# **Galanthamine Hydrobromide**

## sc-200179

**Material Safety Data Sheet** 



The Power to Questio

Hazard Alert Code Key: EXTREME

HIGH

**MODERATE** 

LOW

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

## **PRODUCT NAME**

Galanthamine Hydrobromide

## 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

C17-H21-N-O3.HBr, "benzofuro[4, 3, 2-efg](2)benzazocin-6-ol, ", "1, 2, 3, 4, 6, 7, 7a, 11c-octahydro-9-methoxy-2-methyl-, hydrobromide", "1, 2, 3, 4, 6, 7, 7a, 11c-octahydro-9-methoxy-2-methyl-be", "nzofuro[4, 3, 2-efg](2)-", "benzazoci-6-ol HBr", "galanthamine hydrogen bromide", "Jikon hydrobromide", "Lycoremine hydrobromide", Nivaline, "parasympathomimetic/ anticholinesterase/ antimyasthenic", "alkaloid salt"

## **Section 2 - HAZARDS IDENTIFICATION**

#### **CHEMWATCH HAZARD RATINGS**

		Min	Max
Flammability:	1		
Toxicity:	3		
Body Contact:	2		Min/Nil=0 Low=1
Reactivity:	1		Moderate=2
Chronic:	3		High=3 Extreme=4

## **CANADIAN WHMIS SYMBOLS**



# EMERGENCY OVERVIEW

Toxic if swallowed. Harmful to aquatic organisms.

## POTENTIAL HEALTH EFFECTS

## **ACUTE HEALTH EFFECTS**

#### **SWALLOWED**

- Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.
- Bromide poisoning causes intense vomiting so the dose is often removed.

Effects include drowsiness, irritability, inco-ordination, vertigo, confusion, mania, hallucinations and coma.

■ Side effects of the parasympathomimetics are increased salivation, nausea, vomiting, abdominal cramps and diarrhea. Symptoms of overdose consist of excessive sweating, discharge of tears, increased bowel movements, loss of bowel and urine control, constriction of pupils, spasm of the eyelids, involuntary eye jerks, headache, slowing of heart beat and pulse, faintness low blood pressure, muscle cramps and twitches, weakness and paralysis.

#### EYE

- There is some evidence to suggest that this material can causeeye irritation and damage in some persons.
- Direct eye contact can produce tears, eyelid twitches, pupil contraction, loss of focus, and blurred or dimmed vision. Dilation of the pupils occasionally occurs.

#### SKIN

■ The material is not thought to be a skin irritant (as classified using animal models).

Abrasive damage however, may result from prolonged exposures.

- 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.

■ There may be sweating and muscle twitches at site of contact. Reaction may be delayed by hours.

#### 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.
- Poisoning due to cholinesterase inhibitors causes symptoms such as increased blood flow to the nose, watery discharge, chest discomfort, shortness of breath and wheezing.

Other symptoms include increased production of tears, nausea and vomiting, diarrhea, stomach pain, involuntary passing of urine and stools, chest pain, breathing difficulty, low blood pressure, irregular heartbeat, loss of reflexes, twitching, visual disturbances, altered pupil size, convulsions, lung congestion, coma and heart failure.

#### **CHRONIC HEALTH EFFECTS**

■ 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 inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population.

There is limited evidence that, skin contact with this product is more likely to cause a sensitization reaction in some persons compared to the general population.

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.

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.

Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn from therapeutic use due to their toxicity. Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.

Repeated or prolonged exposures to cholinesterase inhibitors produce symptoms similar to acute effects. In addition workers exposed repeatedly to these substances may exhibit impaired memory and loss of concentration, severe depression and acute psychosis, irritability, confusion, apathy, emotional liability, speech difficulties, headache, spatial disorientation, delayed reaction times, sleepwalking, drowsiness

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
galanthamine hydrobromide	69353-21-5	>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: · Immediately hold eyelids apart and flush the eye continuously with 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**

■ for neostigmine: If taken by mouth the stomach should be emptied by aspiration and lavage. Atropine sulfate, usually in doses of 1 to 2 mg may be given preferably intravenously, or else intramuscularly or subcutaneously to control muscurinic effects.

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.

#### **FIRE FIGHTING**

- · Alert Emergency Responders and tell them location and nature of hazard.
- · Wear full body protective clothing with breathing apparatus.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

## 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), hydrogen bromide, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.

May emit poisonous 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:

Gloves:

Respirator:

Particulate

## **Section 6 - ACCIDENTAL RELEASE MEASURES**

## MINOR SPILLS

- $\cdot$  Clean up waste regularly and abnormal spills immediately.
- · Avoid breathing dust and contact with skin and eyes.
- $\cdot$  Wear protective clothing, gloves, safety glasses and dust respirator.
- $\cdot$  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**

- · Clear area of personnel and move upwind.
- · 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.
- · Lined metal can, Lined metal pail/drum
- · Plastic pail.

For low viscosity materials

- · Drums and jerricans must be of the non-removable head type.
- · Where a can is to be used as an inner package, the can must have a screwed enclosure.

#### STORAGE REQUIREMENTS

- · Store in original containers.
- · Keep containers securely sealed.
- · Store, as supplied, at -20° C for up to 1 year. Store solutions at -20° C for up to 4 months.
- · NOTE: Store in the dark.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

#### **EXPOSURE CONTROLS**

The following materials had no OELs on our records

• galanthamine hydrobromide: CAS:69353-21-5 CAS:1953-04-4

#### PERSONAL PROTECTION









## **RESPIRATOR**

• particulate.

. Consult your EHS staff for recommendations

#### FYF

- 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

■ NOTE: The material may produce skin sensitization in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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.

#### **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.
- · Eve wash unit
- · Ensure there is ready access to an emergency shower.
- · For Emergencies: Vinyl suit.

#### **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.

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	368.3
Melting Range (°F)	468- 486	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	7
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 Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not Applicable

#### **APPEARANCE**

White, crystalline, slightly hygroscopic powder with bitter taste; mixes with water (1:0.5), alcohol (1:8), chloroform (1:5).

#### 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**

galanthamine hydrobromide

## **TOXICITY AND IRRITATION**

GALANTHAMINE HYDROBROMIDE:

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

TOXICITY IRRITATION

Oral (rat) LD50: 75 mg/kg Nil Reported

Intravenous (rat) LD50: 10 mg/kg Oral (mouse) LD50: 18.7 mg/kg Intraperitoneal (mouse) LD50: 9 mg/kg

Subcutaneous (mouse) LD50: 15.4 mg/kg

Intravenous (mouse) LD50: 5.2 mg/k

Convulsions, fasciculations, tremor, dyspnea, spastic paralysis, excitement, changes in structure/ function of salivary glands recorded.

## **Section 12 - ECOLOGICAL INFORMATION**

Harmful to aquatic organisms.

This material and its container must be disposed of as hazardous waste.

**Ecotoxicity** 

Ingredient Persistence: Water/Soil Persistence: Air Bioaccumulation Mobility

galanthamine hydrobromide No Data Available No Data Available

## **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**

DOT:

Symbols: None Hazard class or Division: 6.1 Identification Numbers: UN3249 PG: III Label Codes: 6.1 Special provisions: T1, TP33 Packaging: Exceptions: 153 Packaging: Non- bulk: 213 Packaging: Exceptions: 153 Quantity limitations: 5 kg

Passenger aircraft/rail:

Quantity Limitations: Cargo 5 kg Vessel stowage: Location: C

aircraft only:

Vessel stowage: Other: 40

Hazardous materials descriptions and proper shipping names:

Medicine, solid, toxic, n.o.s.

## Air Transport IATA:

UN/ID Number: 3249 Packing Group: III

Special provisions: A3

Cargo Only

Packing Instructions: 200 kg Maximum Qty/Pack: 677 Passenger and Cargo Passenger and Cargo Packing Instructions: 100 kg Maximum Qty/Pack: 670

Passenger and Cargo Limited Quantity Passenger and Cargo Limited Quantity

Packing Instructions: 5 kg Maximum Qty/Pack: Y645

Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(CONTAINS

GALANTHAMINE HYDROBROMIDE)

Maritime Transport IMDG:

IMDG Class: 6.1 IMDG Subrisk: None

UN Number: 3249 Packing Group: III EMS Number: F-A, S-A Special provisions: 221 223

Limited Quantities: 5 kg

Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(contains galanthamine hydrobromide)

## **Section 15 - REGULATORY INFORMATION**

No data for galanthamine hydrobromide (CAS:, 69353-21-5, 1953-04-4)

## **Section 16 - OTHER INFORMATION**

#### LIMITED EVIDENCE

- Inhalation and/or skin contact may produce health damage\*.
- Cumulative effects may result following exposure\*.
- May produce discomfort of the eyes\*.
- Possible respiratory and skin sensitiser\*.
- May be harmful to the foetus/ embryo\*.
- \* (limited evidence).

#### Ingredients with multiple CAS Nos

Ingredient Name CAS galanthamine hydrobromide 69353-21-5, 1953-04-4

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: Jan-17-2009 Print Date: Jun-10-2011