

# Produktinformation



Forschungsprodukte & Biochemikalien
Zellkultur & Verbrauchsmaterial
Diagnostik & molekulare Diagnostik
Laborgeräte & Service

Weitere Information auf den folgenden Seiten! See the following pages for more information!



Lieferung & Zahlungsart siehe unsere Liefer- und Versandbedingungen

# Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

# SZABO-SCANDIC HandelsgmbH

Quellenstraße 110, A-1100 Wien T. +43(0)1 489 3961-0 F. +43(0)1 489 3961-7 <u>mail@szabo-scandic.com</u> www.szabo-scandic.com

# Naproxen Sodium Salt



# Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

# PRODUCT NAME

Naproxen Sodium Salt

# STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

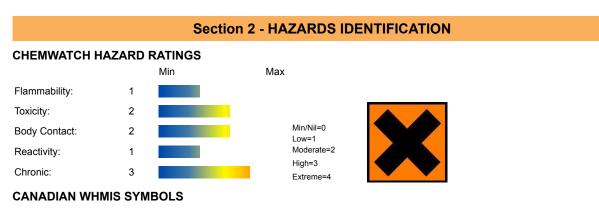


# SUPPLIER

Santa Cruz Biotechnology, Inc. 2145 Delaware Avenue Santa Cruz, California 95060 800.457.3801 or 831.457.3800 **EMERGENCY** ChemWatch Within the US & Canada: 877–715–9305 Outside the US & Canada: +800 2436 2255 (1–800-CHEMCALL) or call +613 9573 3112

# SYNONYMS

C14-H13-O2.Na, CH3OC10H6CH(CH3)CO2Na, "(+)-6-methoxy-alpha-methyl-2-naphthaleneacetic acid, sodium", "(S)-6-methoxy-alpha-methyl-2-naphthaleneacetic acid sodium", "(+)-2-(methoxy-2-naphthyl)propionic acid sodium", "D-2-(6-methoxy-2-naphthyl)propionic acid sodium", Laraflex, Naprosyn, Synflex, "analgesic/ antipyretic/ anti-inflammatory", NSAID





# **EMERGENCY OVERVIEW**

#### RISK

Harmful if swallowed. Irritating to eyes, respiratory system and skin.

# POTENTIAL HEALTH EFFECTS

### ACUTE HEALTH EFFECTS

## SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

Adverse side-effects, associated with Naproxen therapies, include gastro-intestinal disturbance such as bleeding and peptic ulcer.

Other side-effects include headache, dizziness, nervousness, vomiting, cramps, skin rash, pruritis, tinnitus, oedema, depression, drowsiness, insomnia and blurred vision and other ocular reactions.

Non-steroidal anti-inflammatory drug (NSAID) overdose may produce nausea, vomiting, indigestion and upper abdominal pain.

Other effects may include drowsiness, dizziness, confusion, disorientation, lethargy, "pins and needles", intense headache, blurred vision, ringing in the ears, muscle twitching, convulsions, stupor and coma.

### EYE

■ This material can cause eye irritation and damage in some persons.

### SKIN

■ This material can cause inflammation of the skin oncontact in some persons.

- The material may accentuate any pre-existing dermatitis condition.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects.

Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

### INHALED

■ The material can cause respiratory irritation in some persons.

The body's response to such irritation can cause further lung damage.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

### **CHRONIC HEALTH EFFECTS**

■ Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

Abnormalities of liver-function tests, impairment of renal function, agranulocytosis and thrombocytopenia may be longer term manifestations of Naproxen exposure. Haemolytic and aplastic anaemia, neutropenia and decreases in haemoglobin and haematocrit may also occur.

Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung.

Prolonged use of non-steroidal analgesics damages the lining of the gastrointestinal tract, causing ulcers and bleeding. There may be diarrhea or constipation, perforations causing serious infection, and blood in the vomit or stools.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

# Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
Naproxen, sodium salt	26159-34-2	>98

# **Section 4 - FIRST AID MEASURES**

### **SWALLOWED**

· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. · Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

## EYE

■ If this product comes in contact with the eyes: · Wash out immediately with fresh running water. · Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.

SKIN

■ If skin contact occurs: · Immediately remove all contaminated clothing, including footwear · Flush skin and hair with running water (and soap if available).

### INHALED

· If fumes or combustion products are inhaled remove from contaminated area. · Lay patient down. Keep warm and rested.

### NOTES TO PHYSICIAN

Treat symptomatically.

Section 5 - FIRE FIGHTING MEASURES				
Vapour Pressure (mmHG):	Negligible			
Upper Explosive Limit (%):	Not available.			
Specific Gravity (water=1):	Not available.			
Lower Explosive Limit (%):	Not available.			
EXTINGUISHING MEDIA				

# • Water spray or fog.

· Foam.

#### · Foam.

**FIRE FIGHTING** 

· Alert Emergency Responders and tell them location and nature of hazard.

### · Wear breathing apparatus plus protective gloves.

# **GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS**

· Combustible solid which burns but propagates flame with difficulty.

Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO2), other pyrolysis products typical of burning organic material. May emit poisonous fumes.

May emit corrosive fumes.

### FIRE INCOMPATIBILITY

Avoid contamination with oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result.

### PERSONAL PROTECTION

Glasses: Chemical goggles. Gloves: Respirator: Particulate

# Section 6 - ACCIDENTAL RELEASE MEASURES

# MINOR SPILLS

· Clean up waste regularly and abnormal spills immediately.

- Avoid breathing dust and contact with skin and eyes.
- · Wear protective clothing, gloves, safety glasses and dust respirator.
- · Use dry clean up procedures and avoid generating dust.
- · Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.
- MAJOR SPILLS
- MAJOR SPILLS
- Moderate hazard.
- · CAUTION: Advise personnel in area.
- $\cdot$  Alert Emergency Responders and tell them location and nature of hazard.

# Section 7 - HANDLING AND STORAGE

# **PROCEDURE FOR HANDLING**

- · Avoid all personal contact, including inhalation.
- · Wear protective clothing when risk of exposure occurs.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

· Do NOT cut, drill, grind or weld such containers.

· In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

### **RECOMMENDED STORAGE METHODS**

 $\cdot$  Packaging as recommended by manufacturer.

- · Check that containers are clearly labelled.
- · Tamper-proof containers.
- · Polyethylene or polypropylene containers.

 $\cdot$  Metal drum with sealed plastic liner.

# Glass container. STORAGE REQUIREMENTS

■ Observe manufacturer's storing and handling recommendations.

# Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

# **EXPOSURE CONTROLS**

Source	Material	TWA ppm	TWA mg/m³	STEL ppm	STEL mg/m³	Peak ppm	Peak mg/m³	TWA F/CC	Notes
Canada - British Columbia Occupational Exposure Limits	Naproxen, sodium salt (Particles (Insoluble or Poorly Soluble) Not Otherwise Classified (PNOC))		10 (N)						
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	Naproxen, sodium salt (Particulates not otherwise regulated (PNOR)(f)- Respirable fraction)		5						
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	Naproxen, sodium salt (Particulates not otherwise regulated Respirable fraction)		5						
US - California Permissible Exposure Limits for Chemical Contaminants	Naproxen, sodium salt (Particulates not otherwise regulated Respirable fraction)		5						(n)
US - Oregon Permissible Exposure Limits (Z-1)	Naproxen, sodium salt (Particulates not otherwise regulated (PNOR) (f) Total Dust)	-	10						Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means "particles not otherwise regulated."
US - Michigan Exposure Limits for Air Contaminants	Naproxen, sodium salt (Particulates not otherwise regulated, Respirable dust)		5						
Canada - Prince Edward Island Occupational Exposure Limits	Naproxen, sodium salt (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable		10						See Appendix B current TLV/BEI Book

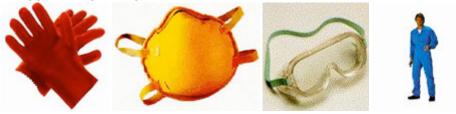
#### particles)

US - Oregon (Particulate Permissible Exposure Limits (Z-1) (PNCR) (f) Paspirable

sodium salt (Particulates not otherwise regulated (PNOR) (f) Respirable Fraction) Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means "particles not otherwise regulated."

### ENDOELTABLE

### PERSONAL PROTECTION



5

### RESPIRATOR

Particulate

### EYE

■ When handling very small quantities of the material eye protection may not be required.

For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

· Chemical goggles

· Face shield. Full face shield may be required for supplementary but never for primary protection of eyes

• Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

## HANDS/FEET

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:

- frequency and duration of contact,
- · chemical resistance of glove material,
- · glove thickness and
- · dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).

• When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.

· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.

### · Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

- · Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- · Double gloving should be considered.
- · PVC gloves.
- · Protective shoe covers.
- · Head covering.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- · polychloroprene
- $\cdot$  nitrile rubber
- $\cdot$  butyl rubber
- · fluorocaoutchouc
- · polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

### OTHER

· For quantities up to 500 grams a laboratory coat may be suitable.

· For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.

- · For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- · For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.
- · Eye wash unit.
- · Ensure there is ready access to an emergency shower.
- · For Emergencies: Vinyl suit.

### **ENGINEERING CONTROLS**

Enclosed local exhaust ventilation is required at points of dust, fume or vapor generation. HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.

# Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Solid. Mixes with water.			
State	Divided solid	Molecular Weight	252.2
Melting Range (°F)	491 (decomposes)	Viscosity	Not Available
Boiling Range (°F)	Not available.	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
Decomposition Temp (°F)	491	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available.	Vapour Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	Not available.
Lower Explosive Limit (%)	Not available.	Relative Vapor Density (air=1)	Not applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

### APPEARANCE

White or creamy-white, odourless crystalline powder; mixes with water. Soluble in alcohol.

# Section 10 - CHEMICAL STABILITY

# CONDITIONS CONTRIBUTING TO INSTABILITY

 $\cdot$  Presence of incompatible materials.

# · Product is considered stable.

### STORAGE INCOMPATIBILITY

 $\cdot$  Avoid oxidizing agents, acids, acid chlorides, acid anhydrides. Avoid exposure to light and air.

For incompatible materials - refer to Section 7 - Handling and Storage.

# Section 11 - TOXICOLOGICAL INFORMATION

Naproxen, sodium salt

### TOXICITY AND IRRITATION

NAPROXEN, SODIUM SALT: I unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances. TOXICITY IRRITATION

Oral (Rat) LD50: 400 mg/kg

Oral (Human) TDLo: 600 mg/kg

■ Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). Changes in kidney tubules, interstitial nephritis, effects on fertility recorded.

# Section 12 - ECOLOGICAL INFORMATION

### No data

# **Section 13 - DISPOSAL CONSIDERATIONS**

### **Disposal Instructions**

All waste must be handled in accordance with local, state and federal regulations.

Puncture containers to prevent re-use and bury at an authorized landfill.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- · Reuse
- · Recycling
- · Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

DO NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

· Recycle wherever possible.

· Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.

# Section 14 - TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

# Section 15 - REGULATORY INFORMATION

### Naproxen, sodium salt (CAS: 26159-34-2) is found on the following regulatory lists;

"Canada - British Columbia Occupational Exposure Limits", "Canada - Prince Edward Island Occupational Exposure Limits", "Canada National Pollutant Release Inventory (NPRI)", "US - California Permissible Exposure Limits for Chemical Contaminants", "US - Michigan Exposure Limits for Air Contaminants", "US - Oregon Permissible Exposure Limits (Z-1)", "US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants", "US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants"

# **Section 16 - OTHER INFORMATION**

Reasonable care has been taken in the preparation of this information, but the author makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The author makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use. For additional technical information please call our toxicology department on +800 CHEMCALL.

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references. A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references.

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

This document is copyright. Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.

Issue Date: Feb-20-2011 Print Date:Mar-25-2011