#### NITROGEN - nitrogen gas Linde Gas & Equipment Inc.

Disclaimer: This drug has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. For further information about unapproved drugs, click here.

-----

#### NITROGEN, REFRIGERATED LIQUID

#### WARNINGS AND PRECAUTIONS SECTION

**WARNING:** Administration of Nitrogen may be hazardous or contraindicated. For use only by or under the supervision of a licensed practitioner who is experienced in the use and administration of Nitrogen and is familiar with the indications, effects, dosages, methods, and frequency and duration of administration, and with the hazards, contraindications and side effects, and the precautions to be taken.

**WARNING:** CONTAINS REFRIGERATED GAS; MAY CAUSE CRYOGENIC BURNS OR INJURY. MAY DISPLACE OXYGEN AND CAUSE RAPID SUFFOCATION.

Do not handle until all safety precautions have been read and understood. Use and store only outdoors or in a well-ventilated place. Wear cold insulating gloves, face shield, and eye protection. Use a back flow preventive device in the piping. DO NOT change or force fit connections. Close valve after each use and when empty. Always keep container in upright position. Read and follow the Safety Data Sheet (SDS) before use.

**FIRST AID:** IF INHALED: Remove person to fresh air and keep comfortable for breathing. IF ON SKIN: Thaw frosted parts with lukewarm water. Do not rub affected area. Get immediate medical advice/attention.

NITROGEN, REFRIGERATED LIQUID

**UN1977** 

CAS 7727-37-9
Produced by Air Liquefaction.



## MEDICAL GAS By only.

WARNING: Administration of Nitrogen may be hazardous or contraindicated. For use only by or under the supervision of a licensed practitioner who is experienced in the use and administration of Nitrogen and is familiar with the indications, effects, dosages, methods, and frequency and duration of administration, and with the hazards, contraindications and side effects, and the precautions to be taken.

WARNING: CONTAINS REFRIGERATED GAS; MAY CAUSE CRYOGENIC BURNS OR INJURY.

MAY DISPLACE OXYGEN AND CAUSE RAPID SUFFOCATION.

Do not handle until all safety precautions have been read and understood.

Use and store only outdoors or in a well-ventilated place. Wear cold insulating gloves, face shield, and eye protection.

Use a back flow preventive device in the piping. DO NOT change or force fit connections.

Close valve after each use and when empty. Always keep container in upright position.

Read and follow the Safety Data Sheet (SDS) before use.

FIRST

IF INHALED: Remove person to fresh air and keep comfortable for breathing.

IF ON SKIN: Thaw frosted parts with lukewarm water. Do not rub affected area. Get immediate medical advice/attention.

CONTENTS:

#### DO NOT REMOVE THIS LABEL.

|                                                   |                  | CYLINDER<br>TYPE | LITERS |
|---------------------------------------------------|------------------|------------------|--------|
| Distributed by:                                   |                  | 160L             | 97244  |
| Linde Gas North Amer                              |                  | 180L             | 105055 |
| 200 Somerset Corporate B<br>Bridgewater, NJ 08807 | lvd., Suite 7000 | 200L             | 115209 |
| 866.543.3427                                      | LG021F           | 230L             | 133955 |
|                                                   |                  |                  |        |

#### NITROGEN, REFRIGERATED LIQUID

NF

**UN1977** 

CAS 7727-37-9

**Produced by Air Liquefaction** 

2

**MEDICAL GAS** 

Rx only.

**WARNING: USE OF ADAPTORS PROHIBITED** 

**WARNING: DO NOT REMOVE FITTINGS** 

DO NOT REMOVE THIS LABEL

**WARNING: USE OF ADAPTORS IS PROHIBITED** 

**WARNING: DO NOT REMOVE FITTINGS** 

#### **CONTENTS:**

| CYLINDER TYPE |     | LITERS |
|---------------|-----|--------|
| 160L          | [_] | 97244  |
| 180L          | [_] | 105055 |
| 200L          | [_] | 115209 |
| 230L          | [_] | 133955 |
|               |     |        |

Distributed by:

**Linde Gas North America LLC** 

200 Somerset Corporate Blvd., Suite 7000 Bridgewater, NJ 08807 866.543.3427

LG021F

### **NITROGEN**

nitrogen gas

| Product Information     |                          |                    |               |
|-------------------------|--------------------------|--------------------|---------------|
| Product Type            | HUMAN PRESCRIPTION DRUG  | Item Code (Source) | NDC:25373-102 |
| Route of Administration | RESPIRATORY (INHALATION) |                    |               |
|                         |                          |                    |               |

## **Active Ingredient/Active Moiety**

| Ingredient Name                                                 | <b>Basis of Strength</b> | Strength      |
|-----------------------------------------------------------------|--------------------------|---------------|
| <b>Nitrogen</b> (UNII: N762921K75) (Nitrogen - UNII:N762921K75) | Nitrogen                 | 99 L in 100 L |

| P | Packaging            |                                                        |                         |                       |  |  |
|---|----------------------|--------------------------------------------------------|-------------------------|-----------------------|--|--|
| # | Item Code            | Package Description                                    | Marketing Start<br>Date | Marketing End<br>Date |  |  |
| 1 | NDC:25373-<br>102-07 | 97244 L in 1 DEWAR; Type 0: Not a Combination Product  | 08/01/1986              |                       |  |  |
| 2 | NDC:25373-<br>102-08 | 105055 L in 1 DEWAR; Type 0: Not a Combination Product | 08/01/1986              |                       |  |  |
| 3 | NDC:25373-<br>102-09 | 115209 L in 1 DEWAR; Type 0: Not a Combination Product | 08/01/1986              |                       |  |  |
| 4 | NDC:25373-<br>102-10 | 133955 L in 1 DEWAR; Type 0: Not a Combination Product | 08/01/1986              |                       |  |  |

| Marketing Information                       |                                 |                                                               |  |  |  |
|---------------------------------------------|---------------------------------|---------------------------------------------------------------|--|--|--|
| Application Number or Monograph<br>Citation | Marketing Start<br>Date         | Marketing End<br>Date                                         |  |  |  |
|                                             | 08/01/1986                      |                                                               |  |  |  |
|                                             | Application Number or Monograph | Application Number or Monograph Marketing Start Citation Date |  |  |  |

# Labeler - Linde Gas & Equipment Inc. (805568339)

# Registrant - Linde Gas & Equipment Inc. (805568339)

| Establishment              |         |           |                        |
|----------------------------|---------|-----------|------------------------|
| Name                       | Address | ID/FEI    | Business Operations    |
| Linde Gas & Equipment Inc. |         | 010263301 | manufacture(25373-102) |

| Establishment              |         |           |                            |
|----------------------------|---------|-----------|----------------------------|
| Name                       | Address | ID/FEI    | <b>Business Operations</b> |
| Linde Gas & Equipment Inc. |         | 016271697 | manufacture(25373-102)     |

| Establishment              |         |           |                            |
|----------------------------|---------|-----------|----------------------------|
| Name                       | Address | ID/FEI    | <b>Business Operations</b> |
| Linde Gas & Equipment Inc. |         | 833132561 | manufacture(25373-102)     |

| Establishment              |         |           |                            |
|----------------------------|---------|-----------|----------------------------|
| Name                       | Address | ID/FEI    | <b>Business Operations</b> |
| Linde Gas & Equipment Inc. |         | 069239874 | manufacture(25373-102)     |

| Establishment              |         |           |                            |
|----------------------------|---------|-----------|----------------------------|
| Name                       | Address | ID/FEI    | <b>Business Operations</b> |
| Linde Gas & Equipment Inc. |         | 016300933 | manufacture(25373-102)     |

| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------|---------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                       | Address | ID/FEI    | Business Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Linde Gas & Equipment Inc. | Addiess | 026921048 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                            |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Linde Gas & Equipment Inc. |         | 129012352 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Linde Gas & Equipment Inc. |         | 142591424 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                            |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | Business Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Linde Gas & Equipment Inc. |         | 789082976 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Linde Gas & Equipment Inc. |         | 149324605 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                            |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Linde Gas & Equipment Inc. |         | 134971428 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | Business Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Linde Gas & Equipment Inc. |         | 839176356 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                            |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | Business Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Linde Gas & Equipment Inc. |         | 069232473 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                            |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Linde Gas & Equipment Inc. |         | 160443631 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                            | 0.1.2   | ID (F.T.) | Due to the Control of |
| Name                       | Address | ID/FEI    | Business Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Linde Gas & Equipment Inc. |         | 833132108 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Linde Gas & Equipment Inc. |         | 784579190 | manufacture(25373-102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                            |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Establishment              |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                       | Address | ID/FEI    | <b>Business Operations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Linde Gas & Equipment Inc. | 805823411 | manufacture(25373-102) |
|----------------------------|-----------|------------------------|
|----------------------------|-----------|------------------------|

| Establishment              |         |           |                            |  |  |  |
|----------------------------|---------|-----------|----------------------------|--|--|--|
| Name                       | Address | ID/FEI    | <b>Business Operations</b> |  |  |  |
| Linde Gas & Equipment Inc. |         | 181444840 | manufacture(25373-102)     |  |  |  |

| Establishment              |         |           |                            |  |  |
|----------------------------|---------|-----------|----------------------------|--|--|
| Name                       | Address | ID/FEI    | <b>Business Operations</b> |  |  |
| Linde Gas & Equipment Inc. |         | 063018874 | manufacture(25373-102)     |  |  |

Revised: 12/2021 Linde Gas & Equipment Inc.