

DL-Fenfluramine Hydrochloride

Novachem Pty Ltd

Version No: 1.1

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

Chemwatch Hazard Alert Code: 3

Initial Date: 08/12/2025

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S.GHS.AUS.EN

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

Product Identifier

Product name	DL-Fenfluramine Hydrochloride
Chemical Name	Not Available
Synonyms	Fenfluramine Hydrochloride
Proper shipping name	TOXIC SOLID, ORGANIC, N.O.S. (contains fenfluramine hydrochloride)
Chemical formula	C12-H16-F3-N .Cl-H
Other means of identification	TRC-F245605-2.5G
CAS number	404-82-0

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

Relevant identified uses	Laboratory use
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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]	Acute Toxicity (Oral) Category 3, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2A, Reproductive Toxicity Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
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)

DL-Fenfluramine Hydrochloride

H301	Toxic if swallowed.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H361d	Suspected of damaging the unborn child.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P330	Rinse mouth.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

Precautionary statement(s) Storage

P405	Store locked up.
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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
404-82-0	100	fenfluramine hydrochloride
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 contact occurs:</p> <ul style="list-style-type: none">▶ 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	<ul style="list-style-type: none">▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area.▶ Other measures are usually unnecessary.
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

The management of overdose with amphetamines generally involves supportive and symptomatic therapy. Sedation is usually sufficient. Forced acid diuresis has been advocated to increase amphetamine excretion but should only be considered in severely poisoned patients and requires close supervision and monitoring. MARTINDALE: The Extra Pharmacopoeia, 27th Ed. Amphetamines may be monoamine oxidase inhibitors (MAOIs). Monoamine oxidase inhibitors produce postural hypotension, dizziness, drowsiness, weakness and fatigue, dryness of the mouth, constipation and other gastrointestinal disturbances (including nausea and vomiting) and oedema. Other symptoms may include agitation and tremors,

insomnia and restless sleep, blurred vision, difficulty in urinating, convulsions, skin rashes, leucopenia, sexual disturbances and weight gain with inappropriate appetite. Psychotic episodes may be characterised by hypomanic behavior, confusion and hallucinations. Jaundice has been reported and infrequently this may lead to fatal progressive hepatocellular necrosis.

for stimulants:

Treatment and Management.

A specific antidote does not exist for acute stimulant intoxication. Activated charcoal should be prescribed in a case of acute overdose. Otherwise the treatment should target specific signs and symptoms such as hypertension, agitation, seizures, and hyperthermia. Rapid supportive treatment may reduce mortality.

Supportive therapy

Acute intoxication usually presents with increased sensitivity to sensorial stimuli and paranoia. As such, decreasing the patient's level of stimulation (keep voice low, dim lights, minimise touch) and working with the patient's paranoid state (reduce eye contact, respect personal space, do not approach from behind) is important.

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

Decontamination with gastric lavage may be appropriate in cases of recent ingestion.

Monitor vital signs and hydrate with intravenous fluids.

Withdrawal related insomnia may be treated with trazodone (75-200 mg), hydroxyzine (25-50 mg), or diphenhydramine (50-100 mg) at bedtime.

Benzodiazepines should be avoided unless the patient is also in detox from alcohol/benzodiazepines/opiates.

Neuroleptics may be used for the symptomatic treatment of psychosis.

Physical restraints may be required in certain cases.

Common withdrawal symptoms may include dysphoria, anxiety, and irritability, decreased energy (manifested as reported fatigue, psychomotor retardation and hypersomnia), hyperphagia, decreased concentration, and paranoia. The withdrawal symptoms are uncomfortable but not life threatening; consequently, no current recommendations for a stimulant-detoxification regimen are available.

Stimulant withdrawal dysphoria is common and does not in itself represent an indication for an antidepressant. However, a thorough assessment (including consideration of an antidepressant) is recommended for persistent (longer than a week) depressive symptoms at a level of moderate or severe or associated with suicidal ideation/attempts.

Medscape

SECTION 5 Firefighting measures

Extinguishing media

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

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	<ul style="list-style-type: none">Alert Fire Brigade and tell them location and nature of hazard.Wear breathing apparatus plus protective gloves in the event of a fire.Prevent, by any means available, spillage from entering drains or water courses.Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	<ul style="list-style-type: none">Solid which exhibits difficult combustion or is difficult to ignite.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 (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. <p>Combustion products include:</p> <ul style="list-style-type: none">carbon monoxide (CO)carbon dioxide (CO2)hydrogen chloridephosgenenitrogen oxides (NOx)other pyrolysis products typical of burning organic material. <p>May emit poisonous fumes.</p>
HAZCHEM	2X

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	<ul style="list-style-type: none">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.
Major Spills	<ul style="list-style-type: none">Clear area of personnel and move upwind.Alert Fire Brigade and tell them location and nature of hazard.Wear breathing apparatus plus protective gloves.Prevent, by any means available, spillage from entering drains or water course.

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

SECTION 7 Handling and storage

DL-Fenfluramine Hydrochloride

Precautions for safe handling

Safe handling	<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. ▶ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) ▶ Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. ▶ Establish good housekeeping practices. ▶ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
Other information	<p>NOTE: Special security requirements may be mandated under Federal/State Regulation(s).</p> <ul style="list-style-type: none"> ▶ Store in original containers. ▶ Store in vault fitted with warning devices or detectors recommended by various Federal/State authorities. ▶ Store in vault used only for the purpose of storage of drugs of addiction.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Packaging as recommended by manufacturer. ▶ Check that containers are clearly labelled. ▶ Tamper-proof containers. ▶ Polyethylene or polypropylene containers. ▶ Glass container is suitable for laboratory quantities <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong bases. ▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection


Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Exposure controls

Appropriate engineering controls	<p>For potent pharmacological agents:</p> <p>Powders</p> <p>To prevent contamination and overexposure, no open handling of powder should be allowed.</p> <ul style="list-style-type: none"> ▶ Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system. ▶ In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used. ▶ Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs. <p>Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.</p> <p>HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.</p> <p>Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.</p> <p>A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.</p>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<p>For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:</p> <ul style="list-style-type: none"> ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▶ 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.
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.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ 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.

Respiratory protection

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

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DL-Fenfluramine Hydrochloride

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

A(All classes) = Organic vapours, B AUS 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)

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.

P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	white Crystalline powder		
Physical state	Solid	Relative density (Water = 1)	Not Available
Odour	No Odour	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)	166-169	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	267.72
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
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"> 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

DL-Fenfluramine Hydrochloride

Information on toxicological effects

a) Acute Toxicity	There is sufficient evidence to classify this material as acutely toxic.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
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.
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	There is sufficient evidence to classify this material as toxic to reproductivity
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	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual. Anorectic agents can cause overstimulation of the central nervous system, leading to hyperventilation, tremor, motor difficulties, dilated pupils, blurred vision, insomnia and dream disturbances. They also cause weakness, fatigue, drowsiness, depression, inco-ordination, difficulty speaking, confusion and hallucinations. Adverse effects associated with the administration of central nervous system stimulants include shortness of breath, coughing, spasm of the bronchi and spasm of the throat (larynx). Muscular involvement may produce symptoms ranging from twitching to spasticity or seizures. Headache, dizziness and confusion may also result, as can a very high fever or a sensation of warmth. Other symptoms may include nausea, vomiting, diarrhea and difficulty in urination. Phenethylamines are structurally similar to amphetamines. Side effects of amphetamine treatment are associated with overstimulation of the central nervous system and include sleeplessness, nervousness, restlessness, irritability and a feeling of well-being, followed by fatigue and depression. There may be dry mouth, poor appetite, abdominal cramps and other gastrointestinal disturbances, headache, dizziness, tremor, sweating, fast heartbeat, palpitations, increased blood pressure, difficulty urinating, altered sex drive and impotence. Psychotic reactions and muscle damage (associated with kidney complications) have also occurred. Phenethylamines produce effects similar to amphetamines. They excite the nervous system, causing shortness of breath, cough, narrowing of the airways and throat spasms.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	This material causes serious eye irritation.
Chronic	Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother. Long-term use of amphetamines can lead to tolerance developing to some of its effects, leading to an urge to increase dose and habituation. However, amphetamines generally do not cause physical dependence. Chronic effects associated with the use of anorectic stimulants include severe skin disorders, inability to sleep, irritability, hyperactivity, personality changes, urinary frequency, painful urination and impotence. 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 behaviour and may induce psychosis with auditory and visual hallucinations and paranoid delusions.

DL-Fenfluramine Hydrochloride	TOXICITY	IRRITATION
	Oral (Rabbit) LD50; 50 mg/kg ^[2]	Not Available

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

FENFLURAMINE HYDROCHLORIDE	Based on laboratory and animal testing, exposure to the material may result in irreversible effects and mutations in humans. NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.
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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 either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

Continued...

DL-Fenfluramine Hydrochloride

DL-Fenfluramine 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. 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				

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients



SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none">Containers may still present a chemical hazard/ danger when empty.Return to supplier for reuse/ recycling if possible. Otherwise: <ul style="list-style-type: none">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. Valuable substance, hold all residues for recovery. Disposal of the material must be carried out in accordance with the requirements of the relevant Federal/State Act(s) or Code(s) regulating the disposal of Drugs of Addiction. <ul style="list-style-type: none">Consult manufacturer/supplier for recycling options.Decontaminate empty containers with water; incinerate plastic bags.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.
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SECTION 14 Transport information

Labels Required

	
Marine Pollutant	
HAZCHEM	2X

Land transport (ADG)

14.1. UN number or ID number	2811	
14.2. UN proper shipping name	TOXIC SOLID, ORGANIC, N.O.S. (contains fenfluramine hydrochloride)	
14.3. Transport hazard class(es)	Class	6.1
	Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Special provisions	223 274
	Limited quantity	5 kg

Air transport (ICAO-IATA / DGR)

DL-Fenfluramine Hydrochloride

14.1. UN number	2811	
14.2. UN proper shipping name	Toxic solid, organic, n.o.s. * (contains fenfluramine hydrochloride)	
14.3. Transport hazard class(es)	ICAO/IATA Class	6.1
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	6L
14.4. Packing group	III	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Special provisions	A3 A5
	Cargo Only Packing Instructions	677
	Cargo Only Maximum Qty / Pack	200 kg
	Passenger and Cargo Packing Instructions	670
	Passenger and Cargo Maximum Qty / Pack	100 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Y645
	Passenger and Cargo Limited Maximum Qty / Pack	10 kg

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	2811	
14.2. UN proper shipping name	TOXIC SOLID, ORGANIC, N.O.S. (contains fenfluramine hydrochloride)	
14.3. Transport hazard class(es)	IMDG Class	6.1
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Marine Pollutant	
14.6. Special precautions for user	EMS Number	F-A, S-A
	Special provisions	223 274
	Limited Quantities	5 kg

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
fenfluramine hydrochloride	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
fenfluramine hydrochloride	Not Applicable

SECTION 15 Regulatory information

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

fenfluramine hydrochloride is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (fenfluramine hydrochloride)
Canada - NDSL	No (fenfluramine hydrochloride)
China - IECSC	No (fenfluramine hydrochloride)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (fenfluramine hydrochloride)
Korea - KECI	No (fenfluramine hydrochloride)
New Zealand - NZIoC	Yes

DL-Fenfluramine Hydrochloride

National Inventory	Status
Philippines - PICCS	No (fenfluramine hydrochloride)
USA - TSCA	No (fenfluramine hydrochloride)
Taiwan - TCSI	Yes
Mexico - INSQ	No (fenfluramine hydrochloride)
Vietnam - NCI	No (fenfluramine hydrochloride)
Russia - FBEPH	No (fenfluramine hydrochloride)
UAE - Control List (Banned/Restricted Substances)	No (fenfluramine hydrochloride)
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	08/12/2025
Initial Date	08/12/2025

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

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