

3'-Azido-3'-deoxythymidine

sc-203319

Material Safety Data Sheet



The Power to Question

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

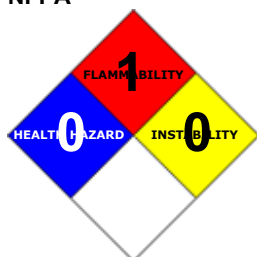
PRODUCT NAME

3'-Azido-3'-deoxythymidine

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

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

Antiviral agent used in the management of AIDS and AIDS-related complex. Pyrimidine nucleoside analog and inhibitor of reverse transcriptase. Normally taken by mouth.

SYNONYMS

C10-H13-N5-O4, "thymidine, 3' -azido-3' -deoxy-", "thymidine, 3' -azido-3' -deoxy-", "3' -azido-3' -deoxythymidine", "3' -azido-3' -deoxythymidine", azidothymidine, AZT, "BW-A 509U", Retrovir, "antiviral/ antiretroviral / anti-HIV/ AIDS"

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Limited evidence of a carcinogenic effect.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be damaging to the health of the individual.
- Common side-effects of zidovudine include anaemia and leucopenia. About half of all patients undergoing treatment are affected. The haematological toxicity can be so severe that blood transfusion is required. Other significant side-effects may include nausea, headache, insomnia and myalgia.
- Lactic acidosis (which produces a number of disturbances in tissues and the central nervous system) and severe enlargement of the liver (hepatomegaly), with fatty degeneration (steatosis), including fatal cases, have been reported with the use of antiretroviral nucleoside analogues (NRTIs) alone or in combination. A majority of these cases have been women. Lactic acidosis occurs when cells of the body are unable to convert food into usable energy. As a result, excess acid accumulates in the body and vital organs such as the liver and pancreas may be damaged. Elevated serum levels of lactic acid (hyperlactataemia) are common in individuals undergoing NRTI therapy; generally the condition is mild and reversible and is likely to result, in greater part, from hepatic rather than muscle dysfunction (though this remains conjectural). Clinical symptoms include abnormal fatigue, tachycardia (rapid heart beat), abdominal pain, weight loss, peripheral neuropathy (surface nerve

damage) and more specifically exercised induced dyspnea (shortness of breath) despite effective antiretroviral treatment. Functional respiratory tests show a metabolic deviation towards anaerobiosis. Ultrastructural mitochondrial abnormalities have been seen in several patients undergoing NRTI therapies. There was a marked decrease in complex IV activity in muscle biopsies consistent with mitochondrial dysfunction. Sometimes fatal pancreatitis (a pain in the stomach area progressing to the back), paraesthesias (burning, pricking, tingling sensations) and peripheral neuropathies (burning or numbing of the hands and feet) have been reported in mono- or combination therapies. Hypersensitivity reactions (anaphylaxis), some severe and life-threatening, may occur. Hypersensitivity might produce fever, skin rash, urticaria, fatigue, gastrointestinal symptoms such as nausea, vomiting diarrhoea, abdominal pain and respiratory symptoms such as sore throat, shortness of breath and cough. Haemic and lymphatic dyscrasias (including anaemia, lymphadenopathy and splenomegaly) are seen in some settings whilst musculoskeletal symptoms, such as weakness and rhabdomyolysis, are seen on occasion. NRTIs may also be important in inducing subcutaneous fat wasting (lipoatrophy/lipodystrophy) when used in combination therapies with protease inhibitors. Patients receiving highly active antiretroviral therapy (HAART), generally a combination of reverse transcriptase and protease inhibitors, frequently develop lipodystrophy with elevated levels of serum cortisol, lowered levels of serum DHEA (dehydroepiandrosterone) and increased levels of atherogenic lipids (important in the pathogenesis of arteriosclerosis). In one study researchers have also identified lipid abnormalities associated with coronary heart disease, along with alterations in glucose and insulin metabolism amongst patients undergoing HAART. There have been reports of increased bleeding, including spontaneous skin haematomas and haemarthrosis in haemophiliacs given protease inhibitors. Antiretroviral nucleoside analogues may act as reverse transcriptase inhibitors (NRTIs) or introduce themselves into viral DNA/RNA; in either case DNA chain elongation is disturbed during cell division.

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 produce adverse health effects or skin irritation following contact (as classified using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

■ 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 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

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

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies with similar materials using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

Prolonged use of zidovudine has been associated with symptomatic myopathy similar to that produced by human immunodeficiency virus.

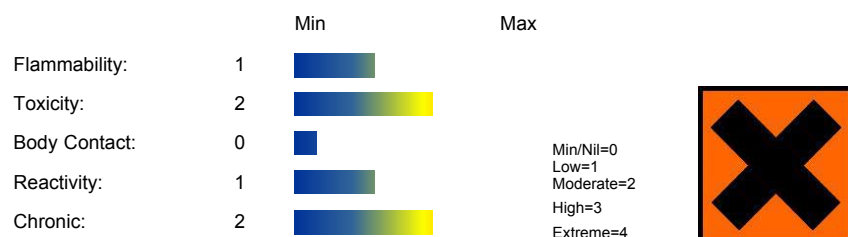
When zidovudine was administered orally to mice, late-appearing vaginal neoplasms (after 19 months) occurred in animals receiving 120 mg/kg/day.

Oral teratology studies showed no evidence of teratogenicity in rats and rabbits.

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.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS



NAME	CAS RN	%
zidovudine	30516-87-1	>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.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

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 or hair contact occurs:
 - Flush skin and hair with running water (and soap if available).
 - Seek medical attention in event of irritation.

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

- For zidovudine
Cases of acute overdose in both children and adults have been reported with doses up to 50 gram. The only consistent finding is spontaneous or induced nausea and vomiting. Haematologic changes are transient and not severe.

Rapidly absorbed from the gastrointestinal tract with bioavailability being about 50-70%. Plasma half-life is about 1-hour. Metabolised intracellularly to the antiviral triphosphate. Metabolised in the liver to the glucuronide and excreted in the urine. 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.
 - Dry chemical powder.
 - BCF (where regulations permit).
 - Carbon dioxide.

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), nitrogen oxides (NO_x), 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:
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

- 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.

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

-
- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- 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

- zidovudine: CAS:30516-87-1

MATERIAL DATA

ZIDOVUDINE:

■ Airborne particulate or vapor must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

PERSONAL PROTECTION



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

-
- 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
<p>* - Negative pressure demand ** - Continuous flow</p> <p>Explanation of Respirator Codes:</p> <p>Class 1 low to medium absorption capacity filters.</p> <p>Class 2 medium absorption capacity filters.</p> <p>Class 3 high absorption capacity filters.</p> <p>PAPR Powered Air Purifying Respirator (positive pressure) cartridge.</p> <p>Type A for use against certain organic gases and vapors.</p> <p>Type AX for use against low boiling point organic compounds (less than 65°C).</p> <p>Type B for use against certain inorganic gases and other acid gases and vapors.</p> <p>Type E for use against sulfur dioxide and other acid gases and vapors.</p> <p>Type K for use against ammonia and organic ammonia derivatives</p> <p>Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.</p> <p>Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.</p> <p>Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.</p> <p>The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.</p> <p>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.</p>			

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.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

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.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapors, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
Within each range the appropriate value depends on:	
Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	267.28
Melting Range (°F)	222.8- 233.6	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
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 needles; mix with water.

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

zidovudine

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Intravenous (rat) LD50: >750 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.	
WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.	
Oral (man) LDLo: 86 mg/kg/w - I Nil reported	
Paternal effects, foetotoxicity, convulsions, headache, aplastic anaemia, retinal changes (pigmentary deposition, retinitis) recorded.	
Category B3: Studies in animals have shown evidence of increased occurrence of foetal damage.	

CARCINOGEN

Zidovudine (AZT)	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	2B
AZT	US Environmental Defense Scorecard Suspected Carcinogens	Reference(s)	IARC, P65-CAND

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

ZIDOVUDINE:

■ log Kow (Sangster 1997):	0.05
■ DO NOT discharge into sewer or waterways.	

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
zidovudine	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.
- 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

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

Section 15 - REGULATORY INFORMATION

zidovudine (CAS: 30516-87-1) is found on the following regulatory lists;

"Canada Domestic Substances List (DSL)", "International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Ingestion may produce health damage*.

- Exposure may produce irreversible effects*.
* (limited evidence).

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 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.

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: Oct-1-2009

Print Date: Apr-21-2010