Anti-Cytokeratin 8, rabbit monoclonal (BSR15)

BSH-4000-100 (0.1 ml), BSH-4000-1 (1 ml)

Clonality:	Mouse monoclonal antibody
Clone:	BSR15
Application:	IHC
Species Reactivity:	Human
Control tissues:	Appendix, liver, tonsil
Buffer:	TRIS with 0.03% sodium azide, pH 7.2
Storage:	Store at 4°C

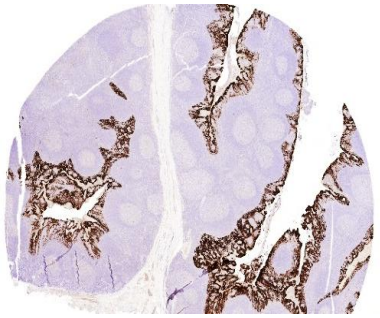
Description

Cytokeratin 8, also known as CK8, is a member of the low molecular weight type II keratin family. Type I and type II keratins heteropolymerize to form intermediate-sized filaments in the cytoplasm of epithelial cells. CK8 typically dimerizes with CK18 to form an intermediate filament in simple single-layered epithelial cells. It is useful for especially diagnostic of most non-squamous epithelial tumors. squamous tumors are negative for this antibody as a rule.

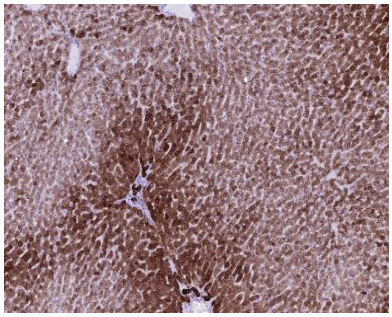
Protocol

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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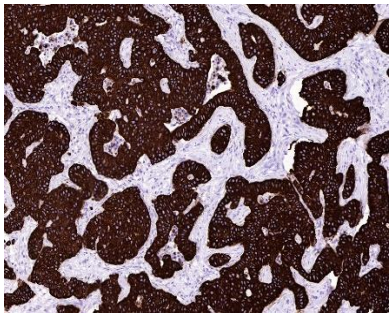

c)

CK8 stained tissue sections. Tonsil (a), liver (b), and ductal breast carcinoma sections have been stained using CK8 optibody (Clone: BSR15) with 1:200 dilution. Epithelia of tonsil (a) and hepatocytes as well as bile ducts (b) have strong cytoplasmic label. Ductal breast carcinoma cells stained intensively.