

Keratin 19 Ab-4 (Clone BA17)

Mouse Monoclonal Antibody

Cat. #MS-1671-P0, -P1, or -P (0.1ml, 0.5ml, or 1.0ml at 200µg/ml) (Purified Ab with BSA and Azide)

Cat. #MS-1671-P1ABX or -PABX (0.1ml or 0.2ml at 1.0mg/ml) (Purified Ab without BSA and Azide)

Cat. #MS-1671-R7 (7.0ml) (Ready-to-Use for Immunohistochemical Staining)

Cat. #MS-1671-PCS (5 Slides) (Positive Control for Histology)

Cat. #MS-1671-PCL (0.1ml) (Positive Control for Western Blot)

Please note this data sheet has been changed effective December 12, 2011

Description: Cytokeratin 19 is a member of type I acidic subfamily of intermediate filaments. It is expressed in various different human tissues except in liver. Keratin 19 is not expressed in hepatocytes, therefore, antibody to keratin 19 is useful in the identification of liver metastasis.

Mol. Wt. of Antigen: 40kDa

Epitope: Not determined

Species Reactivity: Human. Others-not known.

Clone Designation:BA17

Ig Isotype / Light Chain: IgG₁ / κ

Immunogen: Detergent soluble extract of human mammary epithelium

Applications and Suggested Dilutions:

- Western Blotting (Ab 2-4µg/ml for 2 hrs at RT)
- Immunohistology (Formalin/paraffin) (Ab 1:200 – 1:400 for 30 min at RT)
- * [Staining of formalin-fixed tissues REQUIRES boiling tissue sections in 10mM citrate buffer, pH 6.0, (**NEOMARKERS'** Cat. #AP-9003), for 10-20 min followed by cooling at RT for 20 min.]

The optimal dilution for a specific application should be determined by the investigator.

Positive Control: Ls174T and HT29 Cells, Colon ca

Cellular Localization: Cytoplasmic

Supplied As:

200µg/ml antibody purified from the ascites fluid by Protein G chromatography. Prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide. Also available without BSA and azide at 1mg/ml.

or

Prediluted antibody which is ready-to-use for staining of formalin-fixed, paraffin-embedded tissues.

Storage and Stability: Ab with sodium azide is stable for 24 months when stored at 2-8°C. Antibody WITHOUT sodium azide is stable for 36 months when stored at below 0°C.

Key References:

1. Bartek J, et al. (1985) J Cell Sci, 75:17-33.
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3. Tseng S C G, et al. (1982) Cell, 30:361-72.
4. Bartek J, et al. (1986) Histochem J, 18:565-575.
5. Bartek J et al. (1985) Int J Cancer, 36:299-306.
6. Bartek J et al. (1986) Eur J Cancer Clin Oncol, 22:1441-52.
7. Bartkova J, et al. (1987) Tumor Biol, 8:45-56.

Limitations and Warranty:

Our products are intended FOR RESEARCH USE ONLY and are not approved for clinical diagnosis, drug use or therapeutic procedures. No products are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our data sheets and website. Our warranty is limited to the actual price paid for the product. NeoMarkers is not liable for any property damage, personal injury, time or effort or economic loss caused by our products.

Material Safety Data:

This product is not licensed or approved for administration to humans or to animals other than the experimental animals. Standard Laboratory Practices should be followed when handling this material. The chemical, physical, and toxicological properties of this material have not been thoroughly investigated. Appropriate measures should be taken to avoid skin and eye contact, inhalation, and ingestion. The material contains 0.09% sodium azide as a preservative. Although the quantity of azide is very small, appropriate care should be taken when handling this material as indicated above. The National Institute of Occupational Safety and Health has issued a bulletin citing the potential explosion hazard due to the reaction of sodium azide with copper, lead, brass, or solder in the plumbing systems. Sodium azide forms hydrazoic acid in acidic conditions and should be discarded in a large volume of running water to avoid deposits forming in metal drainage pipes.

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Lab Vision Corporation
46360 Fremont Blvd.
Fremont, CA 94538-6406, USA
US Toll Free: 1 (800) 522-7270
Phone: +1 (269) 544-5600
Fax: 1 (269) 372-2674
www.thermoscientific.com/labvision



Thermo Fisher Scientific
Anatomical Pathology
Tudor Road, Manor Park
Runcorn, Cheshire WA7 1TA, UK
Tel: +44 (0) 1928 534 050
Fax: +44 (0) 1928 534 049
sales.ap.uk@thermofisher.com

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Suggested References:

1. Hazelbag HM; van den Broek LJ; van Dorst EB; Offerhaus GJ; Fleuren GJ; Hogendoorn PC. Immunostaining of chain-specific keratins on formalin-fixed, paraffin-embedded tissues: a comparison of various antigen retrieval systems using microwave heating and proteolytic pre-treatments. *Journal of Histochemistry and Cytochemistry*, 1995, 43(4):429-37.
2. Narisawa Y; Hashimoto K; Kohda H. Immunohistochemical demonstration of keratin 19 expression in isolated human hair follicles. *Journal of Investigative Dermatology*, 1994, 103(2):191-5.
3. Akasofu M; Kawahara E; Kurumaya H; Nakanishi I. Immunohistochemical detection of breast specific antigens and cytokeratins in metastatic breast carcinoma in the liver. *Acta Pathologica Japonica*, 1993, 43(12):736-44.
4. Klijanienko J; el-Naggar A; De Braud F; Micheau C; Janot F; Luboinski B; Gentile A; Russo A; Cvitkovic E. Keratins 6, 13 and 19. Differential expression in squamous cell carcinoma of the head and neck. *Analytical and Quantitative Cytology and Histology*, 1993, 15(5):335-40.
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9. Nomoto M; Uchikosi Y; Kajikazawa N; Tanaka Y; Asakura H. Appearance of hepatocytelike cells in the interlobular bile ducts of human liver in various liver disease states. *Hepatology*, 1992, 16:1199-205.
10. Carmichael RP; McCulloch CA; Zarb GA. Immunohistochemical localization and quantification of desmoplakins I & II and keratins 1 and 19 in plastic-embedded sections of human gingiva. *Journal of Histochemistry and Cytochemistry*, 1991, 39(4):519-28.
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14. Stosiek P; Kasper M; Karsten U. Expression of cytokeratin 19 during human liver organogenesis. *Liver*, 1990, 10(1):59-63.
15. Van Eyken P; Sciot R; Callea F; Ramaekers F; Schaart G; Desmet VJ. A cytokeratin-immunohistochemical study of hepatoblastoma. *Human Pathology*, 1990, 21(3):302-8.
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