Cytokeratin 5 (ABT051) IHC kit

CatalogNo: IHCM6626

Key Features

Host Species
- Mouse

Reactivity
- Human,Dog,

Applications
- IHC

Isotype
- IgG2a,Kappa

Recommended Dilution Ratios

Storage

Storage*	2°C to 8°C/1 year

Basic Information

Clonality	Monoclonal
Clone Number	ABT051

Immunogen Information

Immunogen	Synthesized peptide derived from human Cytokeratin 5 AA range: 500-590
Specificity	The antibody can specifically recognize human CK5 protein, and shows no cross reaction with CK6.

Target Information

Gene name	KRT5

Protein Name Keratin, type II cytoskeletal 5 (58 kDa cytokeratin) (Cytokeratin-5) (CK-5) (Keratin-5) (K5) (Type-II keratin Kb5)

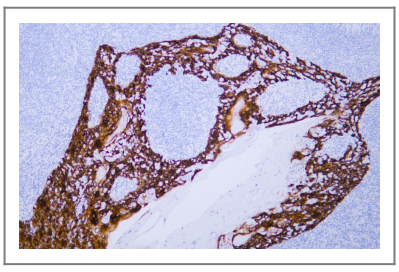
Organism	Gene ID	UniProt ID
Human	3852;	P13647;

Cellular Localization Cytoplasmic, Membranous

Tissue specificity Expressed in corneal epithelium (at protein level).

Function Disease: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.,Disease: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.,Disease: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.,Disease: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.,Disease: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.,Disease: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 hyper- and hypopigmentation macules.,miscellaneous:There are two types of cytoskeletal and microfibrillar keratin: I (acidic; 40-55 kDa) and II (neutral to basic; 56-70 kDa).,similarity:Belongs to the intermediate filament family.,subunit:Heterotetramer of two type I and two type II keratins. Keratin-5 associates with keratin-14. Interacts with TCHP.,

Validation Data



Human tonsil tissue was stained with Anti-Cytokeratin 5 (ABT051) Antibody

Contact information

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