



# SZABO SCANDIC

Part of Europa Biosite

## 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

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# Acetazolamide

sc-214461

Material Safety Data Sheet



The Power is Question

Hazard Alert Code Key: **EXTREME** **HIGH** **MODERATE** **LOW**

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

Acetazolamide

### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

### NFPA



### 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

C4-H6-N4-O3-S2, "acetamide, N-(5-sulfamoyl-1, 3, 4-thiadiazol-2-yl)-", "acetamide, N-[5-(aminosulfonyl)-1, 3, 4-thiadazol-2-yl]-", "5-acetamide-1, 3, 4-thiadazole-2-sulfonamide", "2-acetamido-5-sulfamido-1, 3, 4-thiadazole", acetamidothiadiazolesulfonamide, acetazoleamide, acetazalamide, "2-acetyl-amino-1, 3, 4-thiadiazole-5-sulfonamide", "N-[5-(aminosulfonyl)-1, 3, 4-thiadazol-2-yl]acetamide", "carbonic anhydrase inhibitor No. 6063", "N-(5-sulfamoyl-1, 3, 4-thiadiazol-2-yl)acetamide", "1, 3, 4-thiadiazole-2-sulfonamide, 5-acetamido-", Acetamox, Cidamex, Defiltran, Dehydratin, Diacarb, Diakarb, Diamox, 4-Diamox, Didic, Diluran, Diuramid, Diureticum-Holzinger, Diuriwas, Diutazol, Donmox, Duiramid, Edemox, Eumicton, Fonurit, Glaupax, Glupax, Natrinex, Nephramid, Nephramide, Phonurit, Vetamox, "thiazide diuretic"

## Section 2 - HAZARDS IDENTIFICATION

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability:	1	
Toxicity:	2	
Body Contact:	2	
Reactivity:	1	
Chronic:	3	

Min/Nil=0  
Low=1  
Moderate=2  
High=3  
Extreme=4



### CANADIAN WHMIS SYMBOLS



## EMERGENCY OVERVIEW

### RISK

May cause harm to the unborn child.  
Irritating to eyes and skin.  
Toxic to soil organisms.

## POTENTIAL HEALTH EFFECTS

### ACUTE HEALTH EFFECTS

#### SWALLOWED

- Accidental ingestion of the material may be damaging to the health of the individual.
  - Large doses or frequent use of diuretics may produce fluid and electrolyte imbalance. This, in turn, may produce increased urination, dry mouth, increased thirst, irregular heartbeat, mood or mental changes, muscle cramps or pain, nausea or vomiting, unusual tiredness or weakness, weak pulse, blurred vision, diarrhoea, headache, dizziness, loss of appetite, skin rash, pruritus, and stomach cramps or pain. Orthostatic hypotension may also result from excessive use. Concern has been raised about the potential for diuretic-induced hypokalaemia, even when chronic or mild, to play a part in the development of ventricular arrhythmias, and sudden death. A trend towards increased mortality due coronary heart disease, in patients with pre-existing ECG abnormalities, has also been suggested in some studies.
  - Large doses of thiazide diuretics can cause gastrointestinal disturbances with nausea, vomiting and increased bowel movements, and severe mineral imbalance. Potassium deficiency can result in confusion, dizziness and muscle weakness.
- <p>
- Sulfonamides and their derivatives can cause extensive kidney damage, and destroy red blood cells. Overdose may cause an accumulation of acid in the blood or a diminished blood sugar level with confusion and coma resulting.
- <p>
- Side effects of diuretics include stomach upset (loss of appetite, nausea and vomiting), loss of weight, mineral disturbances, constipation, frequent urination, spasmodic pains in the kidney, kidney stones, crystals in the urine, skin eruptions, itchiness, loss of white blood cells and platelets, headache, weakness, nervousness, difficulty swallowing, sedation, tiredness, depression, confusion, disorientation, dizziness, inco-ordination, tremor, ringing in the ears and tingling, numbness and "pins and needles" in the hands, feet and face. Anemia, hepatitis with bile flow obstruction, rash, jaundice and loss of red blood cells may occur.

#### EYE

- This material can cause eye irritation and damage in some persons.
- Eye drops with sulfonamides can cause local irritation, sensations of burning and stinging, blurred vision and loss of depth perception. The conjunctiva and cornea may become inflamed, and the cornea and lens may become clouded.

#### SKIN

- This material can cause inflammation of the skin on contact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- Skin contact is not thought to have harmful health effects, however the material may still produce health damage following entry through wounds, lesions or abrasions.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Solution of material in moisture on the skin, or perspiration, may increase irritant effects.
- 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 is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified using animal models). Nevertheless, adverse effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
- 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

- Ample evidence exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material.

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.

There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects.

Prolonged oral treatment with sulfonamides has caused nausea, vomiting, diarrhea, abdominal pain, loss of appetite, inflammation of the mouth cavity, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver damage with impaired blood clotting, jaundice and inflammation of the pancreas. Effects on the kidney include blood and crystals in the urine, painful and frequent urination or lack of urine with nitrogen retention.

<p>

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.

<p>

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	%
acetazolamide	59-66-5	>98

### Section 4 - FIRST AID MEASURES

#### SWALLOWED

· If swallowed do NOT induce vomiting. · If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

#### 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 dust is inhaled, remove from contaminated area. · Encourage patient to blow nose to ensure clear passage of breathing. · If irritation or discomfort persists seek medical attention.

#### NOTES TO PHYSICIAN

■ In massive overdose treatment should be symptomatic and directed at fluid and electrolyte replacement. In case of recent ingestion gastric lavage should be carried out.

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The sodium salt is rapidly absorbed from the gastrointestinal tract and is estimated to have a half-life of about 3 to 6 hours. Tightly bound to carbonic anhydrase in various tissues particularly red blood cells and the renal cortex.

### 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

· Foam.  
· Dry chemical powder.

#### 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 (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), sulfur oxides (SO<sub>x</sub>), 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

■ Environmental hazard - contain spillage.

· 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

- Environmental hazard - contain spillage.
- Moderate hazard.
- CAUTION: Advise personnel in area.
  - 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

- Glass container.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

### STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- acetazolamide: CAS:59-66-5

### PERSONAL PROTECTION



### RESPIRATOR

Particulate

Consult your EHS staff for recommendations

### 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
- nitrile rubber
- butyl rubber
- fluorocautchouc
- 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.

Does not mix with water.

State	Divided solid	Molecular Weight	222.25
Melting Range (°F)	496.4- 498.2	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Partly miscible
Flash Point (°F)	Not available	pH (1% solution)	Not applicable
Decomposition Temp (°F)	Not available.	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 Available
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

### APPEARANCE

White to yellow-white, odourless, crystalline powder; does not mix well with water. Soluble in solutions of alkali hydroxides.

## Section 10 - CHEMICAL STABILITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.

### STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

## Section 11 - TOXICOLOGICAL INFORMATION

ACETAZOLAMIDE

## TOXICITY AND IRRITATION

### ACETAZOLAMIDE:

■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY	IRRITATION
Intraperitoneal (rat) LD50: 2750 mg/kg	Nil Reported
Oral (mouse) LD50: 4300 mg/kg	
Intraperitoneal (mouse) LD50: 1175 mg/kg	
Subcutaneous (mouse) LD50: >3000 mg/kg	
Intravenous (mouse) LD50: >3000 mg/kg	
Intravenous (dog) LD50: >2000 mg/kg	
Subcutaneous (g.pig) LD50: >1500 mg/kg	

■ Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).  
Dyspnea, effects on fertility, extra-embryonic structures, foetotoxicity, foetolethality, specific developmental abnormalities (craniofacial, musculoskeletal system) recorded.

## Section 12 - ECOLOGICAL INFORMATION

Toxic to soil organisms.

### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
acetazolamide	HIGH		LOW	HIGH

## 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

**acetazolamide (CAS: 59-66-5) is found on the following regulatory lists;**

"Canada Domestic Substances List (DSL)", "US - California Proposition 65 - Priority List for the Development of MADLs for Chemicals Causing Reproductive Toxicity", "US - California Proposition 65 - Reproductive Toxicity", "US - Maine Chemicals of High Concern List", "US Toxic Substances Control Act (TSCA) - Inventory"

## Section 16 - OTHER INFORMATION

### LIMITED EVIDENCE

- Ingestion may produce health damage\*.
- Limited evidence of a carcinogenic effect\*.
- May affect fertility\*.

\* (limited evidence).

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■ 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](http://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.

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