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Datasheet for ABIN7477443

Recombinant anti-KRT14 antibody (AA 350-472)

3 Images

Overview

Quantity:	1 mL
Target:	KRT14
Binding Specificity:	AA 350-472
Reactivity:	Human
Host:	Rabbit
Antibody Type:	Recombinant Antibody
Clonality:	Monoclonal
Conjugate:	This KRT14 antibody is un-conjugated
Application:	Immunohistochemistry (IHC)

Product Details

Immunogen:	Recombinant human KRT14 fragment (around aa350-472) (exact sequence is proprietary)
Clone:	MSVA-614R
Isotype:	IgG

Target Details

Target:	KRT14
Alternative Name:	Cytokeratin 14 (KRT14 Products)
Background:	CK-14, Dowling Meara, ebs3, ebs4, Epidermolysis Bullosa Simplex, Keratin Type I Cytoskeletal 14, Koebner, NFJ, Cytokeratin 14 antibody validated for immunohistochemistry on 76 different

Target Details

Normal Tissues

UniProt: [P02533](#)

Application Details

Application Notes: IHC 1:100-1:200

Comment: Positive Control: Tonsil: A strong KRT14 immunostaining should be seen in the surface and crypt epithelium.

Negative Control: Tonsil: KRT14 immunostaining should be absent in all non-epithelial cells.

Protocol: Manual Protocol: Freshly cut sections should be used (less than 10 days between cutting and staining). Heat-induced antigen retrieval for 5 minutes in an autoclave at 121 °C in pH 7,8 Target Retrieval Solution buffer. Apply the antibody at a dilution of 1:100 at 37 °C for 60 minutes. Visualization of bound antibody by the EnVision Kit (Dako, Agilent) according to the manufacturer's directions.

Restrictions: For Research Use only

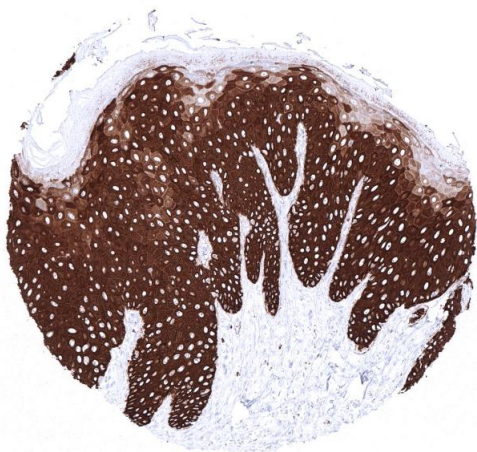
Handling

Format: Liquid

Storage: 4 °C, -20 °C, -80 °C

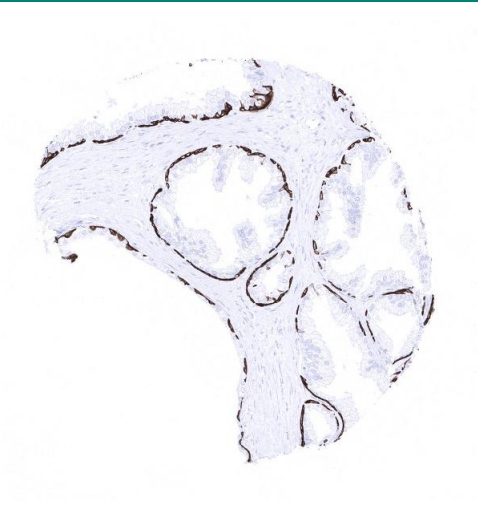
Storage Comment: Antibody with azide - store at 2 to 8 °C. Antibody without azide - store at -20 to -80 °C. Antibody is stable for 24 months. Non- hazardous.

Images



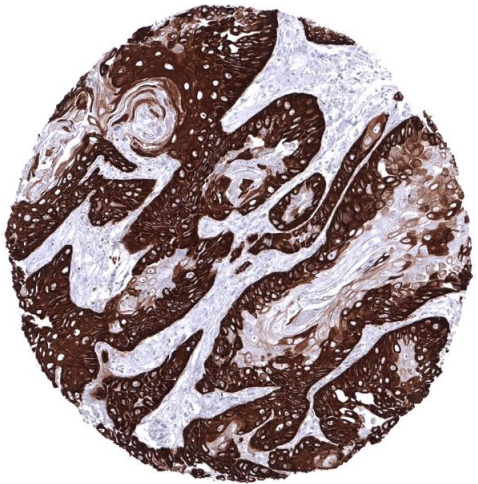
Immunohistochemistry

Image 1. Squamous epithelium of skin with strong KRT14 immunostaining



Immunohistochemistry

Image 2. Strong KRT14 positivity in basal cells of the prostate



Immunohistochemistry

Image 3. Squamous cell carcinoma of the esophagus with strong predominantly basal KRT14 immunostaining