

3-Hydroxytyramine hydrobromide

sc-238569

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-Hydroxytyramine hydrobromide

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

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EMERGENCY

ChemWatch

Within the US & Canada: 877-715-9305

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(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS

C8-H11-NO2.HBr, NH₂(CH₂)₂C₆H₃(OH)₂.HBr, "pyrocatechol, 4-(2-aminoethyl)-, hydrobromide", "phenethylamine, 3, 4-dihydroxy-, hydrobromide", "3, 4-dihydroxyphenethylamine", "3-hydroxy-tyramine hydrobromide", "4-(2-aminoethyl)pyrocatechol hydrobromide", "1, 2-benzenediol, 4-(2-aminoethyl)-, hydrobromide", "4-(2-aminoethyl)benzene-1, 2-diol hydrobromide", "dopamine bromide", "m-hydroxytyramine hydrobromide", "USAF EL-47", "adrenergic/ sympathomimetic/ catecholamine"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

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

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



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

May cause SENSITISATION by skin contact.
Irritating to eyes, respiratory system and skin.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be damaging to the health of the individual.
 - Phenethylamines produce effects similar to amphetamines.
- They excite the nervous system, causing shortness of breath, cough, narrowing of the airways and throat spasms.

EYE

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

SKIN

- This material can cause inflammation of the skin on contact in some persons.
 - The material may accentuate any pre-existing dermatitis condition.
 - Skin contact is not thought to have harmful health effects, however the material may still produce health damage following entry through wounds, lesions or abrasions.
 - Open cuts, abraded or irritated skin should not be exposed to this material.
 - Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects.
- Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

- The material can cause respiratory irritation in some persons.
- The body's response to such irritation can cause further lung damage.
- 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.
 - Inhalation exposure may cause susceptible individuals to show change in heart beat rhythm i. e.
 - Sympathomimetics, which mimic stimulation of the sympathetic nerves, causing a stimulatory effect on the heart and central nervous system, constriction of blood vessels supplying the skin and mucous membranes, dilation of blood vessels supplying muscles of movement, and widening of the airways.
- These drugs may act on the receptor or the release of the neurotransmitter noradrenaline.
- Stimulating alpha-adrenergic receptors causes blood vessels to dilate, sometimes to the extent that gangrene occurs in the fingers and toes, and there is increased blood pressure.
- This can also cause swelling of the lungs and bleeding in the brain.
- Stimulation of heart beta-1 adrenergic receptors may cause increased heart rate and irregularity of heartbeat, tightness and a constricting pain in the chest, palpitations and heart stoppage; low blood pressure with dizziness, fainting and flushing may also occur.
- Beta-1 receptors mediate the action of sympathomimetics; beta-2 receptors control dilation of the airways.

CHRONIC HEALTH EFFECTS

- Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

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

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.

Chronic exposure to phenethylamines excite the central nervous system and induce tolerance; in extreme cases they produce

amphetamine-like responses including personality changes, compulsive and stereotyped behavior and may induce psychosis with auditory and visual hallucinations and paranoid delusions.

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

Systemic side-effects include nausea and vomiting, ectopic beats, palpitations, tachycardia, anginal pain, dyspnea and headache. Low doses may cause hypotension due to the predominance of vasoconstrictor effect. Other reported side-effects associated with infusion include bradycardia and aberrant conduction and piloerection; raised BUN has also been reported.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
dopamine hydrobromide	645-31-8	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

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

EYE

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

SKIN

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

INHALED

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

NOTES TO PHYSICIAN

Since the half-life of dopamine is only about 2 minutes most adverse effects are short-lived. Excessive vasoconstriction and hypertension may be treated with an alpha-adrenoreceptor blocking agent intravenously. As a result of enzymatic degradation in the gut and first-pass metabolism in the liver dopamine is almost totally inactive when given by mouth.

Martindale

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 breathing apparatus plus protective gloves.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

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

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

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

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

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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.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

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

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

- Do NOT cut, drill, grind or weld such containers.
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

RECOMMENDED STORAGE METHODS

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

STORAGE REQUIREMENTS

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

NOTE: Store in the dark.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- dopamine hydrobromide: CAS:645-31-8

PERSONAL PROTECTION



RESPIRATOR

•Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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], [AS/NZS 1336 or national equivalent].

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:

- 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, AS/NZS 2161.1 or national equivalent).

- 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, AS/NZS 2161.10.1 or national equivalent) 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, AS/NZS 2161.10.1 or national equivalent) 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. [AS/NZS 2210]
- Head covering.

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

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocautchouc
- polyvinyl chloride

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

OTHER

- For quantities up to 500 grams a laboratory coat may be suitable.
- For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.
- Eye wash unit.
- Ensure there is ready access to an emergency shower.
- For Emergencies: Vinyl suit.

ENGINEERING CONTROLS

Enclosed local exhaust ventilation is required at points of dust, fume or vapor generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	234.09
Melting Range (°F)	424- 428 (decomp)	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
Decomposition Temp (°F)	410	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

Odorless, crystalline powder; mixes with water, alcohol and solutions of alkali hydroxides.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

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

STORAGE INCOMPATIBILITY

‡ Avoid reaction with oxidizing agents.

Incompatible with alkalis, iron salts.

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

Section 11 - TOXICOLOGICAL INFORMATION

dopamine hydrobromide

TOXICITY AND IRRITATION

DOPAMINE HYDROBROMIDE:

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

TOXICITY	IRRITATION
Intraperitoneal (mouse) LD50: 500 mg/kg	Nil Reported
<p>■ Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's edema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).</p>	

CARCINOGEN

BROMINE COMPOUNDS (ORGANIC OR INORGANIC)	US Environmental Defense Scorecard Suspected Carcinogens	Reference(s)	P65-MC
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Section 12 - ECOLOGICAL INFORMATION

No data

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

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

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

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

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

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

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

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

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

Section 14 - TRANSPORTATION INFORMATION

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

Section 15 - REGULATORY INFORMATION

No data for dopamine hydrobromide (CAS: , 645-31-8)

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation and/or ingestion may produce health damage*.
- Cumulative effects may result following exposure*.
- May be harmful to the foetus/ embryo*.

* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

Substance CAS Suggested codes dopamine hydrobromide 645- 31- 8 Xn; R22 R43

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- Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references.

- 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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