Standard Operating Procedure

5’-deoxy-5-flurouridine

*This is an SOP template and is not complete until: 1) lab specific information is entered into the box below 2) lab specific protocol/procedure is added to the protocol/procedure section and   
3) SOP has been signed and dated by the PI and relevant lab personnel.*

Print a copy and insert into your   
*Laboratory Safety Manual* and *Chemical Hygiene Plan*.   
Refer to instructions for assistance.

|  |  |
| --- | --- |
| **Department:** | Click here to enter text. |
| **Date SOP was written:** | Click here to enter a date. |
| **Date SOP was approved by PI/lab supervisor:** | Click here to enter a date. |
| **Principal Investigator:** | Click here to enter text. |
| **Internal Lab Safety Coordinator/Lab Manager:** | Click here to enter text. |
| **Lab Phone:** | Click here to enter text. |
| **Office Phone:** | Click here to enter text. |
| **Emergency Contact:** | Click here to enter text. |
| *(Name and Phone Number)* |
| **Location(s) covered by this SOP:** | Click here to enter text. |
| *(Building/Room Number)* |

**Type of SOP:**  Process Hazardous Chemical  Hazardous Class

**Purpose**

5’-deoxy-5-flurouridine is similar in structure to nucleotides and is used in the study of genetic mutation. It is used primarily in cancer research and as a chemotherapeutic agent for cancer treatment. Reproductive effects may occur after exposure to this chemical.

**Physical & Chemical Properties/Definition of Chemical Group**

CAS#: 3094-09-5

Class: **Reproductive Hazard. Mutagen.**

Molecular Formula: C9H11FN2O5 C9H11FN2O5

Form (physical state): solid

Color: N/A

Melting point: 188-192°C

**Potential Hazards/Toxicity**

May be harmful in case of contact with skin, ingestion or inhalation. May cause skin, eye and respiratory irritation. Target organ effects on nerves, cardiovascular system, blood, kidney, liver, gastrointestinal tract, bone marrow, immune system. Animal studies have shown reproductive effects. Similar nature of 5’-deoxy-5-flurouridine to nucleotides is likely to cause mutagenic effects.

**Personal Protective Equipment (PPE)**

**Respirator Protection**

Where risk assessment shows air-purifying respirators are appropriate use a full-face particle respirator type N100 (US) or type P3 (EN 143) respirator cartridges as a backup to engineering controls. If the respirator is the sole means of protection, use a full-face supplied air respirator**.**

Respirators should be used only under any of the following circumstances:

* As a last line of defense (i.e., after engineering and administrative controls have been exhausted).
* When Permissible Exposure Limit (PEL) has exceeded or when there is a possibility that PEL will be exceeded.
* Regulations require the use of a respirator.
* An employer requires the use of a respirator.
* There is potential for harmful exposure due to an atmospheric contaminant (in the absence of PEL)
* As PPE in the event of a chemical spill clean-up process

Lab personnel intending to use/wear a respirator mask must be trained and fit-tested by ORS and should contact occhealt@uga.edu. This is a UGA requirement described in more detail in the [UGA Respiratory Protection Plan](https://esd.uga.edu/sites/default/files/respiratoryprotection.pdf) and supported by the [Office of Research Occupational Health and Safety Program](https://research.uga.edu/ohsp/).

**Hand Protection**

Handle with nitrile or chloroprene gloves. Wash hands after use.

NOTE: Consult with your preferred glove manufacturer to ensure that the gloves you plan on using are compatible with 5’-deoxy-5-flurouridine.

Refer to glove selection chart from the links below:

<http://www.ansellpro.com/download/Ansell_8thEditionChemicalResistanceGuide.pdf>

OR

<http://www.allsafetyproducts.biz/page/74172>

OR

<http://www.showabestglove.com/site/default.aspx>

OR

<http://www.mapaglove.com/>

**Eye Protection**

ANSI approved safety glasses or goggles.

**Skin and Body Protection**

Lab coats should be worn. These laboratory coats must be appropriately sized for the individual and be buttoned to their full length. Laboratory coat sleeves must be of a sufficient length to prevent skin exposure while wearing gloves. Full length pants and close-toed shoes must be worn at all times by all individuals that are occupying the laboratory area. The area of skin between the shoe and ankle should not be exposed.

**Hygiene Measures**

Avoid contact with skin, eyes and clothing. Wash hands before breaks and immediately after handling the product.

**Engineering Controls**

Work with this chemical in a certified ducted fume hood. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower.

**First Aid Procedures**

**If inhaled**

Move person into fresh air. If not breathing, give artificial respiration. Consult a physician.

**In case of skin contact**

Take off contaminated clothing and shoes immediately. Wash skin with soap and plenty of water. Consult a physician.

**In case of eye contact**

Flush eyes with plenty of water for at least 15 minutes lifting lower and upper eyelids and removing contact lenses. Consult a physician.

**If swallowed**

Never give anything by mouth to an unconscious person. Rinse mouth with water. Consult a physician.

**Special Handling and Storage Requirements**

Avoid breathing in and contact with skin and eyes. Avoid formation of dust and aerosols. Provide appropriate exhaust ventilation at places where dust is formed. Keep container tightly closed in a dry and well-ventilated place away from oxidizing agents.

**Spill and Accident Procedure**

**Chemical Spill Dial 911**

**24-7 On-Call Response to Research, Environment, Health or Safety Concerns Dial 2-5561 from a campus phone or 706-542-5561 from a non-campus line.**

**Spill** – Follow the procedures set out in the [UGA Chemical and Laboratory Safety Manual.](http://research.uga.edu/docs/units/safety/manuals/Chemical-Laboratory-Safety-Manual.pdf)

[If there are any chemical-specific protocols for responding to a spill, insert them here or mark “none”:]

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# **Medical Emergency Dial 911**

**Life Threatening Emergency, After Hours, Weekends And Holidays** – Dial **911** or the emergency phone numbers listed at the beginning of the UGA Chemical and Laboratory Safety Manual

*Note: All incidents that result in an injury or property damage must be reported to ORS / ESD using a University Incident/Accident Report.*

**Non-Life Threatening Emergency** – Follow the instructions in the UGA Chemical and Laboratory Safety Manual.

*Note: All incidents that result in an injury or property damage must be reported to ORS / ESD using a University Incident/Accident Report.*

**Decontamination/Waste Disposal Procedure**

**For general hazardous waste disposal procedures, see Appendix H of the UGA Chemical and Laboratory Safety Manual.**

**Chemical Specific Procedures: [to be inserted or marked as “none”]**

Sweep up or scoop. Avoid formation of dust. Contaminated instruments and surfaces should be decontaminated with soap and water. All waste and contaminated disposables should be disposed as hazardous waste.

**Safety Data Sheet (SDS) Location**

UGA personnel can access Online SDS through a link in the upper left corner of the ESD home page (<https://esd.uga.edu>) and logging in by using their UGA email user name and password.

**Protocol/Procedure (Add lab specific Protocol/Procedure here)**

Click here to enter text.

**NOTE**

Any deviation from this SOP requires approval from PI.

**Documentation of Training** (signature of all users is required)

* Prior to conducting any work with 5’-deoxy-5-flurouridine, designated personnel must provide training to his/her laboratory personnel specific to the hazards involved in working with this substance, work area decontamination, and emergency procedures.
* The Principal Investigator must provide his/her laboratory personnel with a copy of this SOP and access to the SDS provided by the manufacturer.
* The Principal Investigator must ensure that his/her laboratory personnel have attended appropriate laboratory safety training or refresher training within the last 12 months.

**Principal Investigator SOP Approval**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Date:

I have read and understand the content of this SOP:

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| **Name** | **Signature** | **Date** |
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