Mouse Monoclonal Antibody (E3).

Specificity & Comments

Cytokeratin 17 (CK17) is normally expressed in the basal cells of complex epithelia but not in stratified or simple epithelia. Antibody to CK17 is an excellent tool to distinguish myoepithelial cells from luminal epithelium of various glandssuch 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 'epithelial stem cell' marker because CK17 Ab marks basal cell differentiation. CK17 is expressed in SCLC much higher than in LADC. 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 pancreatobiliary subtype whereas anti-MUC2 and anti-CDX-2 positivity defines intestinal subtype.

Research Areas

Autophagy, Basal Cell Marker, Developmental Biology

Known Applications & Suggested Dilutions

Flow Cytometry (1-2ug/million cells) | Immunofluorescence (1-2ug/ml) | Western Blot (1-2ug/ml) | Immunohistochemistry (Frozen & formalin-fixed) (1-2ug/ml for 30 min at RT)(Staining of formalin-fixed tissues requires heating tissue sections in 10mM Tris with 1mM EDTA, pH 9.0, for 45 min at 95°C followed by cooling at RT for 20 minutes) | Optimal dilution for a specific application should be determined.

Limitations and Warranty

This antibody is available for research use only and is not approved for use in diagnosis.

There are no warranties, expressed or implied, which extend beyond this description. Company is not liable for any personal injury or economic loss resulting from this product.

Supplied As

200ug/ml of Ab Purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available WITHOUT BSA & azide at 1.0mg/ml.

Storage and Stability

Antibody with azide - store at 2 to 8° C. Antibody without azide - store at -20 to -80°C. Antibody is stable for 24 months. Non-hazardous. No MSDS required.

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