

## **Product datasheet**

# anti-Keratin K6 (C-terminus) guinea pig polyclonal, serum

#### Short overview

 Cat. No.
 GP91

 Quantity
 100 µl

## Product description

Host Guinea pig
Antibody Type Polyclonal

Immunogen Synthetic peptide of human keratin K6 (C-SSTIKYTTTSS), coupled to KLH

**Formulation** Contains 0.09% sodium azide and 0.5% BSA

UniprotID P02538 (Human),P50446 (Mouse)

**Synomym** Keratin, type II cytoskeletal 6A, Cytokeratin-6A, CK-6A, Cytokeratin-6D, CK-6D, Keratin-6A, K6A,

Type-II keratin Kb6, allergen Hom s 5, KRT6A, K6A, KRT6D

**Note** Centrifuge prior to opening

ConjugateUnconjugatedPurificationStabilized antiserum

Storage Short term at 2-8°C; long term storage in aliquots at -20°C; avoid freeze/thaw cycles

Intended use Research use only

Application IHC

Reactivity Human, Mouse

## **Applications**

Immunohistochemistry (IHC) - frozen 1:100-1:200

Immunohistochemistry (IHC) - paraffin 1:100-1:200 (microwave treatment recommended)

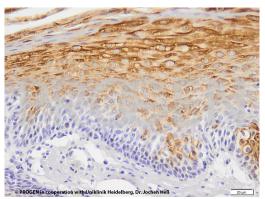
#### Background

In immunohistochemistry, the antibody detects keratin K6 in non-keratinized squamous epithelia, follicular outer root sheath and proliferating cells of epidermis (e.g. within psoriatic lesions). It is completely negative on non-stratified epithelia. Suitable for discrimination of keratinizing and non-keratinizing squamous cell carcinoma versus e.g. poorly differentiated adenocarcinoma.

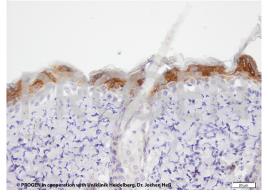
Reactive polypeptide: human type II (basic) keratin K6 (formerly also designated cytokeratin 6); MW 56,000 (pl 7.8).

Positive control: human psoriatic skin; rete ridges of foot sole.

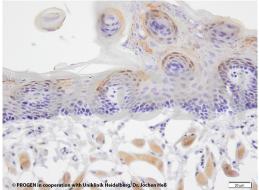
#### **Product images**



Human uvula (courtesy of J. Hess, University Hospital Heidelberg)



Mouse skin (courtesy of J. Hess, University Hospital Heidelberg)



Rat tongue (courtesy of J. Hess, University Hospital Heidelberg)

# References

Publication	Species	Application
Langbein, L., Yoshida, H., Praetzel-Wunder, S., Parry, D. A. &	human	IHC (frozen)
Schweizer, J. The Keratins of the Human Beard Hair Medulla:		
The Riddle in the Middle. J. Invest. Dermatol. 130, 55–73		
<u>(2010).</u>		