

ACETYL CHOLINE IODIDE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ACETYL CHOLINE IODIDE

OTHER NAMES

C7-H16-I-NO₂, "choline acetate (ester), iodide", "acetoxyethyl-trimethylammonium iodide", "2-acetoxyethyltrimethylammonium iodide", "o-acetylcholine iodide", "acetylcholine iodohydrate", "acetylcholinium iodide", "2-(acetyloxy)-N, N, N-trimethylethanaminium iodide", "choline, iodide acetate", "ethanaminium, 2-(acetyloxy)-N, N, N-trimethyl-, iodide"

PRODUCT USE

Laboratory reagent, medicine (cholinergic).

Acetylcholine is a chemical transmitter with a wide range of actions in the body; it is a powerful quaternary ammonium parasympathomimetic agent whose action is transient following destruction by cholinesterase. It is released from the post-ganglionic parasympathetic nerves and also some post-ganglionic sympathetic nerves to produce peripheral actions which correspond to those of muscarine; these include vasodilation and cardiac depression. Vasodilation is most pronounced in peripheral areas. The substance, in addition, has a tonic effect on smooth muscle, stimulates the vagus and parasympathetic nervous system and increases secretions from the lachrymal and salivary glands. All muscular actions are abolished with atropine.

The chloride is instilled in the eye following cataract surgery to rapidly constrict the pupil and has been used in a wide variety of conditions such as Raynaud's disease, intermittent claudication, trophic ulcers, gangrene, post-operative distension and paralytic ileus, paroxysmal tachycardia, and (by subconjunctival injection) in the spasm of the retinal arteries and chronic glaucoma. [Martindale]

SUPPLIER

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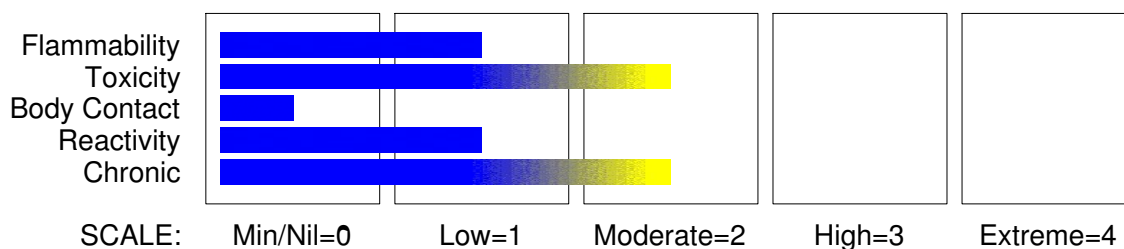
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

Not hazardous
No hazards determined by using GHS criteria

PRECAUTIONARY STATEMENTS

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
acetylcholine iodide	2260-50-6	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

For advice, contact a Poisons Information Centre or a doctor.
If swallowed:

- Contact a Poisons Information Centre or a doctor at once.
- If swallowed, activated charcoal may be advised.
- Give atropine if instructed.
- REFER FOR MEDICAL ATTENTION WITHOUT DELAY.
- 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 MSDS 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 MSDS.

EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If product comes in contact with skin:

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Section 4 - FIRST AID MEASURES

- Contact a Poisons Information Centre or a doctor.
- DO NOT allow clothing wet with product to remain in contact with skin, strip all contaminated clothing including boots.
- Quickly wash affected areas vigorously with soap and water.
- DO NOT give anything by mouth to a patient showing signs of narcosis, i.e. losing consciousness.
- Give atropine if instructed.
- DO NOT delay, get to a doctor or hospital quickly.

INHALED

- If spray mist, vapour are inhaled, remove from contaminated area.
- Contact a Poisons Information Centre or a doctor at once.
- Lay patient down in a clean area and strip any clothing wet with spray.
- 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.
- DO NOT give anything by mouth to a patient showing signs of narcosis, i.e. losing consciousness.
- Give atropine if instructed.
- Get to doctor or hospital quickly.

NOTES TO PHYSICIAN

Atropine sulfate, usually in doses of 600 microgram may be given intravenously, intramuscularly, or subcutaneously to control the muscarinic effects of choline esters. Supportive treatment may be required. MARTINDALE: The Extra Pharmacopoeia, Twenty-ninth Edition.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- 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 courses.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Other combustion products include: carbon dioxide (CO₂), hydrogen bromide and nitrogen oxides (NO_x).

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Section 5 - FIRE FIGHTING MEASURES

FIRE INCOMPATIBILITY

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

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.
- Avoid generating dust.
- Sweep, shovel up. Recover product wherever possible.
- Put residues in labelled plastic bags or other containers for disposal.
- If contamination of drains or waterways occurs, advise emergency services.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

Avoid smoking, naked lights or ignition sources.

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

Glass container.

Plastic container.

- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.

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Section 7 - HANDLING AND STORAGE

Avoid strong bases.

STORAGE REQUIREMENTS

Product must be refrigerated at 2-8 deg.C.

Keep dry.

- Store in original containers.
- Keep containers securely sealed.
- No smoking, naked lights or ignition sources.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ + + + + +

+: May be stored together

O: May be stored together with specific precautions

X: Must not be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

• acetylcholine iodide:

CAS:2260- 50- 6

MATERIAL DATA

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

PERSONAL PROTECTION



EYE

No special equipment needed when handling small quantities of substance.

For bulk handling wear:

Chemical goggles or

Face shield.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

HANDS/FEET

Rubber gloves
PVC gloves
Protective shoe covers
Head covering.

OTHER

No special equipment when handling small quantities of substance otherwise:
Coveralls
For Emergencies:
Vinyl suit
Safety shower

RESPIRATOR

High Efficiency Dust Respirator (P2, P3)
For non-routine emergencies wear full face mask self-contained breathing apparatus.

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.
For further information consult your
Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

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

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

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

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

required to effectively remove the contaminant.

Type of Contaminant: solvent, vapours, etc. evaporating from tank (in still air)	Air Speed: 0.25- 0.5 m/s (50- 100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5- 1 m/s (100- 200 f/min.)
direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1- 2.5 m/s (200- 500 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood- local control only

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

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:

- 10; high efficiency particulate (HEPA) filters or cartridges
- 10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.
- 25-50; a full face-piece negative pressure respirator with HEPA filters
- 50-100; tight-fitting, full face-piece HEPA PAPR
- 100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White crystalline lumps or powder; very soluble in cold water and alcohol.
Decomposed by hot water or alkalis. Very deliquescent.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 273.11

Melting Range (°C): 162- 164

Solubility in water (g/L): Miscible

pH (1% solution): Not available

Volatile Component (%vol): Not applicable.

Relative Vapour Density (air=1): Not available

Lower Explosive Limit (%): Not available.

Autoignition Temp (°C): Not available.

State: Divided solid

Boiling Range (°C): Sublimes.

Specific Gravity (water=1): Not available.

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not applicable

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

Considered an unlikely route of entry in commercial/industrial environments.

Adverse effects of choline esters include nausea, vomiting, abdominal pain, flushing, sweating, salivation, lachrymation, rhinorrhea, eruction, involuntary defaecation, and urination, bradycardia, and peripheral vasodilation leading to hypotension, transient heart block, bronchoconstriction and a feeling of constriction beneath the chest.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The material is not thought to be a skin irritant (i.e. is unlikely to produce irritant dermatitis as described in EC Directives using animal models). Temporary discomfort, however, may result from prolonged dermal exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

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Section 11 - TOXICOLOGICAL INFORMATION

Open cuts, abraded or irritated skin should not be exposed to this material.
Toxic effects may result from skin absorption.

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.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.

Iodine and iodides may produce goitre and hypothyroidism as well as hyperthyroidism. A mild toxic syndrome resulting from chronic iodide overdose and from repeated administration of small amounts of iodine ("iodism") is characterised by salivation, coryza, sneezing, conjunctivitis, headache, fever, laryngitis, bronchitis, stomatitis, parotitis (iodine mumps), and various skin rashes (iododerma*, thrombotic thrombocytopenic purpura). Swelling and inflammation of the throat, irritated and swollen eyes and pulmonary oedema may also occur. Oedema of the glottis, necessitating tracheotomy has been reported. Occasional use of iodides for asthma in pregnancy has resulted in foetal death, severe goiter, hypothyroidism and the cretinoid appearance of the new-born. *Iododerma may vary from mild erythema and acneform eruptions to urticaria and suppurative or haemorrhagic rashes.

TOXICITY AND IRRITATION

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

TOXICITY

Subcutaneous (mouse) LD50: 170 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

No data for acetylcholine iodide.

Section 13 - DISPOSAL CONSIDERATIONS

- Consult manufacturer for recycling options and recycle where possible .
- Consult State Land Waste Management Authority for disposal.
- Incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

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

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Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable

No data available for acetylcholine iodide as CAS: 2260-50-6.

Section 16 - OTHER INFORMATION

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

Issue Date: 12-May-2018