

Methylene Blue, 50mg in 5mL, Injection

Phebra Pty Ltd

Chemwatch: 25-4596

Version No: 4.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 0

Issue Date: 01/11/2019

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S.GHS.AUS.EN.E

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

Product Identifier

Product name	Methylene Blue, 50mg in 5mL, Injection
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Methylene Blue Injection is mainly used in the treatment of idiopathic and drug-induced methaemoglobinaemia. Methylene Blue Injection is also used as a bacteriological stain, as a dye in diagnostic procedures such as fistula detection and gastro-oesophageal reflux in infants and children and for the delineation of certain body tissues during surgery.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Phebra
Address	17-19 Orion Road Lane Cove West NSW 2066 Australia
Telephone	+61 2 9420 9199 1800 720 020
Fax	+61 2 9420 9177
Website	www.phebra.com
Email	msds@phebra.com

Emergency telephone number

Association / Organisation	Phebra
Emergency telephone numbers	+61 401 264 004
Other emergency telephone numbers	N/A

SECTION 2 Hazards identification

Classification of the substance or mixture

NON-HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings

	Min	Max
Flammability	0	
Toxicity	0	0 = Minimum
Body Contact	0	1 = Low
Reactivity	0	2 = Moderate
Chronic	0	3 = High
		4 = Extreme

Poisons Schedule	S4
Classification [1]	Not Applicable

Label elements

Hazard pictogram(s)	Not Applicable
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Signal word	Not Applicable
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Hazard statement(s)

Not Applicable

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 Composition / information on ingredients**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
61-73-4	1.01	<u>methylene blue</u>
7732-18-5	98.99	<u>water</u>
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	

SECTION 4 First aid measures**Description of first aid measures**

Eye Contact	If this product comes in contact with eyes: <ul style="list-style-type: none"> ▶ Wash out immediately with water. ▶ If irritation continues, seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: <ul style="list-style-type: none"> ▶ 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"> ▶ Immediately give a glass of water. ▶ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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	None known.
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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. ▶ 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	<ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn.
HAZCHEM	Not Applicable

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 all spills immediately. ▶ Avoid breathing vapours and contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with sand, earth, inert material or vermiculite. ▶ Wipe up. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Minor hazard.</p> <ul style="list-style-type: none"> ▶ Clear area of personnel. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Control personal contact with the substance, by using protective equipment as required. ▶ Prevent spillage from entering drains or water ways. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Absorb remaining product with sand, earth or vermiculite and place in appropriate containers for disposal.

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"> ▶ 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.
Other information	<ul style="list-style-type: none"> ▶ 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 storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Glass container is suitable for laboratory quantities ▶ Polyethylene or polypropylene container. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Avoid contamination of water, foodstuffs, feed or seed. None known

SECTION 8 Exposure controls / personal protection**Control parameters****Occupational Exposure Limits (OEL)****INGREDIENT DATA**

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
Methylene Blue, 50mg in 5mL, Injection	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
methylene blue	Not Available	Not Available
water	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
methylene blue	E	≤ 0.01 mg/m ³

Notes:


Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:
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Continued...

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	<p>Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>General exhaust is adequate under normal operating conditions.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields ▶ Chemical goggles. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<p>Wear general protective gloves, eg. light weight rubber gloves.</p> <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. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage.</p>
Body protection	See Other protection below
Other protection	<p>No special equipment needed when handling small quantities.</p> <p>OTHERWISE:</p> <ul style="list-style-type: none"> ▶ Overalls. ▶ Barrier cream. ▶ Eyewash unit.

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
NEOPRENE	A
VITON	A
NATURAL RUBBER	C
PVA	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, 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	-AUS / Class1 P2	-
up to 50	1000	-	-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	-2 P2
up to 100	10000	-	-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
 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)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Methylene Blue Injection is a clear, blue solution; mixes with water. Methylene Blue Injection is an aqueous solution.		
Physical state	Liquid	Relative density (Water = 1)	1.002 approx.
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	3-4.5	Decomposition temperature (°C)	Not Available

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Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	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	Miscible	pH as a solution (Not Available%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	Product is considered stable and hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. Not normally a hazard due to non-volatile nature of product
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence.
Skin Contact	The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
Eye	Although the liquid 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).
Chronic	Long-term exposure to the product is not thought to produce chronic effects adverse to the health (as classified by EC Directives using animal models); nevertheless exposure by all routes should be minimised as a matter of course.

Methylene Blue, 50mg in 5mL, Injection	TOXICITY	IRRITATION
	Not Available	Not Available
methylene blue	TOXICITY	IRRITATION
	Oral (Rat) LD50; 1180 mg/kg ^[2]	Not Available
water	TOXICITY	IRRITATION
	Oral (Rat) LD50; >90000 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	

Methylene Blue, 50mg in 5mL, Injection	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
METHYLENE BLUE	After i.v. administration Methylene Blue may cause nausea, vomiting, abdominal and chest pain, headache, dizziness, mental confusion, profuse sweating, and hypertension; with very high doses methaemoglobinemia and ahemolysis may occur. Methylene Blue activates a normally dormant reductase enzyme system which reduces the methylene blue to leucomethylene blue, which in turn is able to reduce methaemoglobin to haemoglobin. Methylene Blue is absorbed from the gastrointestinal tract. It is believed to be reduced in the tissues to the leuco form which is slowly excreted, mainly in the urine together with some unchanged drug. Methylene Blue imparts a blue color to urine and faeces. In large doses Methylene Blue can produce methaemoglobinaemia. Although intra-amniotic injection of Methylene Blue has been used to diagnose premature rupture of fetal membranes or to identify separate amniotic sacs in twin pregnancies, there have been several reports of hemolytic anemia

(Heinz-body anemia) and hyperbilirubinemia in neonates exposed to Methylene Blue in the amniotic cavity. In most cases, exchange transfusions and/or phototherapy are required to control the jaundice. Methylene Blue should be used with caution in the treatment of toxic methemoglobinemia; high doses can cause hemolytic anemias and patients with glucose-6-phosphate dehydrogenase (G6PD) deficiencies are particularly susceptible. A rapid disappearance of cyanosis in response to Methylene Blue would be expected within one hour but might not occur if the patient has erythrocyte G6PD or NADPH-diaphorase deficiency or if methemoglobinemia is due to the ingestion of compounds such as aniline or dapsone. A second dose has been recommended if cyanosis does not disappear within 1 hour of Methylene Blue administration but results of a study in animals and of a patient with aniline poisoning indicated that an increased dosage of Methylene Blue might be of no additional benefit and could be potentially dangerous in that it could enhance Heinz body formation. Methylene Blue should not be injected s.c. as it may cause necrotic abscesses. It should not be given by intrathecal injection as neural damage has occurred. Methylene Blue should be used with caution in patients with glucose-6-phosphate dehydrogenase deficiency.

For nitric oxide synthase (NOS) inhibitors:

Nitric oxide provokes many cellular responses and modulates physiological functions differently depending on the organ system. Systemic nitric oxide inhibition may be limited by the widespread involvement of nitric oxide in most body systems. To further complicate matters, depending on the disease studied, changes in nitric oxide may either ameliorate or exacerbate the pathophysiology of the disease. This proves to be a particular challenge in patients with co-morbidities

Nitric oxide inhibition could be detrimental to patients with cardiovascular and renal diseases. Nitric oxide is cardio-protective during ischemic events by causing coronary vasodilation and improving oxygen delivery. Nitric oxide inhibition also suppresses statin-induced oxygen delivery to myocardium. Nitric oxide inhibition could contribute to endothelial dysfunction and inflammatory syndrome in patients with autoimmune disease, leading to an escalation of cardiovascular morbidity and mortality. One animal study shows that chronic NOS inhibition may also produce long-term biological effects by enhancing early atherogenesis in animals

In patients with chronic kidney disease, nitric oxide inhibition aggravates endothelial dysfunction, vasoconstriction, blood pressure elevation and atherosclerosis, thereby worsening kidney disease progression, particularly in the setting of diabetic nephropathy.

Phenothiazine derivatives are classic examples of the fact that few drugs have just one effect. Although it is common to think of these agents as clinically useful in the treatment of emotional disorders, especially schizophrenic reactions, Phenothiazines also have medical importance as antiemetic agents and as adjuncts to anesthetic or analgesic drugs. In addition to these useful therapeutic effects, various phenothiazine derivatives may exhibit antihistaminic, adrenergic blocking, anticholinergic, or metabolic-endocrine actions. Such an array of pharmacodynamic actions contributes to the wide variety of adverse effects that these drugs may evoke.

Because phenothiazines may interfere with thermoregulatory mechanisms, use with caution in persons who will be exposed to extreme heat.

Phenothiazines can produce alpha-adrenergic blockade. As with all drugs which exert an anticholinergic effect, and/or cause mydriasis, trifluoperazine should be used with caution in patients with glaucoma.

It has been suggested in regard to phenothiazines in general, that people who have demonstrated a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to one may be more prone to demonstrate a reaction to others. Attention should be paid to the fact that phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides.

Not all of the following adverse reactions have been observed with every phenothiazine derivative, but they have been reported with one or more and should be borne in mind when drugs of this class are administered: extrapyramidal symptoms (opisthotonus, oculogyric crisis, hyperreflexia, dystonia, akathisia, dyskinesia, parkinsonism) some of which have lasted months and even years-particularly in elderly patients with previous brain damage; grand mal and petit mal convulsions, particularly in patients with EEG abnormalities or history of such disorders; altered cerebrospinal fluid proteins; cerebral edema; intensification and prolongation of the action of central nervous system depressants (opiates, analgesics, antihistamines, barbiturates, alcohol), atropine, heat, organophosphorus insecticides; autonomic reactions (dryness of mouth, nasal congestion, headache, nausea, constipation, obstipation, adynamic ileus, ejaculatory disorders/impotence, priapism, atonic colon, urinary retention, miosis and mydriasis); reactivation of psychotic processes, catatonic-like states; hypotension (sometimes fatal); cardiac arrest; blood dyscrasias (pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia, hemolytic anemia, aplastic anemia); liver damage (jaundice, biliary stasis); endocrine disturbances (hyperglycemia, hypoglycemia, glycosuria, lactation, galactorrhea, gynecomastia, menstrual irregularities, false-positive pregnancy tests); skin disorders (photosensitivity, itching, erythema, urticaria, eczema up to exfoliative dermatitis); other allergic reactions (asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions); peripheral edema; reversed epinephrine effect; hyperpyrexia; mild fever after large I.M. doses; increased appetite; increased weight; a systemic lupus erythematosus-like syndrome; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits.

EKG changes-particularly nonspecific, usually reversible Q and T wave distortions-have been observed in some patients receiving phenothiazine antipsychotics.

As cationic polymers possess unique physical structures and surface properties, various kinds of cationic polymers have been developed over the past few decades for a wide spectrum of nanomedical applications in the central nervous system (CNS). Although cationic polymers could be successfully used for gene transfer, drug delivery, and diagnostic imaging, after entering into the CNS, they may cause neurotoxicity and induce CNS damage, which seriously limits their applications. The neurotoxic effects of cationic polymers on CNS are mostly studied in mice, and have not been examined in detail.

While evaluating the neurotoxicity of cationic polymers, the surface charge, surface area, coating, size, shape, and the basic materials that cationic polymers are made up of are expected to show important roles, and should be carefully considered. Apoptosis, necrosis, autophagy, oxidative stress, inflammation, and inflammasome; which are expected to be the most important problems in the evaluation of cationic polymers-induced neurotoxicity.

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

Methylene Blue, 50mg in 5mL, Injection & WATER	No significant acute toxicological data identified in literature search.		
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

	Endpoint	Test Duration (hr)	Species	Value	Source
Methylene Blue, 50mg in 5mL, Injection	Not Available	Not Available	Not Available	Not Available	Not Available

Methylene Blue, 50mg in 5mL, Injection

methylene blue	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	96.5h	Fish	0.026mg/L	4

water	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 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
water	LOW	LOW

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	<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. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</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. ▶ Recycle wherever possible. ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

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

Product name	Group
methylene blue	Not Available
water	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
methylene blue	Not Available
water	Not Available

SECTION 15 Regulatory information

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

methylene blue is found on the following regulatory lists

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

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7

Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

water is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (methylene blue; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
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	01/11/2019
Initial Date	03/12/2010

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	25/01/2019	One-off system update. NOTE: This may or may not change the GHS classification, Supplier Information
4.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

Other information

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

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average

PC—STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit.

IDLH: Immediately Dangerous to Life or Health Concentrations

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

AIIC: Australian Inventory of Industrial Chemicals

DSL: Domestic Substances List

NDSL: Non-Domestic Substances List

IECSC: Inventory of Existing Chemical Substance in China

Methylene Blue, 50mg in 5mL, Injection

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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