Amitriptyline hydrochloride

Novachem Pty Ltd

Version No: **2.3**
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: **4**

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SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Amitriptyline hydrochloride
Chemical Name	amitriptyline hydrochloride
Synonyms	A-923
Proper shipping name	ACETONITRILE
Chemical formula	C20H23N.ClH
Other means of identification	Not Available
CAS number	549-18-8*

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Laboratory certified chemical reference material

Details of the supplier of the safety data sheet

Registered company name	**Novachem Pty Ltd**
Address	25 Crissane Road, Heidelberg West Victoria 3081 Australia
Telephone	+61384151255
Fax	+61386250088
Website	www.novachem.com.au
Email	novachem@novachem.com.au

Emergency telephone number

Association / Organisation	**Victorian Poisons Information Centre**
Emergency telephone numbers	13 11 26
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Flammable Liquid Category 2, Acute Toxicity (Oral) Category 3, Acute Toxicity (Dermal) Category 3, Acute Toxicity (Inhalation) Category 3, Eye Irritation Category 2A, Reproductive Toxicity Category 2, Specific target organ toxicity - single exposure Category 1
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	
SIGNAL WORD	**DANGER**

Hazard statement(s)

H225	Highly flammable liquid and vapour.
H301	Toxic if swallowed.
H311	Toxic in contact with skin.
H331	Toxic if inhaled.

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H319	Causes serious eye irritation.
H361	Suspected of damaging fertility or the unborn child.
H370	Causes damage to organs.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.
P307+P311	IF exposed: Call a POISON CENTER or doctor/physician.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P330	Rinse mouth.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

CAS No	%[weight]	Name
75-05-8	99.9	acetonitrile
549-18-8	0.1	amitriptyline hydrochloride

Mixtures

See section above for composition of Substances

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	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. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	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.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
Ingestion	▸ Immediately give a glass of water. ▸ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

For cyanide intoxication (and for certain nitriles which produce cyanide ion)

- Signs symptoms of acute cyanide poisoning reflect cellular hypoxia and are often non-specific.
- Cyanosis may be a late finding.
- *A bradycardic*, hypertensive and tachypneic patient suggests poisoning especially if CNS and cardiovascular depression subsequently occurs.
- Immediate attention should be directed towards assisted ventilation, administration of 100% oxygen, insertion of intravenous lines and institution of cardiac monitoring.
- Obtain an arterial blood gas immediately and correct any severe metabolic acidosis (pH below 7.15).
- Mildly symptomatic patients generally require supportive care alone. Nitrites should not be given indiscriminately - in all cases of moderate to severe poisoning, they should be given in conjunction with thiosulfate. As a temporizing measure supply amyl nitrite perles (0.2ml inhaled 30 seconds every minute) until intravenous lines for sodium nitrite are established. 10 ml of a 3% solution is administered over 4 minutes to produce 20% methaemoglobin in adults. Follow directly with 50 ml of 25% sodium thiosulfate, at the same rate, IV. If symptoms reappear or persist within 1/2-1 hour, repeat nitrite and thiosulfate at 50% of initial dose. As the mode of action involves the metabolic conversion of the thiosulfate to thiocyanate, renal failure may enhance thiocyanate toxicity.
- Methylene blue is not an antidote. [Ellenhorn and Barceloux: Medical Toxicology]

If amyl nitrite intervention is employed then Medical Treatment Kits should contain the following:

- One box containing one dozen amyl nitrite ampoules
- Two sterile ampoules of sodium nitrite solution (10 mL of a 3% solution in each)
- Two sterile ampoules of sodium thiosulfate solution (50 mL of a 25% solution in each)
- One 10 mL sterile syringe. One 50 mL sterile syringe. Two sterile intravenous needles. One tourniquet.

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- One dozen gauze pads.
- Latex gloves
- A "Biohazard" bag for disposal of bloody/contaminated equipment.
- A set of cyanide instructions on first aid and medical treatment.

- Notes on the use of amyl nitrite:-
- AN is highly volatile and flammable - do not smoke or use around a source of ignition.
- If treating patient in a windy or draughty area provide some shelter or protection (shirt, wall, drum, cupped hand etc.) to prevent amyl nitrite vapour from being blown away. Keep ampoule upwind from the nose, the objective is to get amyl nitrite into the patients lungs.
- Rescuers should avoid AN inhalation to avoid becoming dizzy and losing competence.
- Lay the patient down. Since AN dilates blood vessels and lowers blood pressure, lying down will help keep patient conscious.
- **DO NOT** overuse - excessive use might put the patient into shock. Experience at DuPont plants has not shown any serious after-effects from treatment with amyl nitrite.

ADDITIONAL NOTES:
- Major medical treatment procedures may vary e.g. US (FDA method as recommended by DuPont) uses amyl nitrite as a methaemoglobin generator, followed by treatment with sodium nitrite and then sodium thiosulfate.

MODES OF ACTION: Amyl nitrite (AN) reacts with haemoglobin (HB) to form about 5% methaemoglobin (MHB). Sodium nitrite (NaNO2) reacts with haemoglobin to form approximately 20-30% methaemoglobin. Methaemoglobin attracts cyanide ions (CN) from tissue and binds with them to become cyanmethaemoglobin (CNMHB). Sodium thiosulfate (Na2S2O3) converts cyanmethaemoglobin to thiocyanate (HSCN) which is excreted by the kidneys. i.e. AN + HB = MHB NaNO2 + HB = MHB CN + MHB = CNMHB Na2S2O3 + CNMHB + O2 = HSCN
- The administration of the antidote salts is intravenous in normal saline, Ringers lactate or other available IV fluid.
- European practice may use 4-dimethylaminophenol (DMAP) as a methaemoglobin generator. Also hydroxycobalamin (Vitamin B12a) is used. Hydroxycobalamin works by reacting with cyanide to form cyanocobalamin (Vitamin B12) which is excreted in the urine.
- European and Australian NOHSC (ASCC) propose dicobalt edetate (Kelocyanor) as antidote. This acts by chelating cyanide to form stable cobalticyanide, which is excreted in the urine. In all cases hyperbaric therapy may increase the efficiency of a cyanide antidote kit.

For tricyclic antidepressant poisonings:
The stomach should be emptied by aspiration and lavage.
Activated charcoal as an adjunct to gastric lavage may also be used.
Supportive therapy alone may then suffice for patients who are not severely poisoned.
In particular monitor for cardiac arrhythmias and institute anti-arrhythmic measures necessary (digoxin and physostigmine salicylate are **NOT** recommended).
Convulsions may be managed by intravenous diazepam.
Physostigmine (not neostigmine) may also be used to control convulsions but caution must be exercised. Barbiturates are generally not advocated since they exacerbate respiratory depression.
Some workers claim promising results with charcoal haemoperfusion in severely poisoned patients.
MARTINDALE: The Extra Pharmacopoeia, 28th Edition.
Critical manifestations of overdose include: cardiac dysrhythmias, severe hypotension, convulsions, and CNS depression, including coma. Changes in the electrocardiogram, particularly in QRS axis or width, are clinically significant indicators of tricyclic anti-depressant toxicity.
Other signs of overdose may include: confusion, disturbed concentration, transient visual hallucinations, dilated pupils, agitation, hyperactive reflexes, stupor, drowsiness, muscle rigidity, vomiting, hypothermia, hyperpyrexia
Management:
- Obtain an ECG and immediately initiate cardiac monitoring.
- Protect the patient's airway, establish an intravenous line and initiate gastric decontamination.
- A minimum of six hours of observation with cardiac monitoring and observation for signs of CNS or respiratory depression, hypotension, cardiac dysrhythmias and/or conduction blocks, and seizures is necessary.
- If signs of toxicity occur at any time during this period, extended monitoring is required.
- There are case reports of patients succumbing to fatal dysrhythmias late after overdose; these patients had clinical evidence of significant poisoning prior to death and most received inadequate gastrointestinal decontamination.
- Plasma drug levels may not reflect the severity of the poisoning. Therefore, monitoring of plasma drug levels alone should not guide management of the patient.

RxList
Symptoms of an overdose include the presentation of serotonin syndrome and adverse cardiac events.
Withdrawal symptoms may occur during gradual or particularly abrupt withdrawal of tricyclic antidepressant drugs. Somatic distress, gastrointestinal upset, agitation, anxiety, sleep problems, akathesia, parkinsonism, paradoxical behavioural activation and mania have been described. A major mechanism of withdrawal from tricyclic antidepressants is believed to be due to a rebound effect of excessive cholinergic activity due to neuroadaptations as a result of chronic inhibition of cholinergic receptors by tricyclic antidepressants. Restarting the antidepressant and slow tapering is the treatment of choice for tricyclic antidepressant withdrawal. Some withdrawal symptoms may respond to anticholinergics, such as atropine or benztropine mesylate.
Many tricyclics are also monoamine oxidase inhibitors (MAOIs):
Special care should be taken with any drug therapy in view of the many hazards of monoamine oxidase inhibitor interactions. In particular metaraminol and other sympathomimetic agents are not suitable for the treatment of hypotension, which should be managed with intravenous fluids and, in severe shock, intravenous hydrocortisone.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	▸ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water course.
Fire/Explosion Hazard	▸ Liquid and vapour are highly flammable. ▸ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▸ Vapour may travel a considerable distance to source of ignition. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. Combustion products include: carbon dioxide (CO2) nitrogen oxides (NOx) other pyrolysis products typical of burning organic material.
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SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment.
Major Spills	▸ **DO NOT** touch the spill material For alkyl nitriles: For residue: ▸ Add alkaline hypochlorite solution to spill to produce cyanate. ▸ Neutralise liquid, and absorb with sawdust. ▸ Collect solid residues and seal in drums for disposal. ▸ Wash spill area with large quantities of water. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ May be violently or explosively reactive. ▸ Wear breathing apparatus plus protective gloves.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	▸ Containers, even those that have been emptied, may contain explosive vapours. ▸ Do NOT cut, drill, grind, weld or perform similar operations on or near containers. ▸ 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** allow clothing wet with material to stay in contact with skin
Other information	▸ Store in original containers in approved flame-proof area. ▸ No smoking, naked lights, heat or ignition sources. ▸ **DO NOT** store in pits, depressions, basements or areas where vapours may be trapped. ▸ Keep containers securely sealed.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Glass container is suitable for laboratory quantities ▸ Packing as supplied by manufacturer. ▸ Plastic containers may only be used if approved for flammable liquid. ▸ Check that containers are clearly labelled and free from leaks. ▸ For low viscosity materials (i) : Drums and jerry cans must be of the non-removable head type. (ii) : Where a can is to be used as an inner package, the can must have a screwed enclosure. ▸ For materials with a viscosity of at least 2680 cSt. (23 deg. C) ▸ For manufactured product having a viscosity of at least 250 cSt.
Storage incompatibility	Acetonitrile ▸ forms cyanide gas on contact with steam ▸ reacts violently with oxidisers such as chlorine, bromine, fluorine; with chlorosulfonic acid, oleum or sulfuric acid ▸ is incompatible with water (especially if acid or alkaline), acids, caustics, nitrating agents, indium, nitrogen tetroxide , sulfur trioxide, iron(III) salts of perchlorate, nitrogen fluoride compounds ▸ attacks most rubber and plastics ▸ may accumulate electrical charges, causing ignition of vapours ▸ Contact with acids produces toxic fumes ▸ Nitriles may polymerise in the presence of metals and some metal compounds. ▸ They are incompatible with acids; mixing nitriles with strong oxidising acids can lead to extremely violent reactions. ▸ Nitriles are generally incompatible with other oxidising agents such as peroxides and epoxides. ▸ The combination of bases and nitriles can produce hydrogen cyanide. ▸ The covalent cyano group is endothermic and many organic nitriles are reactive under certain conditions; N-cyano derivatives are reactive or unstable. ▸ The majority of endothermic compounds are thermodynamically unstable and may decompose explosively under various circumstances of initiation. ▸ Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with significantly positive values of standard heats of formation, may be considered suspect on stability grounds. BRETHERICK L.: Handbook of Reactive Chemical Hazards **WARNING**: May decompose violently or explosively on contact with other substances. ▸ This substance, or one of its components, is one of the relatively few compounds which are described as "endothermic" i.e. heat is absorbed into the compound, rather than released from it, during its formation. ▸ The majority of endothermic compounds are thermodynamically unstable and may decompose explosively under various circumstances of initiation. ▸ Many but not all endothermic compounds have been involved in decompositions, reactions and explosions and, in general, compounds with significantly positive values of standard heats of formation, may be considered suspect on stability grounds. ▸ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

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Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	acetonitrile	Acetonitrile	40 ppm / 67 mg/m3	101 mg/m3 / 60 ppm	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
acetonitrile	Acetonitrile	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
acetonitrile	500 ppm	137 ppm
amitriptyline hydrochloride	Not Available	Not Available

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.
Personal protection	
Eye and face protection	▸ Safety glasses with side shields. ▸ Chemical goggles. ▸ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.
Skin protection	See Hand protection below
Hands/feet protection	▸ Wear chemical protective gloves, e.g. PVC. ▸ Wear safety footwear or safety gumboots, e.g. Rubber **NOTE:** ▸ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▸ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and.has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. for acetonitrile: Butyl rubber, PVAL, Teflon, Saranex, Silvershield, Viton/ chlorobutyl are all highly resistant to permeation
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ PVC Apron. ▸ PVC protective suit may be required if exposure severe. ▸ Eyewash unit. ▸ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. ▸ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). ▸ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:
"Forsberg Clothing Performance Index".
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
Amitriptyline hydrochloride

Material	CPI
BUTYL	A
BUTYL/NEOPRENE	A
CPE	A
PE/EVAL/PE	A
PVA	A
SARANEX-23	A
NEOPRENE	B

Respiratory protection

- **Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.**
- **The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.**
- **Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used**

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TEFLON	B
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NITRILE	C
VITON/NEOPRENE	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Not Available

Physical state	Liquid	**Relative density (Water = 1)**	0.8
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	524.0
pH (as supplied)	Not Applicable	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	-45	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	81.1	**Molecular weight (g/mol)**	41.05 Pure
Flash point (°C)	5.5 (OC)	**Taste**	Not Available
Evaporation rate	5.79 BuAc=1 BuAC = 1	**Explosive properties**	Not Available
Flammability	HIGHLY FLAMMABLE.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	16.0	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	4.4	**Volatile Component (%vol)**	100
Vapour pressure (kPa)	13.3 @ 27 deg.C	**Gas group**	Not Available
Solubility in water (g/L)	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	1.4	**VOC g/L**	792.8

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	▸ Presence of elevated temperatures. ▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	Nitrile poisoning exhibits similar symptoms to poisoning due to hydrogen cyanide. The substances irritate the eyes and skin, and are absorbed quickly and completely through the skin. The material has **NOT** been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. Serotonin syndrome (serious changes to brain, muscle and digestive function) may occur in therapy. Signs and symptoms of serotonin syndrome include restlessness, fast heart rate, fast changes in blood pressure, diarrhoea and vomiting, nausea, hallucinations, fever, coma, inco-ordination and brisk reflexes. Side effects of tricyclic antidepressants include dry mouth, sour or metallic taste, constipation, retention of urine, blurred vision and changes in focusing, palpitations, and fast heart beat. Gastrointestinal disturbances (including nausea and vomiting), drowsiness, tremor, low blood pressure when standing, dizziness, sweating, weakness and fatigue, inco-ordination, epilepsy-like seizures, and speech difficulties may occur.

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	Patients with Major Depressive Disorder may experience worsening of their depression and suicidal ideation even on medication until significant remission occurs. The association between the antidepressant drugs and worsening of symptoms are yet inconclusive. As such, patients (adults and children) should be closely monitored both at the beginning of therapy and its withdrawal to avoid symptoms such as anxiety, agitation, panic attacks, sleeplessness, irritability, hostility, impulsivity, psychomotor restlessness, hypomania and mania. In any case, medication should be tapered not administered or withdrawn abruptly.
Skin Contact	The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives 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. Toxic effects may result from skin 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.
Eye	There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain.
Chronic	Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Chronic exposure to cyanides and certain nitriles may result in interference to iodine uptake by thyroid gland and its consequent enlargement. This occurs following metabolic conversion of the cyanide moiety to thiocyanate.

Amitriptyline hydrochloride	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: 240 mg/kg[2]	Not Available

acetonitrile	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 980 mg/kg[2]	Eye (rabbit):20 mg (open)-SEVERE
	Inhalation (rat) LC50: 17080.4889 mg/l4 h[1]	Skin (rabbit):500 mg (open)-mild
	Oral (rat) LD50: <2000 mg/kg[1]	

amitriptyline hydrochloride	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: 240 mg/kg[2]	Eye (rabbit): SEVERE *
		Skin (rabbit): slight *

Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*

Amitriptyline hydrochloride	Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions.
ACETONITRILE	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
AMITRIPTYLINE HYDROCHLORIDE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). Intravenous (rabbit): 9.9 mg/kg * ADI: 150 mg/day Sleep, somnolence, hallucinations, convulsions, ataxia, muscle contraction, coma, cardiac changes, lowered blood pressure, dyspnae, cyanosis, respiratory depression, paternal effects, foetotoxicity, foetolethality, specific developmental abnormalities (central nervous system, craniofacial, body wall, musculoskeletal, effects on newborn recorded. * Mercke, Sharp and Dohme
Amitriptyline hydrochloride & ACETONITRILE	Absorption of acetonitrile occurs after oral, skin, or inhalation exposure. The liquid or vapour is irritating to the skin, eyes, and airways. At high enough doses, death can occur quickly from respiratory failure. Lower doses cause typical symptoms of cyanide poisoning such as salivation, nausea, vomiting, anxiety, confusion, rapid and difficult breathing, rapid pulse, unconsciousness, and convulsions.
ACETONITRILE & AMITRIPTYLINE HYDROCHLORIDE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

Acute Toxicity	✔	**Carcinogenicity**	⊘
Skin Irritation/Corrosion	⊘	**Reproductivity**	✔
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✔
Respiratory or Skin sensitisation	⊘	**STOT - Repeated Exposure**	⊘
Mutagenicity	⊘	**Aspiration Hazard**	⊘

Legend: ✘ *– Data available but does not fill the criteria for classification*
✔ *– Data available to make classification*
⊘ *– Data Not Available to make classification*

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SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Amitriptyline hydrochloride

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

acetonitrile

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
LC50	96	Fish	>100mg/L	4
NOEC	24	Crustacea	0.00001mg/L	4

amitriptyline hydrochloride

ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Not Available	Not Available	Not Available	Not Available	Not Available

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

Soil Guidelines: Dutch Criteria:
free cyanide: 1 mg/kg (target)
20 mg/kg (intervention)
complex cyanide (pH 5): 5 mg/kg (target)
50 mg/kg (intervention)
Air Quality Standards: no safe guidelines recommended due to carcinogenic properties.
On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems.
Abiotic Effects: Acetonitrile is a volatile organic compound (VOC) substance, thus it is a contributor to the formation of photochemical smog in the presence of other VOCs.
Transport: Acetonitrile is primarily removed by volatilization and leaching into groundwater. It has low adsorption potential to soils. Air - Acetonitrile may persist in the troposphere and can be transported over long distances.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
acetonitrile	HIGH (Half-life = 360 days)	HIGH (Half-life = 541.29 days)
amitriptyline hydrochloride	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
acetonitrile	LOW (BCF = 0.4)
amitriptyline hydrochloride	HIGH (LogKOW = 4.9487)

Mobility in soil

Ingredient	Mobility
acetonitrile	LOW (KOC = 4.5)
amitriptyline hydrochloride	LOW (KOC = 504700)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and SDS and observe all notices pertaining to the product.

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.

- **DO NOT** allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.

Continued...

	▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material). ▸ Decontaminate empty containers.

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	•2YE

Land transport (ADG)

UN number	1648
UN proper shipping name	ACETONITRILE
Transport hazard class(es)	Class: 3 Subrisk: Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: Not Applicable Limited quantity: 1 L

Air transport (ICAO-IATA / DGR)

UN number	1648
UN proper shipping name	Acetonitrile
Transport hazard class(es)	ICAO/IATA Class: 3 ICAO / IATA Subrisk: Not Applicable ERG Code: 3L
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: Not Applicable Cargo Only Packing Instructions: 364 Cargo Only Maximum Qty / Pack: 60 L Passenger and Cargo Packing Instructions: 353 Passenger and Cargo Maximum Qty / Pack: 5 L Passenger and Cargo Limited Quantity Packing Instructions: Y341 Passenger and Cargo Limited Maximum Qty / Pack: 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	1648
UN proper shipping name	ACETONITRILE
Transport hazard class(es)	IMDG Class: 3 IMDG Subrisk: Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-E , S-D Special provisions: Not Applicable Limited Quantities: 1 L

Transport in bulk according to Annex II of MARPOL and the IBC code

SOURCE	PRODUCT NAME	POLLUTION CATEGORY	SHIP TYPE
	Poly(2+)cyclic aromatics	X	1

Continued...

SECTION 15 REGULATORY INFORMATION

Safety, health and environmental regulations / legislation specific for the substance or mixture

ACETONITRILE(75-05-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix E (Part 2)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix J (Part 2)

AMITRIPTYLINE HYDROCHLORIDE(549-18-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Appendix K
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

National Inventory Status

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (amitriptyline hydrochloride; acetonitrile)
China - IECSC	N (amitriptyline hydrochloride)
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (amitriptyline hydrochloride)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	*Y = All ingredients are on the inventory* *N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

SECTION 16 OTHER INFORMATION

Revision Date	12/09/2018
Initial Date	21/12/2017

Other information

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.
The 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.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index

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end of SDS