

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide

Rabbit Polyclonal Antibody Catalog # AH10824

Specification

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide - Product Information

Application Primary Accession Other Accession Reactivity Host Clonality Isotype Calculated MW WB, IHC-P, IF, FC <u>O9H3D4</u> <u>8626</u>, <u>137569</u> Human, Mouse, Rat, Bovine Rabbit Polyclonal Rabbit / IgG 40kDa KDa

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide - Additional Information

Gene ID 8626

Other Names

Tumor protein 63, p63, Chronic ulcerative stomatitis protein, CUSP, Keratinocyte transcription factor KET, Transformation-related protein 63, TP63, Tumor protein p73-like, p73L, p40, p51, TP63, KET, P63, P73H, P73L, TP73L

Application Note

WB~~1:1000<br \>IHC-P~~N/A<br \>IF~~1:50~200<br \>FC~~1:10~50

Format

200ug/ml of Ab purified from rabbit anti-serum by Protein A. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available WITHOUT BSA at 1.0mg/ml.

Storage Store at 2 to 8°C.Antibody is stable for 24 months.

Precautions

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide is for research use only and not for use in diagnostic or therapeutic procedures.

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide - Protein Information

Name TP63



Synonyms KET, P63, P73H, P73L, TP73L

Function

Acts as a sequence specific DNA binding transcriptional activator or repressor. The isoforms contain a varying set of transactivation and auto-regulating transactivation inhibiting domains thus showing an isoform specific activity. Isoform 2 activates RIPK4 transcription. May be required in conjunction with TP73/p73 for initiation of p53/TP53 dependent apoptosis in response to genotoxic insults and the presence of activated oncogenes. Involved in Notch signaling by probably inducing JAG1 and JAG2. Plays a role in the regulation of epithelial morphogenesis. The ratio of DeltaN-type and TA*-type isoforms may govern the maintenance of epithelial stem cell compartments and regulate the initiation of epithelial stratification from the undifferentiated embryonal ectoderm. Required for limb formation from the apical ectodermal ridge. Activates transcription of the p21 promoter.

Cellular Location Nucleus

Tissue Location

Widely expressed, notably in heart, kidney, placenta, prostate, skeletal muscle, testis and thymus, although the precise isoform varies according to tissue type. Progenitor cell layers of skin, breast, eye and prostate express high levels of DeltaN-type isoforms. Isoform 10 is predominantly expressed in skin squamous cell carcinomas, but not in normal skin tissues

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Provided below are standard protocols that you may find useful for product applications.

- <u>Western Blot</u>
- <u>Blocking Peptides</u>
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- Immunoprecipitation
- Flow Cytomety
- <u>Cell Culture</u>

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide - Images



Formalin-fixed, paraffin-embedded Prostate Carcinoma stained with p40 Rabbit Polyclonal



Antibody.

p40 (deltaNp63) (Squamous, Basal & Myoepithelial Cell Marker) Antibody - With BSA and Azide - Background

p40 (p63 delta) is a marker recently determined to be highly specific for squamous basal cells in the immunohistochemistry (IHC) application. The current more routinely recommended marker, p63, appears to have less specificity compared to p40, especially on squamous cell tumors. The ability to differentiate between lung adenocarcinoma vs. squamous cell carcinoma is difficult and has bearing on the different therapeutic avenues for each subtype treatment. p63 antibody $\bar{a} \in \mathbb{M}$ s ability to distinguish between the tumor types appears to be inferior when compared to p40. The ability to utilize an antibody probe for p40 as a squamous cell marker bolsters its use for future sub-classification of lung cancers, especially by immunohistochemical techniques.

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Bishop, JA et. al. Modern Pathology 25 : 405–4152. Scagliotti G et. al. J Thorac Oncol 6:64–70. 3. Kargi A et. al. Appl Immunohistochem Mol Morphol 15:415–420