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

Catalogue Number	CS-EG-01694
Product Name	Celecoxib (Y0001445)
CAS No.	169590-42-5
Category	EP Standards
Synonyms	4-[5-(p-Tolyl)-3-(trifluoromethyl)-1H-pyrazol-1-yl]benzenesulfonamide; Celebra
Brand	Clearsynth Labs Ltd.
Identified uses	Laboratory Chemicals
Uses advised against	Not available
Company	Clearsynth Labs Ltd. Mumbai, India
Emergency Phone #	+91-22-245045900
REACH No.	Not available

SECTION 2: Hazards identification

Disclaimer: This is sample MSDS. Please email **sales@clearsynth.com** for more details.

2.1 Classification of the substance or mixture-Regulation (EC) No 1272/2008:

Serious eye damage/eye irritation (Category 2)

2.2 Label Elements

Signal Word: Warning

Hazard Statement(s)

Code	Statement
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H360	Not available
H401	Not available

H411	Toxic to aquatic life with long lasting effects.

Precautionary Statement(s)

Code	Statement
P203	Not available
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P264+P265	Not available
P272	Not available
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if presen
P318	Not available
P321	Specific treatment (see … on this label).
P333+P317	Not available
P337+P317	If eye irritation persists: Get medical help.
P362+P364	Take off contaminated clothing and wash it before reuse.
P405	Store locked up.
P501	Dispose of contents/container in accordance with local/regional/national/international regulatio
P273	Not available
P391	Not available

SECTION 3: Composition / information on ingredients

3.1 Substance

Component : Celecoxib (Y0001445)
CAS Number : 169590-42-5
Molecular Formula : C17H14F3N3O2S
Molecular Weight : 381.37
Parent Chemical : Celecoxib
Synonyms : 4-[5-(p-Tolyl)-3-(trifluoromethyl)-1H-pyrazol-1-yl]benzenesulfonamide; Celebra
Concentration : Not available

SECTION 4: First aid measures

SECTION 4: First-aid measures

4.1 Description of first aid measures
- General advice: Seek medical attention if symptoms occur or persist. Show this SDS to medical personnel.
- Inhalation: Move person to fresh air. If breathing is difficult, seek medical attention.
- Skin contact: Wash with soap and water. Remove contaminated clothing and wash before reuse. Seek medical attention if irritation develops.
- Eye contact: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing. Seek medical attention if irritation persists.
- Ingestion: Rinse mouth. Do not induce vomiting unless directed by medical personnel. Seek medical attention.

4.2 Most important symptoms and effects, both acute and delayed
- Not available.

4.3 Indication of any immediate medical attention and special treatment needed
- Treat symptomatically. No data available.

SECTION 5: Firefighting measures

SECTION 5: Fire-fighting measures

5.1 Extinguishing media
- Suitable extinguishing media: Water spray, alcohol-resistant foam, dry chemical, carbon dioxide (CO2).
- Unsuitable extinguishing media: Not available.

5.2 Special hazards arising from the substance or mixture
- Combustion may produce carbon oxides, sulfur oxides, nitrogen oxides, and hydrogen fluoride (from fluorinated groups). Other decomposition products: Not available.

5.3 Advice for firefighters
- Wear self-contained breathing apparatus (SCBA) and full protective gear.
- Use water spray to cool unopened containers.
- Avoid inhalation of combustion products.

SECTION 6: Accidental release measures

SECTION 6: Accidental release measures

6.1 Personal precautions, protective equipment and emergency procedures
- Avoid dust formation and breathing dust.
- Use appropriate personal protective equipment (see Section 8).
- Ensure adequate ventilation.

6.2 Environmental precautions
- Prevent further leakage or spillage if safe to do so.
- Avoid release to the environment. Do not allow to enter drains/surface waters/groundwater.

6.3 Methods and material for containment and cleaning up
- Collect spilled material using methods that minimize dust generation (e.g., damp wipe, HEPA-filtered vacuum).
- Place in a suitable, closed container for disposal.

6.4 Reference to other sections
- See Section 8 for exposure controls/personal protection and Section 13 for disposal considerations.

SECTION-7: Handling and storage

SECTION 7: Handling and storage

7.1 Precautions for safe handling
- Handle in accordance with good industrial hygiene and safety practice.
- Avoid contact with skin and eyes. Avoid breathing dust.
- Minimize dust generation; use local exhaust ventilation where appropriate.
- Wash hands thoroughly after handling.

7.2 Conditions for safe storage, including any incompatibilities
- Store in a tightly closed container in a cool, dry, well-ventilated place.
- Protect from moisture. Protect from excessive heat.
- Incompatible materials: Not available.

7.3 Specific end use(s)
- Laboratory/research use; EP standard. Specific end uses: Not available.

SECTION 8: Exposure controls / personal protection

SECTION 8: Exposure controls/personal protection

8.1 Control parameters
- Occupational exposure limits: No data available.
- Biological limit values: Not available.

8.2 Exposure controls
- Engineering controls: Provide adequate ventilation. Use local exhaust to control dust.
- Personal protective equipment (PPE):
- Eye/face protection: Safety glasses with side shields or chemical splash goggles.
- Skin protection: Protective gloves (material selection based on permeation data; no data available). Wear protective clothing as needed.
- Respiratory protection: If dust or airborne concentrations are generated, use a NIOSH-approved particulate respirator or equivalent per risk assessment.
- Hygiene measures: Do not eat, drink, or smoke when using this product. Wash hands after handling.
- Environmental exposure controls: Avoid release to the environment; use appropriate containment.

SECTION 9: Physical and chemical properties

9.1 Information on basic physical and chemical properties

Test	Result
Appearance	No data available
IR spectrum	No data available
pH	No data available

Test	Result
Solubility	No data available

Property	Value
a) Physical State	No data available
b) Color	No data available
c) Odor	No data available
d) pH	No data available
e) Vapour Pressure	No data available
f) Viscosity	No data available
g) Initial Boiling Point and boiling range	No data available
h) Melting Point / Freezing Point	No data available
i) Auto Ignition Temperature	No data available
j) Flash Point	No data available
k) Explosion Limit, Lower	No data available
l) Explosion Limit, Upper	No data available
m) Decomposition Temperature	No data available
n) Loss on Drying	No data available
o) Relative Density	No data available
p) Solubility (in DMSO)	No data available
q) Oxidizing Properties	No data available

SECTION 10: Stability and reactivity

SECTION 10: Stability and reactivity

10.1 Reactivity
- No data available.

10.2 Chemical stability
- Stable under recommended storage conditions.

10.3 Possibility of hazardous reactions
- No data available.

10.4 Conditions to avoid

- Excessive heat. Dust generation. Moisture (if applicable). Other conditions: Not available.

10.5 Incompatible materials
- Not available.

10.6 Hazardous decomposition products
- Carbon oxides, sulfur oxides, nitrogen oxides, hydrogen fluoride. Other decomposition products: Not available.

SECTION 11: Toxicological information

11.1 Information on toxicological effects
- Acute toxicity: Unfortunately, no antidote is available for celecoxib overdose. However, celecoxib is a relatively safe medication. There were no reported overdoses of celecoxib during FDA trials, and doses up to 2400 mg per day for 10 days did not result in severe toxicity. Symptoms of celecoxib overdose would likely be similar to overdoses of other NSAIDs, which include lethargy, drowsiness, nausea, vomiting, and epigastric pain. Activated charcoal may be administered for overdose treatment at the discretion of emergency medical providers if the patient presents within 4 hours of known or suspected ingestion of significant amounts of celecoxib. Due to high plasma protein binding, dialysis, urine alkalinization, or diureses are unlikely to have a significant therapeutic effect on celecoxib overdose. In clinical studies involving several thousand patients treated for at least 3 months, the rate of serum aminotransferase enzyme elevations above three times the upper limit of the normal range was 1.1% in celecoxib treated compared to 0.9% in placebo treated patients. The ALT elevations that occurred during celecoxib therapy were usually transient and benign, resolving even with continuation of the medication. It is unclear whether such elevations are due to the medication since similar rates of abnormalities are identified in patients with arthritis receiving placebo. In rare instances, celecoxib appears to cause clinically apparent, symptomatic and icteric drug induced liver injury. In reported cases, the pattern of liver enzyme elevations has ranged from hepatocellular (Case 1) to cholestatic (Case 2). Moreover, the resulting jaundice can be prolonged and accompanied by severe pruritus and chronic fatigue (Case 3). The latency to onset of liver injury is often short, and the abruptness of onset resembles the hepatotoxicity caused by the sulfonamides. Indeed, in several instances, patients with celecoxib hepatotoxicity have a past history of sulfonamide hypersensitivity. Furthermore, celecoxib liver injury may occur in patients who have been treated with the drug without incident in the past, and reexposure after celecoxib liver injury usually results in reoccurrence with shortening of the latency period. Immunoallergic features are not uncommon in patients with clinically apparent liver injury due to celecoxib, but they are rarely prominent. Autoimmune markers and features of autoimmunity are not common, although they may be present because of the underlying disease for which the celecoxib is prescribed. The frequency of clinically apparent liver injury from celecoxib use is estimated to be between 1:14,000 to 1:25,000 users. Rare complications of celecoxib induced liver injury include prolonged cholestatic hepatitis, vanishing bile duct syndrome, and Stevens Johnson syndrome. Likelihood score: B (highly likely cause of clinically apparent liver injury).
- Skin corrosion/irritation: No data available.
- Serious eye damage/eye irritation: No data available.
- Respiratory or skin sensitization: No data available.
- Germ cell mutagenicity: IDENTIFICATION AND USE: Celecoxib is a pale yellow solid. It is a cyclooxygenase-2 (COX-2) inhibitor used in the management of osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, pain, ankylosing spondylitis, and dysmenorrhea. HUMAN STUDIES: Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. Allergic reactions, aggravated allergy, bronchospasm, or generalized or facial edema has been reported in 0.1-1.9% of patients receiving celecoxib. Anaphylactoid reactions

and angioedema have occurred in patients receiving celecoxib. As with other NSAIDs, anaphylactic reactions have been reported rarely in patients with no previous exposure to the drug. Erythema multiforme, exfoliative dermatitis, Sweet's syndrome, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported rarely in patients receiving celecoxib. Hepatitis, jaundice, or liver failure has been reported in patients receiving celecoxib during postmarketing surveillance. Celecoxib may cause premature closure of the ductus arteriosus. ANIMAL STUDIES: Celecoxib was not carcinogenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females, or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females for two years. An increased incidence of fetuses with ventricular septal defects, sternebral fusion, rib fusion, and sternebrae abnormality was observed in reproduction studies in rabbits receiving oral celecoxib dosages of 150 mg/kg daily or more throughout organogenesis. A dose-dependent increase in diaphragmatic hernias was observed in rats receiving oral celecoxib dosages of 30 mg/kg or more daily throughout organogenesis. Celecoxib had no effect on male or female fertility or male reproductive function in rats at oral doses up to 600 mg/kg/day. Celecoxib was not mutagenic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells, nor clastogenic in a chromosome aberration assay in CHO cells and an in vivo micronucleus test in rat bone marrow.
- Carcinogenicity: IDENTIFICATION AND USE: Celecoxib is a pale yellow solid. It is a cyclooxygenase-2 (COX-2) inhibitor used in the management of osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, pain, ankylosing spondylitis, and dysmenorrhea. HUMAN STUDIES: Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. Allergic reactions, aggravated allergy, bronchospasm, or generalized or facial edema has been reported in 0.1-1.9% of patients receiving celecoxib. Anaphylactoid reactions and angioedema have occurred in patients receiving celecoxib. As with other NSAIDs, anaphylactic reactions have been reported rarely in patients with no previous exposure to the drug. Erythema multiforme, exfoliative dermatitis, Sweet's syndrome, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported rarely in patients receiving celecoxib. Hepatitis, jaundice, or liver failure has been reported in patients receiving celecoxib during postmarketing surveillance. Celecoxib may cause premature closure of the ductus arteriosus. ANIMAL STUDIES: Celecoxib was not carcinogenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females, or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females for two years. An increased incidence of fetuses with ventricular septal defects, sternebral fusion, rib fusion, and sternebrae abnormality was observed in reproduction studies in rabbits receiving oral celecoxib dosages of 150 mg/kg daily or more throughout organogenesis. A dose-dependent increase in diaphragmatic hernias was observed in rats receiving oral celecoxib dosages of 30 mg/kg or more daily throughout organogenesis. Celecoxib had no effect on male or female fertility or male reproductive function in rats at oral doses up to 600 mg/kg/day. Celecoxib was not mutagenic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells, nor clastogenic in a chromosome aberration assay in CHO cells and an in vivo micronucleus test in rat bone marrow. /LABORATORY ANIMALS: Chronic Exposure or Carcinogenicity/ Celecoxib was not carcinogenic in Sprague-Dawley rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females (approximately 2-to 4-times the human exposure as measured by the AUC0-24 at 200 mg twice daily) or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females (approximately equal to human exposure as measured by the AUC0-24 at 200 mg twice daily) for two years.
- Reproductive toxicity: IDENTIFICATION AND USE: Celecoxib is a pale yellow solid. It is a cyclooxygenase-2 (COX-2) inhibitor used in the management of osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, pain, ankylosing spondylitis, and dysmenorrhea. HUMAN STUDIES: Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI

bleeding are at greater risk for serious GI events. Allergic reactions, aggravated allergy, bronchospasm, or generalized or facial edema has been reported in 0.1-1.9% of patients receiving celecoxib. Anaphylactoid reactions and angioedema have occurred in patients receiving celecoxib. As with other NSAIDs, anaphylactic reactions have been reported rarely in patients with no previous exposure to the drug. Erythema multiforme, exfoliative dermatitis, Sweet's syndrome, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported rarely in patients receiving celecoxib. Hepatitis, jaundice, or liver failure has been reported in patients receiving celecoxib during postmarketing surveillance. Celecoxib may cause premature closure of the ductus arteriosus. ANIMAL STUDIES: Celecoxib was not carcinogenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females, or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females for two years. An increased incidence of fetuses with ventricular septal defects, sternebral fusion, rib fusion, and sternebrae abnormality was observed in reproduction studies in rabbits receiving oral celecoxib dosages of 150 mg/kg daily or more throughout organogenesis. A dose-dependent increase in diaphragmatic hernias was observed in rats receiving oral celecoxib dosages of 30 mg/kg or more daily throughout organogenesis. Celecoxib had no effect on male or female fertility or male reproductive function in rats at oral doses up to 600 mg/kg/day. Celecoxib was not mutagenic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells, nor clastogenic in a chromosome aberration assay in CHO cells and an in vivo micronucleus test in rat bone marrow. /LABORATORY ANIMALS: Developmental or Reproductive Toxicity/ Nonselective cyclooxygenase (COX) inhibitors are potent tocolytic agents; however, they also have adverse fetal effects such as constriction of the fetal ductus arteriosus. Recently, selective COX-2 inhibitors have been used in the management of preterm labor in the hope of avoiding fetal complications. However, both COX-1 and -2 are expressed by cells of the ductus arteriosus. We used fetal lambs (0.88 gestation) to assess the ability of selective COX-2 inhibitors celecoxib and NS398 to affect the ductus arteriosus. Both selective COX-2 inhibitors decreased PGE(2) and 6ketoPGF(1alpha) production in vitro; both inhibitors constricted the isolated ductus in vitro. The nonselective COX-1/COX-2 inhibitor indomethacin produced a further reduction in PG release and an additional increase in ductus tension in vitro. We used a prodrug of celecoxib to achieve 1.4 +/- 0.6 ug/mL, mean +/- standard deviation, of the active drug in vivo. This concentration of celecoxib produced both an increase in pressure gradient and resistance across the ductus; celecoxib also decreased fetal plasma concentrations of PGE(2) and 6ketoPGF(1alpha). Indomethacin (0.7 +/- 0.2 ug/mL) produced a significantly greater fall in ductus blood flow than celecoxib and tended to have a greater effect on ductus resistence in vivo. We conclude that caution should be used when recommending COX-2 inhibitors for use in pregnant women, because COX-2 appears to play a significant role in maintaining patency of the fetal ductus arteriosus.
- STOT-single exposure: No data available.
- STOT-repeated exposure: In clinical studies involving several thousand patients treated for at least 3 months, the rate of serum aminotransferase enzyme elevations above three times the upper limit of the normal range was 1.1% in celecoxib treated compared to 0.9% in placebo treated patients. The ALT elevations that occurred during celecoxib therapy were usually transient and benign, resolving even with continuation of the medication. It is unclear whether such elevations are due to the medication since similar rates of abnormalities are identified in patients with arthritis receiving placebo. In rare instances, celecoxib appears to cause clinically apparent, symptomatic and icteric drug induced liver injury. In reported cases, the pattern of liver enzyme elevations has ranged from hepatocellular (Case 1) to cholestatic (Case 2). Moreover, the resulting jaundice can be prolonged and accompanied by severe pruritus and chronic fatigue (Case 3). The latency to onset of liver injury is often short, and the abruptness of onset resembles the hepatotoxicity caused by the sulfonamides. Indeed, in several instances, patients with celecoxib hepatotoxicity have a past history of sulfonamide hypersensitivity. Furthermore, celecoxib liver injury may occur in patients who have been treated with the drug without incident in the past, and reexposure after celecoxib liver injury usually results in reoccurrence with shortening of the latency period. Immunoallergic features are not uncommon in patients with clinically apparent liver injury due to celecoxib, but they are rarely prominent. Autoimmune markers and features of autoimmunity are not common, although they may be present because of the underlying disease for

which the celecoxib is prescribed. The frequency of clinically apparent liver injury from celecoxib use is estimated to be between 1:14,000 to 1:25,000 users. Rare complications of celecoxib induced liver injury include prolonged cholestatic hepatitis, vanishing bile duct syndrome, and Stevens Johnson syndrome. Likelihood score: B (highly likely cause of clinically apparent liver injury). /SIGNS AND SYMPTOMS/ A subpopulation of patients with asthma may have aspirin-sensitive asthma which may include chronic rhinosinusitis complicated by nasal polyps; severe, potentially fatal bronchospasm; and/or intolerance to aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). Because cross-reactivity between aspirin and other NSAIDs has been reported in such aspirin-sensitive patients, celebrex is contraindicated in patients with this form of aspirin sensitivity. When celebrex is used in patients with preexisting asthma (without known aspirin sensitivity), monitor patients for changes in the signs and symptoms of asthma.
- Aspiration hazard: No data available.

Likely routes of exposure
- Unfortunately, no antidote is available for celecoxib overdose. However, celecoxib is a relatively safe medication. There were no reported overdoses of celecoxib during FDA trials, and doses up to 2400 mg per day for 10 days did not result in severe toxicity. Symptoms of celecoxib overdose would likely be similar to overdoses of other NSAIDs, which include lethargy, drowsiness, nausea, vomiting, and epigastric pain. Activated charcoal may be administered for overdose treatment at the discretion of emergency medical providers if the patient presents within 4 hours of known or suspected ingestion of significant amounts of celecoxib. Due to high plasma protein binding, dialysis, urine alkalinization, or diureses are unlikely to have a significant therapeutic effect on celecoxib overdose.

Symptoms related to the physical, chemical and toxicological characteristics
- IDENTIFICATION AND USE: Celecoxib is a pale yellow solid. It is a cyclooxygenase-2 (COX-2) inhibitor used in the management of osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, pain, ankylosing spondylitis, and dysmenorrhea. HUMAN STUDIES: Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. Allergic reactions, aggravated allergy, bronchospasm, or generalized or facial edema has been reported in 0.1-1.9% of patients receiving celecoxib. Anaphylactoid reactions and angioedema have occurred in patients receiving celecoxib. As with other NSAIDs, anaphylactic reactions have been reported rarely in patients with no previous exposure to the drug. Erythema multiforme, exfoliative dermatitis, Sweet's syndrome, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported rarely in patients receiving celecoxib. Hepatitis, jaundice, or liver failure has been reported in patients receiving celecoxib during postmarketing surveillance. Celecoxib may cause premature closure of the ductus arteriosus. ANIMAL STUDIES: Celecoxib was not carcinogenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females, or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females for two years. An increased incidence of fetuses with ventricular septal defects, sternebral fusion, rib fusion, and sternebrae abnormality was observed in reproduction studies in rabbits receiving oral celecoxib dosages of 150 mg/kg daily or more throughout organogenesis. A dose-dependent increase in diaphragmatic hernias was observed in rats receiving oral celecoxib dosages of 30 mg/kg or more daily throughout organogenesis. Celecoxib had no effect on male or female fertility or male reproductive function in rats at oral doses up to 600 mg/kg/day. Celecoxib was not mutagenic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells, nor clastogenic in a chromosome aberration assay in CHO cells and an in vivo micronucleus test in rat bone marrow.

SECTION 12: Ecological information

SECTION 12: Ecological information

12.1 Toxicity
- No data available.

12.2 Persistence and degradability
- No data available.

12.3 Bioaccumulative potential
- No data available.

12.4 Mobility in soil
- No data available.

12.5 Results of PBT and vPvB assessment
- Not available.

12.6 Endocrine disrupting properties
- Not available.

12.7 Other adverse effects
- No data available.

SECTION 13: Disposal considerations

SECTION 13: Disposal considerations

13.1 Waste treatment methods
- Dispose of contents/container in accordance with local/regional/national/international regulations.
- Do not discharge to drains.
- Recommended disposal method: Incineration or disposal via a licensed chemical waste contractor, as appropriate.
- Contaminated packaging: Dispose of as unused product unless cleaned according to applicable regulations.

SECTION 14: Transport information

SECTION 14: Transport information

- UN number: Not available.
- UN proper shipping name: Not available.
- Transport hazard class(es): Not available.
- Packing group: Not available.
- Environmental hazards: Not available.
- Special precautions for user: Not available.
- Transport in bulk according to IMO instruments: Not available.

Note: Transport classification may vary by mode and jurisdiction; confirm with current regulatory requirements and carrier.

SECTION 15: Regulatory information

SECTION 15: Regulatory information

15.1 Safety, health and environmental regulations/legislation specific for the substance or mixture
- Regulatory status/inventories (e.g., TSCA, REACH, DSL, EINECS/ELINCS, ENCS, AICS, IECSC, KECI): Not available.
- GHS classification: Not available.
- Label elements: Not available.

15.2 Chemical safety assessment
- No data available.

SECTION 16: Other information

SECTION 16: Other information

- Product name: Celecoxib (Y0001445)
- Catalog No.: CS-EG-01694
- CAS No.: 169590-42-5
- Synonyms: 4-[5-(p-Tolyl)-3-(trifluoromethyl)-1H-pyrazol-1-yl]benzenesulfonamide; Celebra
- Supplier: Clearsynth Labs Ltd., Mumbai, India
- Emergency phone: +91-22-245045900

Disclaimer
- The information provided is based on data available at the time of preparation and is intended for guidance in safe handling, use, processing, storage, transportation, disposal, and release. It does not constitute a warranty of any kind. Users must determine applicability to their specific circumstances.

Revision information
- Revision date: Not available.
- SDS version: Not available.

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