

# Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats

## Troy Laboratories Pty Ltd

Chemwatch Hazard Alert Code: 2

Chemwatch: 5401-31

Issue Date: 10/03/2023

Version No: 5.1

Print Date: 31/03/2025

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

L.GHS.AUS.EN.E

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

#### Product Identifier

<b>Product name</b>	Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats
<b>Chemical Name</b>	Not Applicable
<b>Synonyms</b>	APVMA number: 38586
<b>Chemical formula</b>	Not Applicable
<b>Other means of identification</b>	Not Available

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

<b>Relevant identified uses</b>	Antibacterial, antifungal, anti-inflammatory, antipruritic preparation for use on dogs and cats. To be used as directed on product label.
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#### Details of the manufacturer or supplier of the safety data sheet

<b>Registered company name</b>	Troy Laboratories Pty Ltd
<b>Address</b>	37 Glendenning Road Glendenning NSW 2761 Australia
<b>Telephone</b>	02 8808 3600
<b>Fax</b>	02 9677 9300
<b>Website</b>	<a href="http://www.Troylab.com.au">www.Troylab.com.au</a>
<b>Email</b>	admin@troylab.com.au

#### Emergency telephone number

<b>Association / Organisation</b>	Ixom Emergency Response Service
<b>Emergency telephone number(s)</b>	1800 033 111 (24 hours)
<b>Other emergency telephone number(s)</b>	Not Available

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

<b>Poisons Schedule</b>	S4
<b>Classification [1]</b>	Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A
<b>Legend:</b>	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### Label elements

<b>Hazard pictogram(s)</b>	
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<b>Signal word</b>	<b>Warning</b>
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### Hazard statement(s)

<b>H317</b>	May cause an allergic skin reaction.
<b>H319</b>	Causes serious eye irritation.

### Precautionary statement(s) Prevention

<b>P280</b>	Wear protective gloves, protective clothing, eye protection and face protection.
<b>P261</b>	Avoid breathing mist/vapours/spray.
<b>P264</b>	Wash all exposed external body areas thoroughly after handling.
<b>P272</b>	Contaminated work clothing should not be allowed out of the workplace.

### Precautionary statement(s) Response

<b>P302+P352</b>	IF ON SKIN: Wash with plenty of water.
<b>P305+P351+P338</b>	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
<b>P333+P313</b>	If skin irritation or rash occurs: Get medical advice/attention.
<b>P337+P313</b>	If eye irritation persists: Get medical advice/attention.
<b>P362+P364</b>	Take off contaminated clothing and wash it before reuse.

### Precautionary statement(s) Storage

Not Applicable

### Precautionary statement(s) Disposal

<b>P501</b>	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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## SECTION 3 Composition / information on ingredients

### Substances

See section below for composition of Mixtures

### Mixtures

CAS No	%[weight]	Name
8012-95-1.	>60	<u>paraffin oils</u>
1400-61-9	1-10	<u>nystatin</u>
1405-41-0	<1	<u>gentamicin sulfate</u>
Not Available	balance	Ingredients determined not to be hazardous

**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

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul> <p>For thermal burns:</p> <ul style="list-style-type: none"> <li>▶ Decontaminate area around burn.</li> <li>▶ Consider the use of cold packs and topical antibiotics.</li> </ul> <p>For first-degree burns (affecting top layer of skin)</p> <ul style="list-style-type: none"> <li>▶ Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides.</li> <li>▶ Use compresses if running water is not available.</li> <li>▶ Cover with sterile non-adhesive bandage or clean cloth.</li> <li>▶ Do NOT apply butter or ointments; this may cause infection.</li> </ul>

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	<ul style="list-style-type: none"> <li>▶ Give over-the counter pain relievers if pain increases or swelling, redness, fever occur.</li> </ul> <p>For second-degree burns (affecting top two layers of skin)</p> <ul style="list-style-type: none"> <li>▶ Cool the burn by immerse in cold running water for 10-15 minutes.</li> <li>▶ Use compresses if running water is not available.</li> <li>▶ Do NOT apply ice as this may lower body temperature and cause further damage.</li> <li>▶ Do NOT break blisters or apply butter or ointments; this may cause infection.</li> <li>▶ Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.</li> </ul> <p>To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort):</p> <ul style="list-style-type: none"> <li>▶ Lay the person flat.</li> <li>▶ Elevate feet about 12 inches.</li> <li>▶ Elevate burn area above heart level, if possible.</li> <li>▶ Cover the person with coat or blanket.</li> <li>▶ Seek medical assistance.</li> </ul> <p>For third-degree burns</p> <p>Seek immediate medical or emergency assistance.</p> <p>In the mean time:</p> <ul style="list-style-type: none"> <li>▶ Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound.</li> <li>▶ Separate burned toes and fingers with dry, sterile dressings.</li> <li>▶ Do not soak burn in water or apply ointments or butter; this may cause infection.</li> <li>▶ To prevent shock see above.</li> <li>▶ For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.</li> <li>▶ Have a person with a facial burn sit up.</li> <li>▶ Check pulse and breathing to monitor for shock until emergency help arrives.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

### Indication of any immediate medical attention and special treatment needed

- ▶ Heavy and persistent skin contamination over many years may lead to dysplastic changes. Pre-existing skin disorders may be aggravated by exposure to this product.
- ▶ In general, emesis induction is unnecessary with high viscosity, low volatility products, i.e. most oils and greases.
- ▶ High pressure accidental injection through the skin should be assessed for possible incision, irrigation and/or debridement.

**NOTE:** Injuries may not seem serious at first, but within a few hours tissue may become swollen, discoloured and extremely painful with extensive subcutaneous necrosis. Product may be forced through considerable distances along tissue planes.

## SECTION 5 Firefighting measures

### Extinguishing media

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

### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ 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

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>▶ Avoid spraying water onto liquid pools.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> </ul>
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<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Combustible.</li> <li>▶ Slight fire hazard when exposed to heat or flame.</li> <li>▶ Heating may cause expansion or decomposition leading to violent rupture of containers.</li> <li>▶ On combustion, may emit toxic fumes of carbon monoxide (CO).</li> <li>▶ May emit acrid smoke.</li> <li>▶ Mists containing combustible materials may be explosive.</li> </ul> <p>Combustion products include: carbon dioxide (CO<sub>2</sub>) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p> <p><b>CARE:</b> Water in contact with hot liquid may cause foaming and a steam explosion with wide scattering of hot oil and possible severe burns. Foaming may cause overflow of containers and may result in possible fire.</p>
<b>HAZCHEM</b>	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

<b>Minor Spills</b>	<p>Slippery when spilt.</p> <ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<p>Slippery when spilt. Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Contain spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Absorb remaining product with sand, earth or vermiculite.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>

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

### SECTION 7 Handling and storage

#### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ Avoid smoking, naked lights or ignition sources.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ No smoking, naked lights or ignition sources.</li> </ul>

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- ▶ 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

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Glass container is suitable for laboratory quantities</li> <li>▶ Metal can or drum</li> <li>▶ Packaging as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>· <b>CARE:</b> Water in contact with heated material may cause foaming or a steam explosion with possible severe burns from wide scattering of hot material. Resultant overflow of containers may result in fire.</li> <li>· Oil leaks in a pressurized circuit may result in a fine flammable spray (the lower flammability limit for oil mist is reached for a concentration of about 45 g/m<sup>3</sup>)</li> <li>· Autoignition temperatures may be significantly lower under particular conditions (slow oxidation on finely divided materials..             <ul style="list-style-type: none"> <li>▶ Avoid reaction with oxidising agents</li> </ul> </li> </ul>

## SECTION 8 Exposure controls / personal protection

### Control parameters

#### Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	paraffin oils	Oil mist, refined mineral	5 mg/m <sup>3</sup>	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
paraffin oils	2,500 mg/m <sup>3</sup>	Not Available
nystatin	Not Available	Not Available
gentamicin sulfate	Not Available	Not Available

#### MATERIAL DATA

### Exposure controls

<b>Appropriate engineering controls</b>	<p>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. A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg. 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 required to effectively remove the contaminant.</p>								
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	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.
<b>Individual protection measures, such as personal protective equipment</b>		
<b>Eye and face protection</b>	<p>When handling very small quantities of the material eye protection may not be required.</p> <p>For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:</p> <ul style="list-style-type: none"> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.</li> <li>▶ 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].</li> </ul>	
<b>Skin protection</b>	See Hand protection below	
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.</li> <li>▶ Double gloving should be considered.</li> <li>▶ PVC gloves.</li> <li>▶ Change gloves frequently and when contaminated, punctured or torn.</li> <li>▶ Wash hands immediately after removing gloves.</li> <li>▶ Protective shoe covers. [AS/NZS 2210]</li> <li>▶ Head covering.</li> </ul>	
<b>Body protection</b>	See Other protection below	
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ For quantities up to 500 grams a laboratory coat may be suitable.</li> <li>▶ 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.</li> <li>▶ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.</li> <li>▶ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.</li> <li>▶ Eye wash unit.</li> <li>▶ Ensure there is ready access to an emergency shower.</li> <li>▶ For Emergencies: Vinyl suit</li> </ul>	

### Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

^ - Full-face

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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.

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- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

### SECTION 9 Physical and chemical properties

#### Information on basic physical and chemical properties

<b>Appearance</b>	Yellow to brown liquid.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	0.85
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Not Available	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available
<b>Heat of Combustion (kJ/g)</b>	Not Available	<b>Ignition Distance (cm)</b>	Not Available
<b>Flame Height (cm)</b>	Not Available	<b>Flame Duration (s)</b>	Not Available
<b>Enclosed Space Ignition Time Equivalent (s/m3)</b>	Not Available	<b>Enclosed Space Ignition Deflagration Density (g/m3)</b>	Not Available

### SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

### SECTION 11 Toxicological information

#### Information on toxicological effects

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

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<b>f) Carcinogenicity</b>	Based on available data, the classification criteria are not met.
<b>g) Reproductivity</b>	Based on available data, the classification criteria are not met.
<b>h) STOT - Single Exposure</b>	Based on available data, the classification criteria are not met.
<b>i) STOT - Repeated Exposure</b>	Based on available data, the classification criteria are not met.
<b>j) Aspiration Hazard</b>	Based on available data, the classification criteria are not met.

<b>Inhaled</b>	The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of vapours, fumes or aerosols, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.
<b>Ingestion</b>	The material has <b>NOT</b> 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. 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.
<b>Skin Contact</b>	The liquid may be miscible with fats or oils and may degrease the skin, producing a skin reaction described as non-allergic contact dermatitis. The material is unlikely to produce an irritant dermatitis as described in EC Directives .
<b>Eye</b>	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).
<b>Chronic</b>	<p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p> <p>On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. Principal route of exposure is by skin contact; lesser exposures include inhalation of fumes from hot oils, oil mists or droplets. Prolonged contact with mineral oils carries with it the risk of skin conditions such as oil folliculitis, eczematous dermatitis, pigmentation of the face (melanosis) and warts on the sole of the foot (plantar warts). With highly refined mineral oils no appreciable systemic effects appear to result through skin absorption.</p> <p>Exposure to oil mists frequently elicits respiratory conditions, such as asthma; the provoking agent is probably an additive. High oil mist concentrations may produce lipid pneumonia although clinical evidence is equivocal. In animals exposed to concentrations of 100 mg/m<sup>3</sup> oil mist, for periods of 12 to 26 months, the activity of lung and serum alkaline phosphatase enzyme was raised; 5 mg/m<sup>3</sup> oil mist did not produce this response. These enzyme changes are sensitive early indicators of lung damage. Workers exposed to vapours of mineral oil and kerosene for 5 to 35 years showed an increased prevalence of slight basal lung fibrosis.</p>

<b>Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>paraffin oils</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Inhalation (Rat) LC50: 2062 ppm4h <sup>[2]</sup>	Eye (Rodent - rabbit): 100mg/1H - Mild
	Oral (Mouse) LD50: 22000 mg/kg <sup>[2]</sup>	Eye (Rodent - rabbit): 500mg - Moderate
		Skin (Rodent - guinea pig): 100mg/24H - Mild



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		Skin (Rodent - rabbit): 100mg/24H - Mild
<b>nystatin</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 10000 mg/kg <sup>[2]</sup>	Skin (Human - woman): 30%
<b>gentamicin sulfate</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: >5000 mg/kg <sup>[2]</sup>	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

### PARAFFIN OILS

Equivocal tumorigen by RTECS criteria

Paraffin oil (boiling in the kerosene boiling range) can pose certain health hazards, especially if it is inhaled or ingested and also due to repeated or prolonged skin exposure. Inhalation of paraffin oil can irritate the respiratory tract, and cause cough, shortness of breath, and occasionally, lead to hydrocarbon pneumonitis. On the other hand, prolonged skin exposure to this oil can cause skin irritation, which can lead to contact dermatitis, especially in individuals who already have skin disorders or diseases. Ingestion of paraffin oil can cause upset of the intestinal tract.

Paraffin oil, which has not been highly refined, is often considered as a carcinogen or cancer causing agent. Therefore, adequate precaution is required, while using paraffin oil. Ideally, liquid paraffin oil should be stored in a cool and well-ventilated place in a tightly closed container. As some paraffin oil is highly inflammable, be sure to keep it away from any source of heat or ignition and also out of direct sunlight.

The materials included in the Lubricating Base Oils category are related from both process and physical-chemical perspectives; The potential toxicity of a specific distillate base oil is inversely related to the severity or extent of processing the oil has undergone, since:

- The adverse effects of these materials are associated with undesirable components, and
- The levels of the undesirable components are inversely related to the degree of processing;
- Distillate base oils receiving the same degree or extent of processing will have similar toxicities;
- The potential toxicity of *residual base oils* is independent of the degree of processing the oil receives.
- The reproductive and developmental toxicity of the distillate base oils is inversely related to the degree of processing.

The degree of refining influences the carcinogenic potential of the oils. Whereas mild acid / earth refining processes are inadequate to substantially reduce the carcinogenic potential of lubricant base oils, hydrotreatment and / or solvent extraction methods can yield oils with no carcinogenic potential.

Unrefined and mildly refined distillate base oils contain the highest levels of undesirable components, have the largest variation of hydrocarbon molecules and have shown the highest potential carcinogenic and mutagenic activities. Highly and severely refined distillate base oils are produced from unrefined and mildly refined oils by removing or transforming undesirable components. In comparison to unrefined and mildly refined base oils, the highly and severely refined distillate base oils have a smaller range of hydrocarbon molecules and have demonstrated very low mammalian toxicity. Mutagenicity and carcinogenicity testing of residual oils has been negative, supporting the belief that these materials lack biologically active components or the components are largely non-bioavailable due to their molecular size.

Toxicity testing has consistently shown that lubricating base oils have low acute toxicities. Numerous tests have shown that a lubricating base oil's mutagenic and carcinogenic potential correlates with its 3-7 ring polycyclic aromatic compound (PAC) content, and the level of DMSO extractables (e.g. IP346 assay), both characteristics that are directly related to the degree/conditions of processing

Skin irritating is not significant (CONCAWE) based on 14 tests on 10 CASs from the OLBO class (Other Lubricant Base Oils). Each study lasted for 24 hours, a period of time 6 times longer than the duration recommended by the OECD method).

Eye irritation is not significant according to experimental data (CONCAWE studies) based on 9 "in vivo" tests on 7 CASs from the OLBO class (Other Lubricant Base Oils).

Sensitisation: The substance does not cause the sensitization of the respiratory tract or of the skin. (CONCAWE studies based on 14 tests on 11 CASs from the OLBO class (Other Lubricant Base Oils))

Germ cell mutagenicity: The tests performed within the "in vivo" studies regarding gene mutation at mice micronuclei indicated negative results (CONCAWE studies. AMES tests had negative results in 7 studies performed on 4 CASs from the OLBO class (Other Lubricant Base Oils)).

Reproduction toxicity: Reproduction / development toxicity monitoring according to OECD 421 or 422 methods. CONCAWE tests gave negative results in oral gavage studies. Pre-birth studies regarding toxicity in the unborn foetus development process showed a maternal LOAEL (Lowest Observed Adverse Effect Level) of 125 mg/kg body/day, based on dermal irritation and a NOAEL (No Observable Adverse Effect Level) of 2000 mg/kg body/day, which shows that the substance is not toxic for reproduction.

STOT (toxicity on specific target organs) – repeated exposure: Studies with short term repeated doses (28-day test) on rabbit skin indicated the NOAEL value of 1000 mg/kg. NOAEL for inhalation, local effects > 280 mg/m<sup>3</sup> and for systemic effects NOAEL > 980 mg/m<sup>3</sup>.

Sub-chronic toxicity

90-day study Dermal: NOAEL > 2000 mg/kg (CONCAWE studies).

Repeat dose toxicity:

Oral

NOAEL for heavy paraffinic distillate aromatic extract could not be identified and is less than 125 mg/kg/day when administered orally.

Inhalation

The NOAEL for lung changes associated with oil deposition in the lungs was 220 mg/m<sup>3</sup>. As no systemic toxicity was observed, the overall NOAEL for systemic effects was > 980 mg/m<sup>3</sup>.

Dermal

In a 90 day subchronic dermal study, the administration of Light paraffinic distillate solvent extract had an adverse effect on survivability, body weights, organ weights (particularly the liver and thymus), and variety of haematology and serum chemistry parameters in exposed animals. Histopathological changes which were treatment-related were most prominent in the adrenals,

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bone marrow, kidneys, liver, lymph nodes, skin, stomach, and thymus. Based on the results of this study, the NOAEL for the test material is less than 30 mg/kg/day.

Toxicity to reproduction:

Mineral oil (a white mineral oil) caused no reproductive or developmental toxicity with 1 mL/kg/day (i.e., 1000 mg/kg/day) in an OECD 421 guideline study, but did cause mild to moderate skin irritation. Therefore, the reproductive/developmental NOAEL for this study is =1000 mg/kg/day and no LOAEL was determined.

Developmental toxicity, teratogenicity:

Heavy paraffinic distillate furfural extract produced maternal, reproductive and foetal toxicity. Maternal toxicity was exhibited as vaginal discharge (dose-related), body weight decrease, reduction in thymus weight and increase in liver weight (125 mg/kg/day and higher) and aberrant haematology and serum chemistry (125 and/or 500 mg/kg/day). Evidence of potential reproductive effects was shown by an increased number of dams with resorptions and intrauterine death. Distillate aromatic extract (DAE) was developmentally toxic regardless of exposure duration as indicated by increased resorptions and decreased foetal body weights. Furthermore, when exposures were increased to 1000 mg/kg/day and given only during gestation days 10 through 12, cleft palate and ossification delays were observed. Cleft palate was considered to indicate a potential teratogenic effect of DAE. The following Oil Industry Note (OIN) has been applied: OIN 8 - The classifications as a reproductive toxicant category 2; H361d (Suspected of damaging the unborn child) and specific target organ toxicant category 1; H372 (Causes damage to organs through prolonged or repeated exposure) need not apply if the substance is not classified as carcinogenic

Toxicokinetics of lubricant base oils has been examined in rodents. Absorption of other lubricant base oils across the small intestine is related to carbon chain length; hydrocarbons with smaller chain length are more readily absorbed than hydrocarbons with a longer chain length. The majority of an oral dose of mineral hydrocarbon is not absorbed and is excreted unchanged in the faeces. Distribution of mineral hydrocarbons following absorption has been observed in liver, fat, kidney, brain and spleen. Excretion of absorbed mineral hydrocarbons occurs via the faeces and urine. Based on the pharmacokinetic parameters and disposition profiles, the data indicate inherent strain differences in the total systemic exposure (~4 fold greater systemic dose in F344 vs SD rats), rate of metabolism, and hepatic and lymph node retention of C26H52, which may be associated with the different strain sensitivities to the formation of liver granulomas and MLN histiocytosis.

Highly and Severely Refined Distillate Base Oils

**Acute toxicity:** Multiple studies of the acute toxicity of highly & severely refined base oils have been reported. Irrespective of the crude source or the method or extent of processing, the oral LD50s have been observed to be >5 g/kg (bw) and the dermal LD50s have ranged from >2 to >5g/kg (bw). The LC50 for inhalation toxicity ranged from 2.18 mg/l to > 4 mg/l.

When tested for skin and eye irritation, the materials have been reported as "non-irritating" to "moderately irritating"

Testing in guinea pigs for sensitization has been negative

**Repeat dose toxicity:** Several studies have been conducted with these oils. The weight of evidence from all available data on highly & severely refined base oils support the presumption that a distillate base oil's toxicity is inversely related to the degree of processing it receives. Adverse effects have been reported with even the most severely refined white oils - these appear to depend on animal species and/ or the peculiarities of the study.

- ▶ The granulomatous lesions induced by the oral administration of white oils are essentially foreign body responses. The lesions occur only in rats, of which the Fischer 344 strain is particularly sensitive,
- ▶ The testicular effects seen in rabbits after dermal administration of a highly to severely refined base oil were unique to a single study and may have been related to stress induced by skin irritation, and
- ▶ The accumulation of foamy macrophages in the alveolar spaces of rats exposed repeatedly via inhalation to high levels of highly to severely refined base oils is not unique to these oils, but would be seen after exposure to many water insoluble materials.

**Reproductive and developmental toxicity:** A highly refined base oil was used as the vehicle control in a one-generation reproduction study. The study was conducted according to the OECD Test Guideline 421. There was no effect on fertility and mating indices in either males or females. At necropsy, there were no consistent findings and organ weights and histopathology were considered normal by the study's authors.

A single generation study in which a white mineral oil (a food/ drug grade severely refined base oil) was used as a vehicle control is reported. Two separate groups of pregnant rats were administered 5 ml/kg (bw)/day of the base oil via gavage, on days 6 through 19 of gestation. In one of the two base oil dose groups, three malformed foetuses were found among three litters. The study authors considered these malformations to be minor and within the normal ranges for the strain of rat.

**Genotoxicity:**

*In vitro* (mutagenicity): Several studies have reported the results of testing different base oils for mutagenicity using a modified Ames assay. Base oils with no or low concentrations of 3-7 ring PACs had low mutagenicity indices.

*In vivo* (chromosomal aberrations): A total of seven base stocks were tested in male and female Sprague-Dawley rats using a bone marrow cytogenetics assay. The test materials were administered via gavage at dose levels ranging from 500 to 5000 mg/kg (bw). Dosing occurred for either a single day or for five consecutive days. None of the base oils produced a significant increase in aberrant cells.

**Carcinogenicity:** Highly & severely refined base oils are not carcinogens, when given either orally or dermally.

### GENTAMICIN SULFATE

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.

Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.

Continued...

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Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. Most neuromuscular blocking agents facilitate histamine release in susceptible patients. Adverse reactions include skin flushing, transient hypotension, hypertension, tachycardia, bradycardia, bronchospasm and anaphylactoid reactions.

A potential ototoxin

A substantial number of medications and common industrial chemicals can also cause hearing loss themselves or exacerbate the effects of noise. These chemicals are said to be ototoxic (oto = ear, toxic = poisonous).

Ototoxicity specifically involves the cochlea or auditory nerve and sometimes the vestibular system, for example, as a side effect of a drug. The effects of ototoxicity can be reversible and temporary, or irreversible and permanent.

Symptoms of ototoxicity include partial or profound hearing loss, vertigo, and tinnitus.

Ototoxicity in the cochlea may cause hearing loss of the high-frequency pitch ranges or complete deafness, or losses at points between. It may present with bilaterally symmetrical symptoms, or asymmetrically, with one ear developing the condition after the other or not at all. The time frames for progress of the disease vary greatly and symptoms of hearing loss may be temporary or permanent.

Currently it is thought that more than 750 different groups of chemicals are potentially ototoxic, but only a few of these have been studied in any depth.

No specific treatment may be available, but withdrawal of the ototoxic substance may be warranted. Co-administration of antioxidants may limit the ototoxic effects. There is no cure or restoration capability if the damage becomes permanent, although cochlear nerve terminal regeneration has been observed in chickens,] which suggests that there may be a way to accomplish this in humans.

It is difficult to distinguish between nerve damage and structural damage due to similarity of the symptoms. Diagnosis of ototoxicity typically results from ruling out all other possible sources of hearing loss and is often the catchall explanation for the symptoms. Treatment options vary depending on the patient and the diagnosis. Some patients experience only temporary symptoms that do not require drastic treatment while others can be treated with medication. Physical therapy may prove useful for regaining balance and walking abilities.

Aminoglycosides have bactericidal activity in which they bind to the bacteria ribosomal 30S subunit. Specifically, they are believed to bind to the A-site (aminoacyl) on the 16S rRNA, a component of the ribosomal 30S subunit. Through this binding, the genetic code gets mis read, and the translation is disrupted, leading to the bacteria being unable to carry out protein synthesis. Acquired resistance of aminoglycosides may arise through over expression of efflux pumps and ribosomal modification by bacteria, which results from amino acid or rRNA sequence mutations aminoglycosides, are ineffective against bacterial isolates that produce 16S rRNA methyltransferases.

The main noted adverse effects of aminoglycosides are ototoxicity, nephrotoxicity, and neuromuscular blockade.

Aminoglycoside-induced ototoxicity has been reported to occur in 2 to 45% of adults. The ototoxicity can be vestibular and/or cochlear and is typically dose-dependent. Gentamicin, streptomycin, and tobramycin more commonly cause vestibular damage, while amikacin and kanamycin result in more cochlear damage. Studies have found that aminoglycosides seem to create reactive oxygen species within the inner ear; this, in turn, causes damage to the vestibular and cochlear sensory cells along with cochlear neurons. Often the vestibular loss is salvageable while hearing loss is irreversible.

Nephrotoxicity due to aminoglycosides may appear in up to 10 to 25% of patients. In patients receiving aminoglycoside therapy, renal tubular toxicity decreased blood flow to the kidneys, and reduced GFR most commonly causes the nephrotoxicity seen.

Renal effects with aminoglycosides generally are reversible. Furthermore, there are risk factors associated with the development of aminoglycoside-induced nephrotoxicity, including dehydration, pregnancy, and hepatic dysfunction. Taking other medications concurrently with aminoglycosides that can cause nephrotoxicity, such as NSAIDs, cyclosporine, and diuretics, also puts a patient at risk for renal problems. It is important to monitor patient renal function when taking aminoglycosides.

Aminoglycosides have also demonstrated correlations with neuromuscular blockade. Although this is less common than ototoxicity and nephrotoxicity, patients with diseases affecting the neuromuscular junction and patients using medications prolonging neuromuscular blockade, most notably calcium channel blockers, should be cautious when using aminoglycoside.

Aminoglycosides should be avoided in patients with myasthenia gravis because of the risk of prolonged neuromuscular blockade.

### NYSTATIN & GENTAMICIN SULFATE

The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

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

Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic,	Endpoint	Test Duration (hr)	Species	Value	Source

Continued...

### Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats

Oily Suspension for Dogs and Cats	Not Available	Not Available	Not Available	Not Available	Not Available
paraffin oils	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	0.016-0.027mg/L	4
	EC50(ECx)	48h	Crustacea	0.016-0.027mg/L	4
	LC50	96h	Fish	>100mg/L	4
nystatin	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
gentamicin sulfate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	16.1-28.4mg/L	4
	EC50(ECx)	48h	Crustacea	16.1-28.4mg/L	4
	LC50	96h	Fish	>955mg/L	4
<b>Legend:</b>	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				

**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
paraffin oils	HIGH (LogKOW = 6.1)
nystatin	LOW (LogKOW = 7.08)

#### Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

## SECTION 13 Disposal considerations

#### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Authority for disposal.</li> <li>▶ Bury or incinerate residue at an approved site.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>
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## SECTION 14 Transport information

#### Labels Required

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**Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats**

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	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**

**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
paraffin oils	Not Available
nystatin	Not Available
gentamicin sulfate	Not Available

**14.7.3. Transport in bulk in accordance with the IGC Code**

Product name	Ship Type
paraffin oils	Not Available
nystatin	Not Available
gentamicin sulfate	Not Available

## SECTION 15 Regulatory information

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

**paraffin oils is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

**nystatin 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 2

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3

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

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

**gentamicin sulfate 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

Chemical Footprint Project - Chemicals of High Concern List

### Additional Regulatory Information

Not Applicable

### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (gentamicin sulfate)
Canada - NDSL	No (paraffin oils; nystatin; gentamicin sulfate)
China - IECSC	No (nystatin)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	No (nystatin)
New Zealand - NZIoC	Yes

Continued...

## Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats

National Inventory	Status
Philippines - PICCS	No (nystatin)
USA - TSCA	TSCA Inventory 'Active' substance(s) (paraffin oils); No (nystatin; gentamicin sulfate)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (nystatin; gentamicin sulfate)
<b>Legend:</b>	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

<b>Revision Date</b>	10/03/2023
<b>Initial Date</b>	13/05/2020

### SDS Version Summary

Version	Date of Update	Sections Updated
4.1	20/08/2021	Classification change due to full database hazard calculation/update.
5.1	10/03/2023	Classification change due to full database hazard calculation/update.

### 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
- 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

**Topigen Antibacterial, Antifungal, Anti-Inflammatory, Antipruritic, Oily Suspension for Dogs and Cats**

- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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