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Mouse Anti-EpCAM antibody (SLM51174M)

SLM51174M

Product Name:	EpCAM
Chinese Name:	小鼠抗epithelial cells粘附分子单克隆抗体
Alias:	Adenocarcinoma associated antigen; CD326; CD326 antigen; Cell surface glycoprotein Trop 1; CO17 1A; EGP; EGP40; Ep CAM; Epithelial cell surface antigen; Epithelial cellular adhesion molecule; Epithelial glycoprotein; GA733 2; hEGP 2; KS 1/4 antigen; KSA; Lymphocyte antigen 74; M1S2; M4S1; Major gastrointestinal tumor associated protein GA733 2; MIC18; MK 1; TACD1; TACSTD1; TROP1; Tumor associated calcium signal transducer 1.
Organism Species:	Mouse
Clonality:	Monoclonal
克隆号:	10A8
React Species:	Human,
Applications:	WB=1:500-2000ELISA=1:500-1000 not yet tested in other applications. optimal dilutions/concentrations should be determined by the end user.
Molecular weight:	35kDa
Cellular localization:	The cell membrane
Form:	Lyophilized or Liquid
Concentration:	1mg/ml
immunogen:	KLH conjugated synthetic peptide derived from human EpCAM:50-100<Extracellular>
Lsotype:	IgG1
Purification:	affinity purified by Protein G
Storage Buffer:	0.01M TBS(pH7.4) with 1% BSA, 0.03% Proclin300 and 50% Glycerol.
Storage:	Store at -20 °C for one year. Avoid repeated freeze/thaw cycles. The lyophilized antibody is stable at room temperature for at least one month and for greater than a year when kept at -20°C. When reconstituted in sterile pH 7.4 0.01M PBS or diluent of antibody the antibody is stable for at least two weeks at 2-4 °C.
PubMed:	PubMed
Product Detail:	This gene encodes a carcinoma-associated antigen and is a member of a family that includes at least two type I membrane proteins. This antigen is expressed on most

	normal epithelial cells and gastrointestinal carcinomas and functions as a homotypic calcium-independent cell adhesion molecule. The antigen is being used as a target for immunotherapy treatment of human carcinomas. Mutations in this gene result in congenital tufting enteropathy. [provided by RefSeq, Dec 2008] **Function:** May act as a physical homophilic interaction molecule between intestinal epithelial cells (IECs) and intraepithelial lymphocytes (IELs) at the mucosal epithelium for providing immunological barrier as a first line of defense against mucosal infection. Plays a role in embryonic stem cells proliferation and differentiation. Up-regulates the expression of FABP5, MYC and cyclins A and E. **Subunit:** Monomer. Interacts with phosphorylated CLDN7. **Subcellular Location:** Lateral cell membrane; Single-pass type I membrane protein. Cell junction, tight junction. Note=Co-localizes with CLDN7 at the lateral cell membrane and tight junction. **Tissue Specificity:** Highly and selectively expressed by undifferentiated rather than differentiated embryonic stem cells (ESC). Levels rapidly diminish as soon as ESC's differentiate (at protein levels). Expressed in almost all epithelial cell membranes but not on mesodermal or neural cell membranes. Found on the surface of adenocarcinoma. **Post-translational modifications:** Hyperglycosylated in carcinoma tissue as compared with autologous normal epithelia. Glycosylation at Asn-198 is crucial for protein stability. **DISEASE:** Defects in EPCAM are the cause of diarrhea type 5 (DIAR5) [MIM:613217]. It is an intractable diarrhea of infancy characterized by villous atrophy and absence of inflammation, with intestinal epithelial cell dysplasia manifesting as focal epithelial tufts in the duodenum and jejunum. Defects in EPCAM are a cause of hereditary non-polyposis colorectal cancer type 8 (HNPCC8) [MIM:613244]. HNPCC is a disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early-onset colorectal carcinoma (CRC) and extra-colonic tumors of the gastrointestinal, urological and female reproductive tracts. HNPCC is reported to be the most common form of inherited colorectal cancer in the Western world. Clinically, HNPCC is often divided into two subgroups. Type I is characterized by hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II is characterized by increased risk for cancers in certain tissues such as the uterus, ovary, breast, stomach, small intestine, skin, and larynx in addition to the colon. Diagnosis of classical HNPCC is based on the Amsterdam criteria: 3 or more relatives affected by colorectal cancer, one a first degree

	relative of the other two; 2 or more generation affected; 1 or more colorectal cancers presenting before 50 years of age; exclusion of hereditary polyposis syndromes. The term 'suspected HNPCC' or 'incomplete HNPCC' can be used to describe families who do not or only partially fulfill the Amsterdam criteria, but in whom a genetic basis for colon cancer is strongly suspected. Note=HNPCC8 results from heterozygous deletion of 3-prime exons of EPCAM and intergenic regions directly upstream of MSH2, resulting in transcriptional read-through and epigenetic silencing of MSH2 in tissues expressing EPCAM. **Similarity:** Belongs to the EPCAM family. Contains 1 thyroglobulin type-1 domain. **SWISS:** P16422 **Gene ID:** 4072 **Database links:** Entrez Gene: 4072Human Entrez Gene: 17075Mouse Entrez Gene: 171577Rat Omim: 185535Human SwissProt: P16422Human SwissProt: Q99JW5Mouse SwissProt: O55159Rat Unigene: 542050Human Unigene: 4259Mouse Unigene: 106481Rat **Important Note:** This product as supplied is intended for research use only, not for use in human, therapeutic or diagnostic applications.