## **WARNING:**



## **Biosafety Level**

| In case of emergency:               |
|-------------------------------------|
| Chemical Agent:                     |
| Principal Investigator Name:        |
| Principal Investigator Telephone #: |
| PPE Requirements:                   |
|                                     |
| In Case of Spill:                   |

## In Case of Exposure:

AUTOINNOCULATION

**INJESTION** 

**INHALATION** 

DERMAL EXPOSURE

EYE EXPOSURE

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