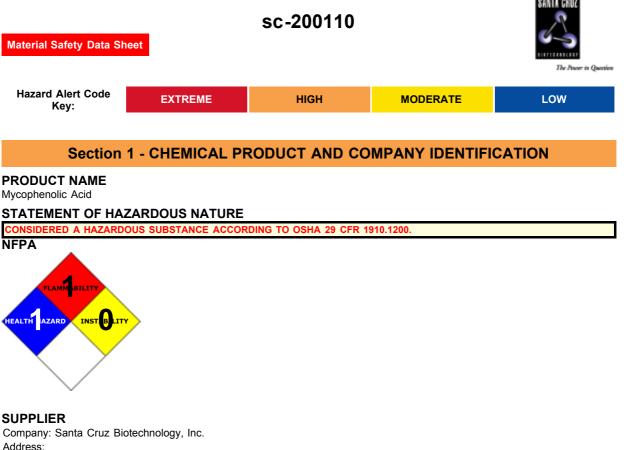
Mycophenolic Acid



Address: 2145 Delaware Ave Santa Cruz, CA 95060 Telephone: 800.457.3801 or 831.457.3800 Emergency Tel: CHEMWATCH: From within the US and Canada: 877-715-9305 Emergency Tel: From outside the US and Canada: +800 2436 2255 (1-800-CHEMCALL) or call +613 9573 3112

PRODUCT USE

Immunosupressant. In general, mycophenolate is used for the prevention of organ transplant rejection. Mycophenolate mofetil is indicated for the prevention of organ transplant rejection in children over 2 years; whereas mycophenolate sodium is indicated for the prevention of renal transplant rejection in adults. Mycophenolate sodium has also been used for the prevention of rejection in liver, heart, and/or lung transplant recipients, mycophenolate is increasingly utilized as a steroid sparing treatment in immune-mediated disorders including immunoglobulin A nephropathy, small vessel vasculitides, and psoriasis. Its increasing application in treating lupus nephritis has demonstrated more frequent complete response and less frequent complications compared to cyclophosphamide bolus therapy, a regimen with risk of bone marrow suppression, infertility, and malignancy. Further work addressing maintenance therapy demonstrated mycophenolate should be considered as a first-line induction therapy for treatment of lupus nephritis in patients without renal dysfunction, suggesting that mycophenolate will be encountered more frequently in medical practice. For the treatment of psoriasis. Interferes with the synthesis of nucleic acids. Anti-tumour activity in animals has not generally been confirmed in clinical studies. Antibiotic substance produced by Penicillium brevi-compactum; P. stoloniferum and related species. MPA is an uncompetitive and reversible inhibitor of inosine monophosphate dehydrogenase (IMPDH), and therefore inhibits the de novo pathway of guanosine nucleotide synthesis without incorporation to DNA. Because T- and B-lymphocytes are critically dependent for their proliferation on de novo synthesis of purines, whereas other cell types can utilize salvage pathways, MPA has potent cytostatic effects on lymphocytes. Mycophenolate sodium has been shown to prevent the occurrence of acute rejection in rat models of kidney and heart allotransplantation Medicine

SYNONYMS

C17-H20-O6, "4-hexenoic acid, ", "4-hexenoic acid, ", 6-(4-hydroxy-6-methoxy-7-methyl-3-oxo-5-phthalanyl, 6-(4-hydroxy-6-methoxy-7-methyl-3-oxo-5-phthalanyl, ")-4-methyl-, (E)-", ")-4-methyl-, (E)-", 4-methyl-5-methoxy-7-hydroxy-6-(5-carboxy-3-methyl, 4-methyl-5-methoxy-7-hydroxy-6-(5-carboxy-3-methyl, pent-2-en-1-yl)phthalide, pent-2-en-1-yl)phthalide, mycophenolate, Lilly-68618, Melbex, Micofenolico, NSC-129185, "psoriasis treatment", "antibiotic/ antineoplastic/ cytotoxic"

Section 2 - HAZARDS IDENTIFICATION



EMERGENCY OVERVIEW RISK

Harmful if swallowed. May cause harm to the unborn child. Possible risk of irreversible effects. Harmful: danger of serious damage to health by prolonged exposure if swallowed. Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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.

EYE

■ Although the material is not thought to be an irritant, direct contact with the eye may cause transient discomfort characterized by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

SKIN

■ The material is not thought to be a skin irritant (as classified using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

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 is not thought to produce respiratory irritation (as classified using animal models). Nevertheless inhalation of dusts, or fume, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

■ Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

■ 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

Harmful: danger of serious damage to health by prolonged exposure if swallowed.

Harmful: danger of serious damage to health by prolonged exposure if swallowed.

This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. This has been demonstrated via both short- and long-term experimentation.

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

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. Prime symptom is breathlessness; lung shadows show on X-ray.

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

CAUTION: May produce immunosuppression in individuals occupationally exposed to the material.

Exposure to immunosuppressives may aggravate infectious diseases.

Min

Chronic exposure to therapeutic doses of compounds which produce immunosuppression has been associated with development of lymphomas (occasionally malignant) and mammary tumours. These may be secondary effects induced by activation of endogenous retroviruses.

Patients on immunosuppressive medications have a 10- to 100-fold increased risk of cancer compared to the general population. Furthermore, people who currently have or have already been treated for cancer have a higher rate of tumor progression and recurrence than patients with an intact immune system.

Patients receiving immunosuppressive regimens involving combinations of drugs, as part of an immunosuppressive regimen are at increased risk of developing lymphomas and other malignancies, particularly of the skin. The risk appears to be related to the intensity and duration of immunosuppression rather than to the use of any specific agent

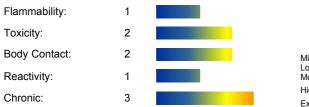
Increased incidences of neoplasms, in mice and humans, have been reported after long-term immunosuppression by azathioprine and cyclosporin. Cyclosporin has been classified as a human carcinogen, by IARC, based on development of lymphomas after repeated and prolonged exposures to therapeutic doses.

Mycophenolate mofetil is associated with increased risk of first trimester pregnancy loss and increased risk of congenital malformations, especially external ear and facial abnormalities including cleft lip and palate, and anomalies of the distal limbs, heart, esophagus, and kidney

A study was conducted in uranium miners to establish whether exposure to mutagenic mycotoxins might be involved in the high cancer risk for these workers. Throat swabs indicated that there was a statistically significant increase in aberrant cells in all groups of miners. Also detected were decreased unscheduled DNA synthesis values in lymphocytes and lipid peroxidation levels in plasma. The authors suggest that the finding of mycotoxins in the throat swabs (including mycophenolic acid) supports the idea that the increased risk of larynx cancer may be due to exposure to these.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS



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



%

>98

CAS RN

24280-93-1

NAME

mycophenolic acid

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:

Section 4 - FIRST AID MEASURES

- For advice, contact a Poisons Information Center or a doctor.
- · Urgent hospital treatment is likely to be needed.
- If conscious, give water to drink.
- INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- NOTE: Wear a protective glove when inducing vomiting by mechanical means.
- In the mean time, gualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

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.
- · If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- If skin contact occurs:
- · Immediately remove all contaminated clothing, including footwear
- Flush skin and hair with running water (and soap if available).
- · Seek medical attention in event of irritation.

INHALED

- · If fumes or combustion products are inhaled remove from contaminated area.
- · Lay patient down. Keep warm and rested.
- · Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor.

NOTES TO PHYSICIAN

for poisons (where specific treatment regime is absent):

BASIC TREATMENT

- · Establish a patent airway with suction where necessary.
- · Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- · Monitor and treat, where necessary, for pulmonary edema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures
- · DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- ------
- · Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary edema.
- Hypotension with signs of hypovolemia requires the cautious administration of fluids. Fluid overload might create complications.

- Treat seizures with diazepam.
- · Proparacaine hydrochloride should be used to assist eye irrigation.
- BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

General supportive measures and symptomatic treatment should be followed in all cases of overdosage. Although dialysis may be used to remove the inactive metabolite MPAG, it would not be expected to remove clinically significant amounts of the active moiety MPA due to the 98% plasma protein binding of MPA. By interfering with enterohepatic circulation of MPA, activated charcoal or bile acid sequestrants, such as cholestyramine, may reduce the systemic MPA exposure.

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.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog Large fires only.

FIRE FIGHTING

- Alert Emergency Responders and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

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.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- · Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

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

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

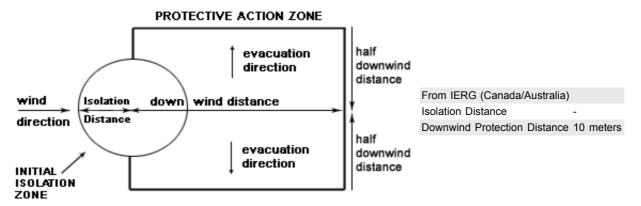
Environmental hazard - contain spillage.

Moderate hazard.

- CAUTION: Advise personnel in area.
- · Alert Emergency Responders and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- · Prevent, by any means available, spillage from entering drains or water courses.

- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

PROTECTIVE ACTIONS FOR SPILL



FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects. 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose

nearly all persons without appropriate protection to life-threatening concentrations of the material. 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages

leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills". LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
 5 Guide 171 is taken from the US DOT emergency response guide book.
 6 IERG information is derived from CANUTEC - Transport Canada.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

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

Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records • mycophenolic acid: CAS:24280-93-1

MATERIAL DATA

MYCOPHENOLIC ACID:

■ It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

OEL 0.01 mg/m3 (cf Internal Guideline Exposure Limit Novartis - for sodium salt)

PERSONAL PROTECTION



Consult your EHS staff for recommendations

- EYE
- Safety glasses with side shields
- Chemical goggles.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them.

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.

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
- fluorocaoutchouc
- polyvinyl chloride

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

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eve wash unit.
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
		Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume. Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

ENGINEERING CONTROLS

For potent pharmacological agents:

Powders

- To prevent contamination and overexposure, no open handling of powder should be allowed.
- Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system.
- In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used.
- Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs.
- An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.).
- Powder should be put into solution or a closed or covered container after handling.
- If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.

Solutions Handling:

- Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.
- Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.
- In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
- Ensure gloves are protective against solvents in use

Unless written procedures, specific to the workplace are available, the following is intended as a guide:

- For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets *; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*,
- HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.
- The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated.

Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: Quantities of up to 25 grams, an approved respirator with HEPA filters or cartridges should be considered Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular work-place, may replace these recommendations

* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid. Does not mix with water.			
State	Divided solid	Molecular Weight	320.34
Melting Range (°F)	285.8	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)	>1
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

APPEARANCE

Solid; does not mix well with water. Soluble in alcohol, ether, chloroform.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- · Product is considered stable.
- · Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

mycophenolic acid

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION		
Oral (rat) LD50: 352 mg/kg	Nil Reported		
Intraperitoneal (rat) LD50: 220 mg/kg			
Subcutaneous (rat) LD50: 230 mg/kg			
Intravenous (rat) LD50: 450 mg/kg			
Oral (mouse) LD50: 1000 mg/kg			
Intraperitoneal (mouse) LD50: 505 mg/kg			
Subcutaneous (mouse) LD50: 1175 mg/kg			
Oral (rabbit) LD50: >6000 mg/kg			
Introportion and (mammal) DE0: 1000 mg/kg			

Intraperitoneal (mammal) LD50: 1000 mg/kg

■ NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.

Somnolence, muscle weakness, ataxia, diarrhoea, normocytic anaemia,

paternal effects, activity as an anti-cancer agent recorded.

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows: MYCOPHENOLIC ACID:

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

• Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

DO NOT discharge into sewer or waterways.

For sodium salt;

Fish LC50 (96 h): common carp (Cyprinus carpio) >100 mg/l (Method 92/69/EC (L383) C.1)

Daphnia NOEC (48 h): 100 mg/l (Method 92/69/EEC (L383) C.2)

Algae EbC50 (96 h): Selenastrum capricornutum 0.017 mg/l; EbC10 0.008 mg/l; NOEC 0.0046 mg/l (Method 92/69/EC (L383) C.3)

Algae ErC50 (96 h): Selenastrum capricornutum 0.068 mg/l; ErC10 0.012 mg/l; NOEC 0.01 mg/l (Method 92/69/EC (L383) C.3) Bacterial Respiration Inhibition (3 h): Activated sludge EC10 (69 mg/l); EC20 164 mg/l; EC50 2213 mg/l (Method Inhibition of Oxygen Consumption by Activated Sludge (87/302/EEC), Part C)

Ecotoxicity

Ingredient mycophenolic acid	Persistence: Water/Soil LOW	Persistence: Air	Bioaccumulation LOW	Mobility MED
,				

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.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- · Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION					
DOT:					
Symbols:	G	Hazard class or Division:	9		
Identification Numbers:	UN3077	PG:	III		
Label Codes:	9	Special provisions:	8, 146, 335, B54, IB8, IP3, N20, T1, TP33		
Packaging: Exceptions:	155	Packaging: Non-bulk:	213		
Packaging: Exceptions:	155	Quantity limitations: Passenger aircraft/rail:	No limit		
Quantity Limitations: Cargo aircraft only:	No limit	Vessel stowage: Location:	Α		
Vessel stowage: Other:	None				
Hazardous materials descriptions and proper shipping names: Environmentally hazardous substance, solid, n.o.s Air Transport IATA:					
ICAO/IATA Class:	9	ICAO/IATA Subrisk:	遡		
UN/ID Number:	3077	Packing Group:	III		
Special provisions:	A97				
Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. *(CONTAINS MYCOPHENOLIC ACID) Maritime Transport IMDG:					
IMDG Class:	9	IMDG Subrisk:	None		
UN Number:	3077	Packing Group:	III		
EMS Number:	F-A,S-F	Special provisions:	274 909 944		
Limited Quantities:	5 kg				

Section 15 - REGULATORY INFORMATION

mycophenolic acid (CAS: 24280-93-1) is found on the following regulatory lists; "GESAMP/EHS Composite List - GESAMP Hazard Profiles"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation and/or skin contact may produce health damage*.
- Limited evidence of a carcinogenic effect*.
 * (limited evidence).

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Classification of the mixture 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.

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