
BAYER CORPORATION, DIAGNOSTICS -- 2592, HEMA-CHEK SLIDE TEST (SEE SUPPL)

MSDS Safety Information

_____ FSC: 6550 NIIN: 00-165-6538 MSDS Date: 06/17/2000 MSDS Num: CLJFJ Product ID: 2592, HEMA-CHEK SLIDE TEST (SEE SUPPL) MFN: 01 Kit Part: Y **Responsible Party** Cage: UO668 Name: BAYER CORPORATION, DIAGNOSTICS DIVISION Addre ss: 511 BENEDICT City: TARRYTOWN NY 10591 Info Phone Number: 219-264-8400/8003488100 AMES Emergency Phone Number: 219-264-8400 Resp. Party Other MSDS No.: 2592KIT Preparer's Name: T.E. GARLAND Chemtrec IND/Phone: (800)424-9300 Published: Y _____ Contractor Summary Cage: UO668 Name: BAYER CORP DIAGNOSTICS DIVISION Address: 511 BENEDICT City: TARRYTOWN NY 10591 Phone: 219-264-8400/800-348-81 00 _____ Item Description Information _____ Item Name: TEST KIT, OCCULT BLOOD DETERMINATION Specification Number: NONE Type/Grade/Class: NONE Unit of Issue: EA UI Container Qty: 1 Type of Container: UNKNOWN _____ Health Hazards Data ______ Carcinogenicity Inds - NTP: NO IARC: NO OSHA: NO Effects of

Exposure: INHALATION/INGESTION: NOT EXPECTED TO CAUSE ADVERS EFFECTS. SKIN CONTACT: CONTACT IS NOT EXPECTED TO CAUSE IRRITATION. EYE CONTACT: MAY CAUSE MILD IRRITATION.

Explanation Of Carcinogenicity: NONE OF THE COMPONENTS ARE LISTED AS A CARCINOGEN OR SUSPECTED CARCINOGEN.

Signs And Symptions Of Overexposure: NHALATION/INGESTION: NOT EXPECTED TO CAUSE ADVERS EFFECTS. SKIN CONTACT: CONTACT IS NOT EXPECTED TO CAUSE IRRITATION. EYE CONTACT: MAY CAUSE MILD IRRITATION.

Medical Cond Aggrav

ated By Exposure: NONE CURRENTLY KNOWN.

First Aid: WHILE AWAITING THE PHYSICIAN OR TRANSPORT TO ER: INHALTION: IF OCCURS, MOVE PATIENT TO FRESH AIR. IF NOT BREATHING, GIVE ARTIFICIAL RESPIRATION. IF BREATHING IS DIFFICULT, GIVE OXYGEN. INGESTION: IF P ATIENT IS CONSCIOUS, RINSE OUT MOUTH WITH WATER AND HAVE PATIENT DRINK A GLASS OF WATER/MILK TO DILUTE MATERIAL. TRANSPORT TO HOSPITAL FOR FURTHER MEDICAL ATTENTION. SKIN: REMOVE ANY CONTAMINATED CLOT HING. WASH OFF WITH SOAP AND WATER.

WASH CONTAMINATED CLOTHING BEFORE REUSE. EYE: IMMEDIATELY FLUSH EYE WITH COPIOUS AMOUNTS OF WATER FOR AT LEAST 15-20 MINUTES. TRANSPORT TO HOSPITAL FOR FURTHER MEDI CAL ATTENTION.

Handling and Disposal

Spill Release Procedures: PICK UP AND PLACE IN A DISPOSAL CONTAINER.

Waste Disposal Methods: EACH DISPOSAL FACILITY MUST DETERMINE PROPER DISPOSAL METHODS TO COMPLY WITH LOCAL, ST

ATE AND FEDERAL ENVIRONMENTAL REGULATIONS.

Handling And Storage Precautions: STORE AT TEMPERATURES AND CONDITIONS AS INDICATED ON THE PRODUCT LABEL. NO SPECIAL TECHNICAL PROTECTIVE MEASURES REQUIRED.

Fire and Explosion Hazard Information

Flash Point Text: NONE Extinguishing Media: USE WHATEVER IS REQUIRED FOR THE SURROUNDING AREA. Fire Fighting Procedures: IT IS ALWAYS BEST TO WEA R A SELF-CONTAINED BREATHING APPARATUS.

Unusual Fire/Explosion Hazard: NONE DETERMINED.

Control Measures

Respiratory Protection: NONE REQUIRED. Ventilation: USE GENERAL ROOM VENTILATION. Protective Gloves: STANDARD LABORATORY LATEX OR RUBBER GLOVES. Eye Protection: STANDARD LABORATORY SAFETY GLASSES RECOMMENDED. Other Protective Equipment: NONE Work Hygienic Practices: CONTACT LENSE

S SHOULD NOT BE WORN IN THE LABORATORY. Supplemental Safety and Health: PART OF KIT CONTAINING: HEMA-CHEK SLIDE TEST, HEMA-CHEK DEVELOPER AND HEMA-CHEK CONTROL. _____ **Physical/Chemical Properties** _____ Spec Gravity: N/D Appearance and Odor: FILTER PAPER WITH A LIGHT YELLOW TO CREAM COLOR. _____ Reactivity Data _____ _____ Stability Indicator: YES Stability Condition To Avoid: NONE DETERMINED. Materials To Avoid: NONE DETERMINED. Hazardous Decomposition Products: THERMAL DECOMPOSITION YIELDS OXIDES OF CARBON. Hazardous Polymerization Indicator: NO _____ Toxicological Information _____ _____ **Ecological Information** _____ _____ **MSDS** Transport Information ______ Regulatory Information _____ _____ Other Information ______ ______ HAZCOM La bel _____ Product ID: 2592, HEMA-CHEK SLIDE TEST (SEE SUPPL) Cage: UO668 Assigned IND: Y Company Name: BAYER CORP DIAGNOSTICS DIVISION Street: 511 BENEDICT City: TARRYTOWN NY Zipcode: 10591 Health Emergency Phone: 219-264-8400 Label Required IND: Y Date Of Label Review: 08/15/2001 Status Code: A Origination Code: G Hazard And Precautions: INHALATION/INGESTION: NOT EXPECTED TO CAUSE ADVERS EFFECTS. SKIN CONTACT: CONTACT IS NOT EXPECTED TO CAUS

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