Anti-Cytokeratin 7, mouse monoclonal (BS28)

BSH-2018-100 (0.1 ml), BSH-2018-1 (1 ml)

Clonality:	Mouse monoclonal antibody
Clone:	BS28
Application:	IHC-P
Species Reactivity:	Human
Control tissues:	Pancreas, tonsil, liver
Buffer:	TRIS with 0.03% sodium azide, pH 7.2
Storage:	Store at 4°C

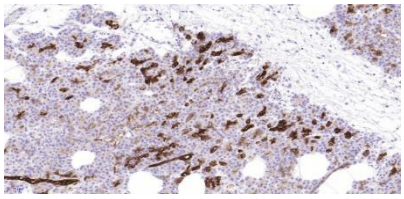
Description

Cytokeratin 7 (CK7) is a protein that in humans is encoded by the KRT7 gene. CK7 is a member of the keratin family and it is specifically expressed in the simple epithelia lining the cavities of the internal organs and in the gland ducts. The type II cytokeratin's consist of basic or neutral proteins which are arranged in pairs of heterotypic keratin chains co-expressed during differentiation of simple and stratified epithelial tissues. IHC staining of cytokeratin 7 is useful for carcinoma diagnostic especially for differential diagnosis of urothelial, lung, breast carcinomas to colorectal or prostate carcinomas. CK7 is especially marker of lung adenocarcinoma. Pancreas is the good tissue control for CK7.

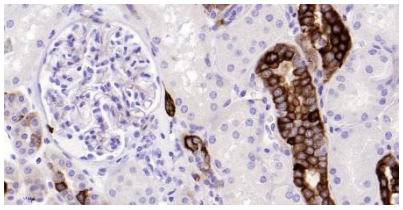
Protocol

1. Deparaffinize and rehydrate tissue section
2. Wash: aqua dest, 2×5 min
3. Pre-treatment: PT-module HIER pH 9.0 (20min at 98°C)
4. H_2O_2 (concentration 3%), 10 min
5. Wash: PBS or TBS buffer, 2×5 min
6. Primary antibody diluted as recommended, 30 min
7. Wash: PBS or TBS buffer, 2×5 min
8. One step HRP-polymer detection, 30 min
9. Wash: PBS or TBS buffer, 2×5 min
10. DAB Substrate, 8 min
11. Wash: aqua dest, 2×2 min
12. Counterstain, dehydrate and coverslip

Dilution of concentrated antibody depends on the pre-treatment method and detection system used. Above protocol used in Optibodies evaluation and is meant as a reference. Final working dilution and protocol applied needs to be determined by the user always.



a)



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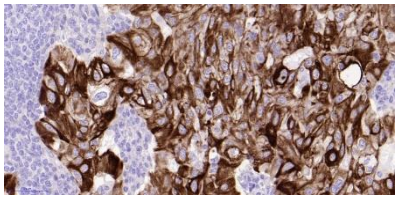
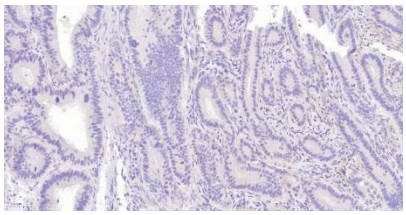


c)



d)

Cytokeratin 7 stained tissue sections. Pancreas (a), kidney (b), lung adenocarcinoma (c), and colon carcinoma (d) have been stained using cytokeratin optibody (Clone: BS28) with 1:100 dilution. Epithelial cells of large pancreatic ducts have strong label and moderate to weak staining reaction in small pancreatic ducts and intercalacting ducts (a). Renal collecting ducts have a strong cytoplasmic staining reaction (b). Lung adenocarcinoma have strong cytoplasmic staining reaction (c) and colon carcinoma have no staining reaction (d).