

Everolimus-D4 solution

Novachem Pty Ltd

Version No: 2.2

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 4

Initial Date: 22/04/2026

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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Everolimus-D4 solution
Synonyms	RAD001, 42-O-(2-hydroxyethyl)rapamycin, SDZ-RAD
Proper shipping name	ACETONITRILE Acetonitrile Solution
Other means of identification	Not Available
CAS number	159351-69-6

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

Relevant identified uses	For professional use ONLY
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Details of the manufacturer or importer of the safety data sheet

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

Emergency telephone number


Association / Organisation	Victorian Poisons Information Centre	Victorian Poisons Information Centre
Emergency telephone number(s)	13 11 26	13 11 26
Other emergency telephone number(s)	Not Available	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Flammable Liquids Category 1, Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Serious Eye Damage/Eye Irritation Category 2A, Acute Toxicity (Inhalation) Category 4
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H224	Extremely flammable liquid and vapour.
H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H319	Causes serious eye irritation.
H332	Harmful if inhaled.

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Precautionary statement(s) Prevention

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P233	Keep container tightly closed.
P271	Use only outdoors or in a well-ventilated area.
P240	Ground and bond container and receiving equipment.

Precautionary statement(s) Response

P370+P378	In case of fire: Use alcohol resistant foam or normal protein foam to extinguish.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.

Precautionary statement(s) Storage

P403+P235	Store in a well-ventilated place. Keep cool.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

CAS No	%[weight]	Name
159351-69-6	0.013	everolimus
75-05-8	99.98	acetonitrile

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available

Mixtures

See section above for composition of Substances

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Quickly but gently, wipe material off skin with a dry, clean cloth. ▶ Immediately remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> ▶ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Urgent hospital treatment is likely to be needed. ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

Indication of any immediate medical attention and special treatment needed

For employees potentially exposed to antineoplastic and/ or cytotoxic agents on a regular basis, a replacement physical examination and history (noting risk factors) is recommended. Periodic follow-up examinations should also be undertaken and should be overseen by a physician familiar with the toxic effects of the substance and full details of the nature of work undertaken by the employee.

Following administration of antineoplastics, control of nausea and vomiting may be attempted by giving phenothiazines such as perphenazine, prochlorperazine, promethazine or thiethylperazine. In bone-marrow depression, transfusion of blood or platelets reduces the risk of life-threatening haemorrhage. Granulocyte transfusions and injection of

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antibiotics may be necessary to combat infection in the neutropenic patient. Hyperuricaemia is avoided by the addition of allopurinol to treatment schedules and measures such as alkalinisation of the urine and hydration may be adopted. MARTINDALE: The Extra Pharmacopoeia, 28th Edition.

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.
- ▶ 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 cobaltcyanide, which is excreted in the urine. In all cases hyperbaric therapy may increase the efficiency of a cyanide antidote kit.

SECTION 5 Firefighting measures

Extinguishing media

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
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Advice for firefighters

Fire Fighting	
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Liquid and vapour are highly flammable. ▶ Severe fire hazard when exposed to heat, flame and/or oxidisers. ▶ Vapour forms an explosive mixture with air. ▶ Severe explosion hazard, in the form of vapour, when exposed to flame or spark. Combustion products include: <ul style="list-style-type: none"> ▶ carbon dioxide (CO₂) ▶ nitrogen oxides (NO_x) ▶ other pyrolysis products typical of burning organic material.
HAZCHEM	●2YE

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	Environmental hazard - contain spillage. <ul style="list-style-type: none"> ▶ 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. It is recommended that areas handling final finished product have cytotoxic spill kits available. Spill kits should include: <ul style="list-style-type: none"> ▶ impermeable body covering, ▶ shoe covers, ▶ latex and utility latex gloves, ▶ goggles,
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	<ul style="list-style-type: none"> ▶ approved respirator (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent), see Section 8, ▶ disposable dust pan and scoop, ▶ absorbent towels, ▶ spill control pillows, ▶ disposable sponges, ▶ sharps container, ▶ disposable garbage bag and ▶ hazardous waste label <p>Where spills are treated with loose absorbents, such as vermiculite, ensure dust exposure is strictly avoided.</p> <p>To avoid accidental exposure due to waste handling of cytotoxics:</p> <ul style="list-style-type: none"> ▶ Place waste residue in a segregated sealed plastic container. ▶ Used syringes, needles and sharps should not be crushed, clipped, recapped, but placed directly into an approved sharps container. ▶ Dispose of any cleanup materials and waste residue according to all applicable laws and regulations e.g. secure chemical landfill disposal. <p>All personnel likely to involved in a antineoplastic (cytotoxic) spill must receive practical training in:</p> <ul style="list-style-type: none"> ▶ the correct procedures for handling cytotoxic drugs or waste in order to prevent and minimise the risk of spills ▶ the location of the spill kit in the area ▶ the arrangements for medical treatment of any affected personnel ▶ the procedure for containment of the spill, and decontamination of personnel and the environment, including the different procedures for major and minor spills ▶ the procedure for waste disposal according to the nature and extent of the spill
Major Spills	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ DO NOT touch the spill material <p>For alkyl nitriles:</p> <p>For residue:</p> <ul style="list-style-type: none"> ▶ 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. <p>Australian Standard (AS2639) and the National Institute of Health (USA) recommends that the preparation of injectable antineoplastic drugs should be performed in a Class II laminar flow biological safety cabinet and that personnel preparing drugs of this class should wear appropriate personal protective gear. Emphasise controls on containment.</p> <ul style="list-style-type: none"> ▶ Avoid skin contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps.
Other information	<p>Antineoplastics (cytotoxics):</p> <ul style="list-style-type: none"> ▶ should be clearly identifiable to all personnel involved in their handling ▶ should be stored in impervious break-resistant containers ▶ should be stored in separate, clearly marked storage areas to minimise the risk of breakage, and to limit contamination in the event of leakage. <p>Spill kits should be available in storage areas.</p> <ul style="list-style-type: none"> ▶ Store in original containers in approved flame-proof area. ▶ No smoking, naked lights, heat or ignition sources. ▶ DO NOT store in pits, depression, basement or areas where vapours may be trapped. ▶ Keep containers securely sealed.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ 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	<p>Acetonitrile</p> <ul style="list-style-type: none"> ▶ 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. <p>BREITHERICK L.: Handbook of Reactive Chemical Hazards</p> <p>WARNING:</p> <p>May decompose violently or explosively on contact with other substances.</p> <ul style="list-style-type: none"> ▶ 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.

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- ▶ 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


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
Australia Workplace exposure limits for airborne contaminants (WEL list) (Effective from 1 December 2026) - Appendix A - Workplace Exposure Limits	acetonitrile	Acetonitrile	20 ppm / 34 mg/m3	Not Available	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>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:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"> ▶ Chemical protective goggles with full seal. [AS/NZS 1337.1, EN166 or national equivalent] ▶ Shielded mask (gas-type). ▶ 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	<p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care.</p> <ul style="list-style-type: none"> ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▶ Double gloving should be considered. ▶ PVC gloves. <p>for acetonitrile: Butyl rubber, PVAL, Teflon, Saranex, Silvershield, Viton/ chlorobutyl are all highly resistant to permeation</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ When handling antineoplastic materials, it is recommended that a disposable work-uniform (such as Tyvek or closed front surgical-type gown with knit cuffs) is worn. ▶ Potentially contaminated bodily fluids should be handled in accordance with local standards or codes of practice (appendix 10 of 'Cytotoxic Drugs and Related Waste' - Workcover New South Wales, HSE Information Sheet MISC615, OSHA Technical Manual (OTM) Section VI: Chapter 2) ▶ 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:

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

Respiratory protection

Type A Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2

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

up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
A(All classes) = Organic vapours, B A1US or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

* 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.

- ▶ 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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Not Available		
Physical state	Liquid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	81-82	Molecular weight (g/mol)	Not Available
Flash point (°C)	2.22	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	HIGHLY FLAMMABLE.	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ 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

a) Acute Toxicity	There is sufficient evidence to classify this material as acutely toxic.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	Based on available data, the classification criteria are not met.

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e) Mutagenicity	Based on available data, the classification criteria are not met.						
f) Carcinogenicity	Based on available data, the classification criteria are not met.						
g) Reproductivity	Based on available data, the classification criteria are not met.						
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.						
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.						
j) Aspiration Hazard	Based on available data, the classification criteria are not met.						
Inhaled	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce toxic effects. The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. There is strong evidence to suggest that this material can cause, if inhaled once, serious, irreversible damage of organs. The smell of acetonitrile does not give enough warning of exposure. The gas is highly toxic, and inhaling it can cause loss of consciousness. There is strong evidence to suggest that this material, on a single contact with skin, can cause serious, irreversible damage of organs.</p>						
Ingestion	<p>Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual. Strong evidence exists that exposure to the material may cause irreversible damage (other than cancer, mutations and birth defects) following a single exposure by swallowing. 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 killing action of antineoplastic drugs used for cancer chemotherapy is not selective for cancerous cells alone but affect all dividing cells. Acute side effects include loss of appetite, nausea and vomiting, allergic reaction (skin rash, itch, redness, low blood pressure, unwellness and anaphylactic shock) and local irritation. Cyanide poisoning can cause increased saliva output, nausea without vomiting, anxiety, confusion, vertigo, dizziness, stiffness of the lower jaw, convulsions, spasm, paralysis, coma and irregular heartbeat, and stimulation of breathing followed by failure. Often the skin becomes cyanosed (blue-grey), and this is often delayed.</p>						
Skin Contact	<p>There is strong evidence to suggest that this material, on a single contact with skin, can cause serious, irreversible damage of organs. The material is not thought to be a skin irritant (as classified by EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. 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. Skin contact with the material may produce toxic effects; systemic effects may result following absorption.</p>						
Eye	<p>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.</p>						
Chronic	<p>Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. 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. Anti-cancer drugs used for chemotherapy can depress the bone marrow with reduction in the number of white blood cells and platelets and bleeding. Susceptibility to infections and bleeding is increased, which can be life-threatening.</p>						
Everolimus-D4 solution	<table border="1"> <thead> <tr> <th>TOXICITY</th> <th>IRRITATION</th> </tr> </thead> <tbody> <tr> <td>Not Available</td> <td>Not Available</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Not Available	Not Available		
TOXICITY	IRRITATION						
Not Available	Not Available						
Legend:	<p>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</p>						
EVEROLIMUS	<p>A structural analogue of rapamycin. May cause foetal harm; teratogenicity and embryoletality demonstrated in animals. No adequate and well-controlled studies in humans Impaired wound healing and thrombocytopenia is a possible side effect of rapamycin; therefore, some transplant centres prefer not to use it immediately after the transplant operation, instead administering it only after a period of weeks or months. Its optimal role in immunosuppression has not yet been determined, and is the subject of a number of ongoing clinical trials. The chief advantage rapamycin has over calcineurin inhibitors is that it has low toxicity towards kidneys. Transplant patients maintained on calcineurin inhibitors long-term tend to develop impaired kidney function or even chronic renal failure. It is particularly advantageous in patients with kidney transplants for hemolytic-uremic syndrome, as this disease is likely to recur in the transplanted kidney if a calcineurin-inhibitor is used. However, on October 7 2008, the FDA approved safety labeling revisions for rapamycin to warn of the risk for decreased renal function associated with its use. As with all immunosuppressive medications, rapamycin decreases the body's inherent anti-cancer activity and allows some cancers which would have been naturally destroyed to proliferate. Treatment with mTOR inhibitors can be complicated by adverse events. The most frequently occurring adverse events are stomatitis, rash, anaemia, fatigue, hyperglycaemia/hypertriglyceridemia, decreased appetite, nausea, and diarrhoea. Other adverse effects may include impaired wound healing and thrombocytopenia. Additionally, interstitial lung disease is an adverse event of particular importance. mTORi-induced ILD often is asymptomatic (with ground glass abnormalities on chest CT) or mild symptomatic (with a non-productive cough), but can be very severe as well. -CAUTION: May suppress the immune system in persons occupationally exposed to the material. Exposure to immunosuppressives may aggravate infectious diseases. PI3K inhibitors are often analogues of wortmannin, a steroid metabolism product of the fungus Penicillium funiculosam. Wortmannin cannot be used as a drug as it is severely toxic to the liver and is chemically unstable. Toxic effects of PI3K inhibitors have included high blood sugar, skin toxicity, and gastrointestinal side effects. High blood sugar has been observed, as well as rash. Other adverse effects have included a reduction in neutrophil white cells and mood disorders.</p>						
ACETONITRILE	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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.</p>						
Everolimus-D4 solution & ACETONITRILE	<p>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.</p>						
Acute Toxicity	✓	Carcinogenicity	✗				
Skin Irritation/Corrosion	✗	Reproductivity	✗				
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✗				
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗				

Everolimus-D4 solution

Mutagenicity **✘**Aspiration Hazard **✘**

Legend: **✘** – Data either not available or does not fill the criteria for classification
✔ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Everolimus-D4 solution	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. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data

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.

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.

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)

Bioaccumulative potential

Ingredient	Bioaccumulation
acetonitrile	LOW (BCF = 0.4)

Mobility in soil

Ingredient	Mobility
acetonitrile	LOW (Log KOC = 4.5)


SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> ▶ 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. ▶ Antineoplastic (cytotoxic) wastes must be packed directly, ready for incineration, into colour-coded, secure, labelled, leak-proof containers sufficiently robust to withstand handling without breaking, bursting or leaking. ▶ Containers of special design are available for particular needs (such as disposal of sharps) and should be used. ▶ Once filled and closed, such containers must never be re-opened. ▶ Immediate containers must bear a nationally accepted symbol or device depicting cytotoxic substances and be labelled with the words: CYTOTOXIC WASTE - INCINERATE in a style of lettering approved by the national/ state authority.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	●2YE

Land transport (ADG)

14.1. UN number or ID number	1648
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Everolimus-D4 solution

14.2. UN proper shipping name	ACETONITRILE Acetonitrile Solution	
14.3. Transport hazard class(es)	Class	3
	Subsidiary Hazard	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	Not Applicable
	Limited quantity	1 L

Air transport (ICAO-IATA / DGR)

14.1. UN number	1648	
14.2. UN proper shipping name	Acetonitrile Acetonitrile Solution	
14.3. Transport hazard class(es)	ICAO/IATA Class	3
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	3L
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. 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)

14.1. UN number	1648	
14.2. UN proper shipping name	ACETONITRILE Acetonitrile Solution	
14.3. Transport hazard class(es)	IMDG Class	3
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	F-E, S-D
	Special provisions	Not Applicable
	Limited Quantities	1 L

14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

14.7.2. Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
everolimus	Not Applicable
acetonitrile	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
everolimus	Not Applicable
acetonitrile	Not Applicable

SECTION 15 Regulatory information

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

everolimus is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

acetonitrile is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Continued...

Everolimus-D4 solution

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (everolimus)
Canada - DSL	No (everolimus)
Canada - NDSL	No (everolimus; acetonitrile)
China - IECSC	No (everolimus)
Europe - EINEC / ELINCS / NLP	No (everolimus)
Japan - ENCS	No (everolimus)
Korea - KECI	No (everolimus)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (everolimus)
USA - TSCA	TSCA Inventory 'Active' substance(s) (acetonitrile); No (everolimus)
Taiwan - TCSI	Yes
Mexico - INSQ	No (everolimus)
Vietnam - NCI	No (everolimus)
Russia - FBEPH	No (everolimus)
UAE - Control List (Banned/Restricted Substances)	No (everolimus; acetonitrile)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	22/04/2026
Initial Date	22/04/2026

SDS Version Summary

Version	Date of Update	Sections Updated
1.2	22/04/2026	Hazards identification - Classification

Other information

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
- ▶ ES: Exposure Standard
- ▶ 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
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code

- ▶ AIIC: Australian Inventory of Industrial Chemicals
- ▶ DSL: Domestic Substances List
- ▶ NDSL: Non-Domestic Substances List
- ▶ IECSC: Inventory of Existing Chemical Substance in China
- ▶ EINECS: European Inventory of Existing Commercial chemical Substances
- ▶ ELINCS: European List of Notified Chemical Substances
- ▶ NLP: No-Longer Polymers
- ▶ ENCS: Existing and New Chemical Substances Inventory
- ▶ KECI: Korea Existing Chemicals Inventory
- ▶ NZIoC: New Zealand Inventory of Chemicals
- ▶ PICCS: Philippine Inventory of Chemicals and Chemical Substances
- ▶ TSCA: Toxic Substances Control Act
- ▶ TCSI: Taiwan Chemical Substance Inventory

Continued...

Everolimus-D4 solution

- ▶ INSQ: Inventario Nacional de Sustancias Químicas
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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