Cytokeratin 10 (CK10) (ABT180R) Rabbit mAb (Ready to Use)

Catalog No	YP-rAb-18196
Isotype	IgG
Reactivity	Human
Applications	IHC
Gene Name	KRT10
Protein Name	Cytokeratin-10
Purification Process	Protein A
Specificity	This antibody detects endogenous levels of Cytokeratin 10
Formulation	The prediluted ready-to-use antibody is diluted in phosphate buffer saline containing stabilizing protein and 0.05% Proclin 300
Source	Monoclonal, Rabbit,IgG
Dilution	Ready to use for IHC Note: For IHC, we suggest antigen retrieval with TE buffer pH 9.0
Concentration	0.5 mg/ml
Purity	≥90%
Storage Stability	2° C to 8° C/1 year,Ship by ice bag
Synonyms	BCIE ; BIE ; CK 10 ; CK-10 ; CytokeRatin-10 ; EHK ; K10 ; K1C10_HUMAN ; KeRatin 10 ; KeRatin 10 type I ; KeRatin ; KeRatin type i cytoskeletal 10 ; KeRatin type I cytoskeletal 59 kDa ; KeRatin-10 ; KeRatin10 ; KPP ; KRT10 ; type I cytoskeletal 10
Observed Band	
Calculated Molecular Weight	
Cell Pathway	Cytoplasmic, Membranous
Tissue Specificity	Seen in all suprabasal cell layers including stratum corneum. Expressed on the surface of lung cell lines (PubMed:19627498).
Function	Disease:Defects in KRT10 are a cause of bullous congenital ichthyosiform erythroderma (BCIE) [MIM:113800]; also known as epidermolytic hyperkeratosis (EHK) or bullous erythroderma ichthyosiformis congenita of Brocq. BCIE is an autosomal dominant skin disorder characterized by widespread blistering and an ichthyotic erythroderma at birth that persist into adulthood. Histologically there is a diffuse epidermolytic degeneration in the lower spinous layer of the epidermis.

	Within a few weeks from birth, erythroderma and blister formation diminish and hyperkeratoses develop.,Disease:Defects in KRT10 are a cause of epidermal nevus epidermolytic hyperkeratotic type [MIM:600648]. Epidermal nevi affect about 1 in 1,000 people. They appear at or shortly after birth as localized lines of epidermal thickening. The extent of skin involvement varies widely.,Disease:Defects in KRT10 are a cause of ichthyosis annular epidermolytic (AEI) [MIM:607602]; also known as cyclic ichthyosis with epidermolytic hyperkeratosis. AEI is a skin disorder resembling bullous congenital ichthyosiform erythroderma. Affected individuals present with bullous ichthyosis in early childhood and hyperkeratotic lichenified plaques in the flexural areas and extensor surfaces at later ages. The feature that distinguishes AEI from BCIE is dramatic episodes of flares of annular polycyclic plaques with scale, which coalesce to involve most of the body surface and can persist for several weeks or even months.,miscellaneous:There are two types of cytoskeletal and microfibrillar keratin: I (acidic; 40-55 kDa) and II (neutral to basic; 56-70 kDa).,online information:Keratin-10 entry,polymorphism:A number of alleles are known that mainly differ in the Gly-rich region (positions 490-560).,similarity:Belongs to the intermediate filament family.,subunit:Heterotetramer of two type I and two type II keratins. keratin-10 is generally associated with keratin-1.,tissue specificity:Seen in all suprabasal cell layers including stratum corneum.,
Background	This gene encodes a member of the type I (acidic) cytokeratin family, which belongs to the superfamily of intermediate filament (IF) proteins. Keratins are heteropolymeric structural proteins which form the intermediate filament. These filaments, along with actin microfilaments and microtubules, compose the cytoskeleton of epithelial cells. Mutations in this gene are associated with epidermolytic hyperkeratosis. This gene is located within a cluster of keratin family members on chromosome 17q21. [provided by RefSeq, Jul 2008],
matters needing attention	Avoid repeated freezing and thawing!
Usage suggestions	This product can be used in immunological reaction related experiments. For more information, please consult technical personnel.