

Cytokeratin 5 & 6 clone D5/16B4

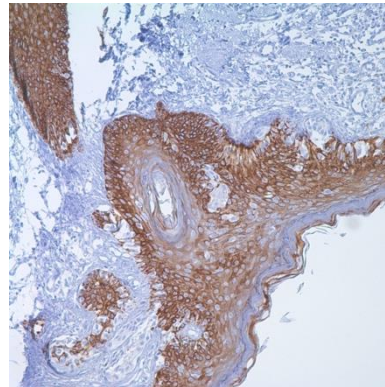
Instructions For Use

Specification:

Anti-CK 5 & 6 positivity is seen in nearly 100% of malignant mesotheliomas and in nearly 0% of lung adenocarcinomas. Anti CK 5 & 6 positivity can be seen in undifferentiated large cell carcinomas as well as squamous carcinoma and has been useful in recognizing spindle cell squamous cell carcinoma of the skin. Less than 10 % of carcinomas of the breast, colon, and prostate stain positively for the marker. Anti-CK 5 & 6 has also been used successfully as a myoepithelial cell marker in the prostate and breast to determine malignancy.

Availability:

Catalog No.	Contents	Volume
ILM7773-C01	Cytokeratin 5 & 6	0,1 ml
ILM7773-C05	Cytokeratin 5 & 6	0,5 ml
ILM7773-C1	Cytokeratin 5 & 6	1,0 ml



Intended use: For Research Use Only

Reactivity: Human

Clone: D5/16B4

Species of origin: Mouse

Isotype: IgG1

Control Tissue: Mesotheliomas, prostate

Staining: Cytoplasmic

Presentation: Anti-Cytokeratin 5 & 6 antibody is a cocktail of two mouse monoclonals from ascites diluted in tris buffered saline, pH 7.3-7.7, with protein base, and preserved with sodium azide

Application and suggested dilutions:

Pretreatment: Heat induced epitope retrieval in 10 mM citrate buffer, pH6.0, or in 50 mM Tris buffer pH9.5, for 20 minutes is required for IHC staining on formalin-fixed, paraffin embedded tissue sections.

- Immunohistochemical staining of cryostat tissue sections (dilution up to 1:50-1:200)
- Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution up to 1:50-1:200)

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

Note: Dilution of the antibody in 10% normal goat serum followed by a goat anti-mouse secondary antibody-based detection is recommended.

Storage & Stability: Store at 2-8 °C. Do not use after expiration date printed on the vial.

References:

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- 4) Abarahams NA et al. Am J Clin Pathol. 2003 Sep;120(3):368-76
- 5) Reis-Filho JS et al. Virchows Arch. 2003 Aug;443(2):122-32
- 6) Lacroix-Triki M et al. Virchows Arch. 2003 Jun;442(6):548-54
- 7) Lin L et al. J Cutan Pathol. 2003 Feb;30(2):114-7
- 8) Chu PG, Weiss LM. Mod Pathol. 2002 Jan;15(1):6-10
- 9) Sigel JE et al. J Cutan Pathol. 2001 Nov;28(10):520-4
- 10) Otterbach F et al. Histopathology. 2000 Sep;37(9):232-40