Standard Operating Procedure

Actinomycin D

*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**

Actinomycin D is an acute toxin. It was used in the first antibiotic shown to have cancer fighting abilities. Because it can bind DNA duplexes, it can interfere with DNA replication. It is used as stains in microscopy and flow cytometry applications because of its fluorescent characteristic. It is also used to determine apoptosis and to distinguish dead cells versus live ones.

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

CAS#: 50-76-0

Class: **Acute toxin**

Molecular Formula: C62H86N12O16

Form (physical state): Powder

Color: Dark red

Boiling point: N/A

**Potential Hazards/Toxicity**

LD50: 7.2 mg/kg (Oral – Rat)

**Inhalation:** May cause respiratory tract irritation. May cause effects similar to those described for ingestion. Inhalation may produce coughing, nausea, and pulmonary edema.

**Ingestion:**May be fatal if swallowed. May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause loss of hearing. May cause neuromuscular paralysis.

**Skin Contact:**May cause skin sensitization, an allergic reaction, which becomes evident upon re-exposure to this material.

**Eye Contact:**May cause severe irritation and/or eye injury.

**Personal Protective Equipment (PPE)**

**Respiratory Protection**

Respiratory protection is not generally required. Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN 143) dust masks. A respiratory protection program that meets OSHA's 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant respirator use.

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**

Wearing nitrile, natural rubber, neoprene, butyl, PVC, or Viton gloves is recommended.

NOTE: Consult with your preferred glove manufacturer to ensure that the gloves you plan on using are compatible with Actinomycin D

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.

**Skin and Body Protection**

Lab coats should be worn. 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**

Wash thoroughly after handling. Remove contaminated clothing and wash before reuse. Minimize dust generation and accumulation. Do not get in eyes, on skin, or on clothing. Do not ingest or inhale. Use only with adequate ventilation or respiratory protection.

**Engineering Controls**

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

**First Aid Procedures**

**If inhaled**

Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

**In case of skin contact**

Immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash off with soap and plenty of water. Get medical attention immediately.

**In case of eye contact**

Immediately flush eyes with plenty of water for at least 15 minutes, lifting lower and upper eyelids occasionally. Get medical attention immediately.

**If swallowed**

Never give anything by mouth to an unconscious person. If victim is conscious and alert rinse mouth with water and give 2-4 cupfuls of milk or water. Get medical attention immediately.

**Special Handling and Storage Requirements**

**Precautions for safe handling**

Wash thoroughly after handling. Remove contaminated clothing and wash before reuse. Minimize dust generation and accumulation. Do not get in eyes, on skin, or on clothing. Do not ingest or inhale. Use only with adequate ventilation or respiratory protection.

**Conditions for safe storage**

Store in a tightly closed container. Keep away from contact with oxidizing materials. Store in a cool, dry, well-ventilated area away from incompatible substances.

**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”]**

Actinomycin D waste shall be disposed of into waste containers specifically designated for actinomycin D. Examples of actinomycin D waste material include gloves, pipette tips, paper towels that have been contaminated with actinomycin D.

Equipment that needs to be decontaminated (for repair or change of location etc.) must be washed with soapy water and rinsed with copious amounts of water.

**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 Actinomycin D, 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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