

## **MCL Report for 2-butoxyethanol; ethylene glycol; monobutyl ether (EGBE)**

Proposal for mandatory classification and labelling (MCL) based on Annex VI, Part 2 of the retained CLP Regulation (EU) No. 1272/2008 as amended for Great Britain

**EC Number: 203-905-0 CAS Number: 111-76-2 Date: August 2024**

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In the EU, a harmonised classification for 2-butoxyethanol was derived under Directive 67/548/EC and then translated under the CLP Regulation to: Acute Tox. 4\* (oral) H302: Harmful if swallowed; Acute Tox. 4\* (inhalation) H332: Harmful if inhaled; and Acute Tox. 4\* (dermal) H312: Harmful in contact with skin; Skin Irrit. 2, H315: Causes skin irritation; and Eye Irrit. 2, H319: Causes serious eye irritation.

The EU Committee for Risk Assessment (RAC) reviewed the harmonised classification and labelling of 2-butoxyethanol in 2018 and concluded that the substance should be classified as Acute Tox. 3, H331; Acute Tox. 4, H302; Skin Irrit. 1, H315; Eye Irrit. 2, H319; not classified for acute dermal toxicity (ECHA, 2018).

Following industry comments and additional data submitted to CARACAL<sup>1</sup>, RAC was asked to reassess the proposed classification for acute inhalation toxicity<sup>2</sup>. As such, Annex VI of EU CLP was updated by the 15<sup>th</sup> ATP to include the revised classification for 2butoxyethanol, with the exception of acute inhalation toxicity. This revised classification was copied over into the GB MCL list when the UK left the EU.

RAC considered the new information relating to acute inhalation toxicity, which comprised of a study report from a new GLP-compliant acute toxicity inhalation study conducted according to OECD TG 433 (adapted), as well as the study report for another study in guinea pigs, rabbits and dogs, which had previously been submitted in the context of the consultation on the CLH report, but was not fully discussed in the original RAC Opinion. Following their reassessment, RAC concluded that a classification of Acute Tox 3; H331 (Toxic if inhaled), was warranted, as stated in their initial opinion. This classification was subsequently included in Annex VI of EU CLP via the 18<sup>th</sup> ATP. As this update occurred after the UK had left the EU, the revised classification for acute inhalation toxicity has not been included in the GB MCL list.

<sup>&</sup>lt;sup>1</sup> Meeting of the Competent Authorities for REACH and CLP

<sup>2</sup> Following a request from the European Commission on 12 May 2020, the Executive Director of ECHA requested RAC to prepare an opinion in relation to the acute inhalation toxicity of EGBE (pursuant to Article 77(3)(c) of Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals).

## <span id="page-9-0"></span>**4. Justification that action is needed**

The current GB MCL list entry for 2-butoxyethanol contains a minimum classification for acute inhalation toxicity (i.e., Acute Tox. 4\*, H332). New information is available which suggests a more severe classification for acute inhalation toxicity may be warranted; the Agency has prepared this MCL report under Article 37A of GB CLP to assess the available data and decide whether the GB MCL needs to be updated.

## <span id="page-10-0"></span>**5. Identified uses**

According to the EU CLH report (ECHA 2017), 2-butoxyethanol, referred to as EGBE (ethylene glycol monobutyl ether) throughout this report, is part of the group of glycol ethers which are mainly used as solvents. Industrial uses include the manufacture of paints and surface coatings, detergents and surface cleaners, dyes, and inks. Further common uses include as an intermediate for 2-butoxyethanol acetate synthesis (including captive use) and as a cleaning agent. Additional minor uses for EGBE include in textile manufacture, and in the paper and rubber/oil industries.

## <span id="page-11-0"></span>**6. Data sources**

The study data used in this report was sourced from the initial CLH dossier by Germany (ECHA 2017), those submitted during the consultation of the initial report (ECHA 2018), the original RAC opinion (ECHA, 2018), those submitted during the consultation of the Article 77(3)(c) request and the RAC reassessment (ECHA, 2020).

Additional searches of UK and EU registration data were carried out. In addition, a literature search (Google Scholar, Pubmed) was carried out, covering publications produced over the time period of 01/2020 to 02/2024. The aim of this was to identify any new information published after the RAC re-assessment (2020). Search criteria used the relevant substance terms (e.g. '2-butoxyethanol', 'EGBE', 'ethylene glycol ether'), in combination with the terms 'inhalation' and 'inhalation toxicity'.

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#### **Table 8: Summary of toxicokinetic studies (adapted from the CLH report (ECHA 2017)).**





















## <span id="page-24-0"></span>**9.1 Short summary and overall relevance of the provided toxicokinetic information**

To assess the toxicokinetic properties of EGBE after inhalation, six animal studies and seven human studies were evaluated.

In a study on the distribution of EGBE over time in mice (Green *et al.,* 2000), the substance was mainly distributed to the liver, blood, buccal cavity and the forestomach. This was indicated by the highest detected concentrations of EGBE and its metabolites in these areas.

Inhaled EGBE was mainly metabolised to butoxyacetic acid (BAA), ethylene glycol (EG) and butoxyethanol glucuronide (BEG). Increased doses of EGBE led to increased formation of BEG, compared to BAA and EG. BAA and EG form via a saturable mechanism.

Excretion of EGBE was shown to be rapid and occurred mainly via the urine. A small proportion was eliminated as  $CO<sub>2</sub>$  in expired air (< 10%). The half-life of EGBE in the blood was determined to be around 10 minutes in rats and 5 minutes in mice, independent of the exposure concentration. Elimination of EGBE follows linear kinetics, whereas BAA followed saturable, non-linear mechanisms. Repeat doses of EGBE resulted in decreased BAA elimination, with a slower elimination rate with prolonged exposure. Some speciesspecific differences in the rate of elimination were observed, with mice eliminating EGBE twice as fast as rats. Other differences included age-related findings in mice after short (24h) inhalative exposure, with older mice having a 10-fold lower BAA blood concentration compared to younger mice. However, this age-related difference was not observed following consistent exposure. In rats, the elimination of BAA varied by sex, with females eliminating BAA slower than males; this may be attributed to differences in renal excretion. No sex-related findings were observed in mice.

Human exposure studies of EGBE inhalation suggest that a 'wash-in, wash-out' mechanism of the respiratory tract is observed; this involves the hydrophilic substance becoming adsorbed to the respiratory tract during inhalation, and desorbed during exhalation. This leads to a decrease in the uptake of the substance. This is supported by animal experiments which show a similar pattern of rapid uptake of EGBE, peaking in plasma concentration at 2 hours, followed by decay. The half-life of EGBE was higher in humans than other animals (40 minutes). The main metabolite was identified as BAA, as seen in animal studies. As also seen in animal studies, excretion of EGBE and BAA was rapid and primarily via the urine.

## <span id="page-26-0"></span>**10.Evaluation of health hazards**

### <span id="page-26-1"></span>**10.1 Acute toxicity – oral route**

Not assessed.

### <span id="page-26-2"></span>**10.2 Acute toxicity – dermal route**

## **10.3 Acute toxicity – inhalation route**



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#### **Table 10: Summary of human data on acute inhalation toxicity (adapted from the CLH report (ECHA, 2017))**





#### **10.3.1 Short summary and overall relevance of the provided information on acute inhalation toxicity**

#### *Saturated Vapour Concentration (SVC)*

The concentration of vapour in inhalation toxicity studies can vary based on the temperature and the system used to generate the vapour. At a temperature of 20°C, the theoretical maximum concentration of EGBE vapour is equal to 3.9 mg/L. However, with an increase in temperature, the concentration also increases; at 25°C, the theoretical maximum would be approximately 5.6 mg/L. In accordance with OECD test guidelines, chamber temperatures should be maintained at  $22 \pm 3^{\circ}$ C, i.e. within 20-25°C. RAC, in their reassessment (ECHA, 2020) suggested that this results in a saturated vapour concentration range of 3.9 – 5.6 mg/L, depending on the temperature (20-25°C). Maintenance of the ideal conditions used in inhalation toxicity studies is challenging, due to the dynamic nature of the testing system. For example, temperature changes between the vapour generation system and the exposure chamber, loss/deposition of test material, or the formation of mist as a result of condensation, may all result in a failure to meet and/or maintain the maximum theoretical concentration (Kelsey *et al.,* 2023). Some of the studies for the assessment of inhalation toxicity detailed the vapour generation systems and the temperature of the air inhaled by animals.

For volatile substances, the differentiation between vapour and mist is made on the basis of the saturated vapour concentration (SVC). An  $LC_{50}$  well below the SVC is considered according to the classification criteria for vapours, whereas an  $LC_{50}$  close to or above the SVC is classified according to the criteria for mists. When adjusting for Haber's law, the LC<sub>50</sub> values reported in the animal studies (detailed below) were  $2.21 - 4.92$  mg/L/4h (rats),  $> 2.25 - 2.36$  mg/L/4h (guinea pig),  $> 2.36$  mg/L/4h (dog and rabbit) and 4.12  $mg/L/4h$  (mouse). It is recognised that in most cases, the  $LC_{50}$  values had to be extrapolated to give the equivalent value for a 4 hour exposure to allow comparison to the classification criteria.

#### *Animal studies*

A number of animal studies were available for the assessment of acute inhalation toxicity. In addition to the studies available in the original CLH report, further studies were submitted during the public consultation on the CLH report, and during the public consultation on the Article 77(3)(c) request. These studies conducted in rats, mice, guinea pigs, dogs and rabbits are all considered by the Agency in this MCL report. For comparison with the CLP classification criteria,  $LC_{50}$  values were adjusted using Haber's law.

In rats, seven studies were available. Most studies were carried out prior to the introduction of OECD test guidelines and GLP, which results in varying exposure times outside of the 4 hours specified in the classification criteria. Across the rat studies, the LC<sub>50</sub> values ranged from 2.21 – 5.3 mg/L/4h. Two studies were unable to calculate an LC<sub>50</sub> value; Gage (1970) measured an LC<sub>100</sub> of 12.62 mg/L/4h, and Klimisch *et al.* (1988) measured a 0-lethality time (LT0) of 3h and 1h for which at least one death was found. In most studies, the LC<sub>50</sub> value for rats were below indicated saturated vapour concentrations.

In a study by BASF (1979), Sprague Dawley rats were exposed to EGBE at a concentration of 2.25 mg/L for 3 hours, or 4.26 mg/L for 7 hours. Mortality was observed in  $2/6$  animals in the higher concentration group, but not in the 2.25 mg/L group. The LC $_{50}$ was calculated as > 4.6 mg/L/4h which is 119% of the saturated vapour concentration. In a second study by BASF (1968), rats were exposed to EGBE at concentrations of 1.44 mg/L for 3 hours or 4.25 mg/L for 8 hours. No mortality was observed in the 1.44 mg/L group, however, 6/6 animals in the higher concentration group died. The LC<sub>50</sub> was calculated as between 1.1-5.3 mg/L/4h.

Across most studies, clinical signs observed in exposed rats included unstable gait, lethargy, laboured breathing and tail necrosis. Pathological and haematological findings included discoloured kidneys, haematuria and haemoglobinuria (Carpenter *et al.* 1956; Bushy Run Research Center 1980a; Shell Chemicals 1982; Gage 1970), with one study (Gage 1970) reporting a 50-65% reduction in haemoglobin levels.

In one rat study, intraspecies differences were observed (Carpenter *et al*. 1956). Females and older animals (LC<sub>50</sub>: 2.21 mg/L/4h) were considerably more sensitive to EGBE compared to males and younger animals (4.92 mg/L/4h).

One mouse study by Werner *et al.* (1943) (cited by Carpenter *et al.,* 1956) calculated the LC<sub>50</sub> as 4.12 mg/L/4h. Similar clinical signs of dyspnoea, haemoglobinuria and necropsy findings (no further details) within the kidneys were noted.

In dogs, one study was available for assessment (Dow Chemicals Company, 1974) (submitted during the consultation on the original CLH dossier). Two male Beagles were exposed to EGBE for 7h at a concentration of 1.96 mg/L, with the  $LC_{50}$  calculated by extrapolation as > 2.36 mg/L/4h. No mortality or clinical effects were reported, aside from increased salivation. No urinalysis was performed with the study. The concentration achieved was low and well below the SVC (48% of SVC).

In rabbits, one study by Dow Chemicals Company (1974) (submitted during the consultation on the original CLH dossier) exposed four males to 2 mg/L of EGBE for 7h, across two experiments. Three different samples of EGBE were used. In the first experiment, no adverse effects were observed during or directly after exposure. However, within 8-16h post exposure, 3/4 rabbits in one sample group (Dowanol EB) were found in a

moribund condition, and subsequently died. An additional rabbit died in another sample group (BO-USA). In the second experiment, which was carried out under the same conditions but with added stress (in the form of loud noise), similar signs of toxicity were seen. At this concentration, a 50% mortality rate was observed. Clinical signs included poor co-ordination and loss of equilibrium. Pathological examination of rabbits who died showed red discharge in the eyes and nose, kidney congestion, discoloured livers and haematuria. Surviving rabbits showed darkened or congested kidneys and mottled livers. The LC50 was calculated as 2.36 mg/L/4h, a concentration that was 48% below the SVC.

In guinea pigs, four studies were available for assessment. The majority of these studies were not performed to test guidelines or GLP.

In one study (Mellon Institute of Industrial Research, 1943, as cited by Tyler, 1984), the LC<sub>50</sub> was reported as 7.65 mg/L/4h, with no reporting of adverse effects. Since the concentration of EGBE was above the saturated vapour pressure, the actual exposure was due to, in part, an aerosol of EGBE rather than vapour. As a result, as well as the lack of reported effects, this study is not considered as relevant for classification.

A second study (Dow Chemical Company, 1994; Gingell *et al.* 1998) used a lower concentration of approx. 3.1-3.4 mg/L for 1h of whole body exposure. No mortality or clinical effects were observed. However, as the exposure time was below 4 hours, an  $LC_{50}$ could not be set and this study is considered inconclusive for classification purposes.

In another study by Dow Chemical Company (1974), male guinea pigs were exposed to EGBE at a concentration of approximately 1.95 mg/L for 7 hours. No other concentrations were tested. No mortality or clinical effects were observed. No pathology was reported, as the study was not performed for the purposes of calculating an  $LC_{50}$ . The Article 77 (3)(c) request consultation indicated that the  $LC_{50}$  value for this study was  $> 2.36$  mg/L/4h.

A guideline study (OECD TG 433) by Covance CRS Limited (2019) aimed to investigate acute inhalation toxicity in guinea pigs via single nose-only exposure, whilst utilising the highest technically attainable saturation concentration of EGBE vapour. Guinea pigs (6/sex) were exposed to EGBE for 4h, at a mean exposure concentration of 2.25 mg/L  $\pm$ 0.19 mg/L, and a mean temperature of the air inhaled through the snout of  $22.4 \pm 0.4$ degrees Celsius. The mean concentration was deemed acceptable as it was 75% of the planned concentration of 3 mg/L. The study authors considered this to be the highest technically achievable vapour only concentration, with no mists observed during the exposure period. No further explanation as to why this particular system yields the highest technically achievable concentration was provided. One animal was euthanised on day 5 for welfare reasons; clinical signs included impaired locomotion, body weight loss and a distended GI tract. These findings were considered to be unrelated to treatment. No other mortality or clinical signs were observed in the other animals. No treatment-related

changes in haematology, organ weight, or pathology were observed. The  $LC_{50}$  was determined to be  $\geq 2.25$  mg/L/4h.

#### *Human data*

In humans, three sets of data were available for the assessment of acute inhalation toxicity. No effects on the lungs, heart, or any overt signs of toxicity were observed when male volunteers were exposed to 0.24 mg/L for 2 hours (Johanson 1986; Johanson and Bowman 1991).

In a study by Carpenter *et al*. (1956), two men were exposed to 0.55 mg/L of EGBE for 4h. A year later, the same two men and an additional two women were exposed to 0.95 mg/L of EGBE for two 4 hour periods, separated by a 30 min interval. Some clinical signs observed included irritation of the eyes, nose and throat, an increase in nasal mucous discharge and headache. No changes in pre-exposure values of erythrocyte fragility, blood pressure, pulse rate or urinary levels of glucose and albumin were observed. Levels of butoxyacetic acid (BAA), the main metabolite of EGBE, in the urine were variable between individuals. In this study, females appeared to be more sensitive to adverse effects whilst excreting the largest amount of BAA. No adverse effects on haematology were observed at either exposure concentration.

The effects observed in Carpenter *et al.* (1956) showed clear local irritative effects on the eyes and respiratory tract at a lower concentration. The concentration (0.95 mg/L) was well below saturated vapour concentrations (3.9-5.6 mg/L, temp 20-25°C), meaning toxic effects may be more severe at higher concentrations.

#### *Modes of Action*

The toxic effects EGBE are suggested to be a result of its main metabolite, butoxyacetic acid (BAA). It has been established that BAA can cause rapid haemolysis after acute exposure, with the sensitivity of this effect varying between species (Ghanayem and Sullivan 1993). Recent reviews of the data by Boatman *et al.* (2014) suggest that BAAmediated intravascular haemolysis is the primary toxic effect in rats and rabbits, as supported by mechanistic data. Rats, mice and rabbits are sensitive to haemolysis whereas humans and guinea pigs are resistant. As a result, it was suggested by industry that as humans and guinea pigs have comparable sensitivity to haemolysis, only the guinea pig data should be considered for classification.

Various acute human cases were referenced in the original CLH report, with RAC suggesting that BAA-haemolytic resistant species may have alternative mechanisms of action for acute toxicity. They noted that the primary toxic effect for humans in oral poisoning was likely to be metabolic acidosis, due to the high concentration of BAA in the blood. No haemolysis was reported in these studies. Severe effects often included acidosis alongside CNS depression, with some patients reported to have breathing difficulties and pulmonary oedema. The estimated oral dose of EGBE that leads to severe acute poisoning in humans has been reported as a range of 500-1250 mg/kg bw, with the exception of one case at 4.5 g/kg bw.

In their reassessment, RAC suggested that the oral doses of EGBE which induced severe intoxication in humans were comparable to the median lethal oral dose in laboratory animals. Despite variation, they noted that the oral LD<sub>50</sub> values for rats were within a range of 1480-2420 mg/kg bw, and within a similar order of magnitude as guinea pigs at 1200- 1414 mg/kg bw. They noted that the similar oral LD<sub>50</sub>s across the species indicated that the haemolytic action would have limited influence on the potency of acute toxicity when causing lethal acute poisoning. Based on the oral exposure data, they suggested that haemolysis is not the only mode of action, and that human susceptibility to acute toxicity of EGBE is similar to that in rats, mice and guinea pigs. The Agency notes that as the exposure route differs between inhalation and oral exposure, this may have an impact on the severity and type of effects observed in humans. However, it is agreed that the potential mechanisms of action leading to toxicity are likely to be similar, meaning that human relevance cannot be fully excluded. Despite differences in toxicokinetics and metabolism, RAC considered that there was no evidence of a major difference in sensitivity when comparing guinea pigs to rats, and that data from both should be considered in the classification assessment. The rat is usually the preferred species for assessing acute inhalation toxicity. When considering the study data for rats, there were clear adverse effects including mortality, haemolysis, and signs of ataxia. Rabbits displayed similar adverse effects, with the addition of more severe pathological findings in the liver and kidneys. In comparison, guinea pigs, which are suggested as a more suitable model for this case of human health assessment, a lack of mortality and adverse effects were observed in the available inhalation toxicity studies. The Agency notes that haemolysis is not the only potential mode of action, however no investigations into acidosis or alternate mechanisms of action were carried out in guinea pigs. Although it has been noted that rats and rabbits are particularly sensitive to haemolysis, data from these species should not be excluded and is appropriate for use in a weight of evidence assessment.

#### *Discussion on SVC*

In their assessment, RAC concluded that the LC<sub>50</sub> values in three animal species: 2.2– 4.92 mg/L/4h in rats (Carpenter *et al.,* 1956; Mellon Institute of Industrial Research, 1952; Bushy Run Research Center, 1980a; Shell Chemicals, 1982; BASF, 1979; BASF, 1968), 4.12 mg/L/4h in mice (Werner et al., 1943 cited by Carpenter *et al*.,1956), and 2.36 mg/L/4h in rabbits (Dow Chemical Company, 1974) provide sufficient evidence that EGBE

meets the criteria (LC<sub>50</sub> in a range of 2-10 mg/L of air) given in the CLP Regulation, for classification of a substance present in air as a vapour, as Acute Toxicity Category 3 via the inhalation route.

The Agency notes that many of the studies available for assessment lack information on the systems used for the generation of vapours, as well as characterisation of the test atmosphere. The low volatility and low vapour pressure of EGBE mean that there is potential for the exposure of a mixture of vapour and mist, rather than pure vapour. The concentrations which approach the SVC are more likely to form this mixture, especially in the context of experimental variation. In addition, many of the studies pre-dated guidelines and took different approaches to atmosphere generation, without checks to ensure the absence of mists (with the exception of Gingell *et al.* 1998). The Agency is of the opinion that studies which approached the lower end of the SVC range are more likely to be vapour, and that the results observed in these studies are more informative for classification.

Kelsey *et al.* (2023) aimed to evaluate existing studies in order to calculate a maximum attainable vapour concentration in the absence of mist formation. The paper provides calculations on a theoretical measurement as well as a practical achievable concentration, which ranged between 2.07-4.57 mg/L at 295K (based on various parameters such as experimental error of vapour pressure, and enthalpy of evaporation). These calculations were then used to carry out trials prior to the main guideline animal study, which is described in Covance CRS Limited (2019). The intended target concentration was 3.0 mg/L, with actual measurements of 2.25 mg/L  $\pm$  0.19 mg/L. The authors argued that in the case of EGBE, this was the maximum practical achievable concentration. The theoretical concentrations assume ideal behaviour, but in practice, thermodynamic parameters and experimental conditions are subject to variation. The Agency recognises that maintaining dynamic test atmospheres is challenging and would lead to a difference between a theoretical versus a practical achievable concentration. However, other studies cannot be dismissed based on the notion that this is the maximum achievable SVC; other systems of exposure and atmosphere generation may have their own maximum SVC unique to the system.

#### **10.3.2 Comparison with the GB CLP criteria**

Fourteen animal studies and three human studies were available for the assessment of the acute inhalation toxicity of EGBE.

Under CLP, acute inhalation toxicity is assigned on the basis of adverse effects following an inhalation exposure of 4 hours. In particular, acute toxicity is characterised based on evident lethality, or the potential to cause lethality.

When adjusted using Haber's law, the LC $_{50}$  values were 2.21 – 4.92 mg/L/4h (rats), 2.25 – 2.36 mg/L/4h (guinea pig), 2.36 mg/L/4h (dog and rabbit) and 4.12 mg/L/4h (mouse).

According to CLP Annex I, 3.1.2 to 3.1.3.4, the classification criteria for inhalation (vapour) of an LC<sub>50</sub> > 2 but  $\leq$  10.0 mg/l results in a classification of Acute Tox. 3.

**10.3.3 Conclusion on classification and labelling for acute inhalation toxicity**

The Agency concludes that **2-butoxyethanol (EGBE) meets the criteria for classification as** *Acute Tox. 3; H331 (Toxic if inhaled),* **with the default ATE of 3.0 mg/L/4h (vapour).**

## <span id="page-43-0"></span>**10.4 Specific target organ toxicity – single exposure (STOT SE)**

Not assessed.

### <span id="page-43-1"></span>**10.5 Skin corrosion/irritation**

Not assessed.

### <span id="page-43-2"></span>**10.6 Serious eye damage/eye irritation**

Not assessed.

### <span id="page-43-3"></span>**10.7 Respiratory sensitisation**

Not assessed.

### <span id="page-43-4"></span>**10.8 Skin sensitisation**

Not assessed.

## <span id="page-43-5"></span>**10.9 Specific target organ toxicity – repeated exposure (STOT RE)**

### <span id="page-44-0"></span>**10.10 Germ cell mutagenicity**

Not assessed.

## <span id="page-44-1"></span>**10.11 Carcinogenicity**

Not assessed.

## <span id="page-44-2"></span>**10.12 Reproductive toxicity**

Not assessed.

### <span id="page-44-3"></span>**10.13 Aspiration hazard**

# <span id="page-45-0"></span>**11.Evaluation of environmental hazards**

## <span id="page-46-0"></span>**12.Evaluation of additional hazards**

### <span id="page-46-1"></span>**12.1 Hazardous to the ozone layer**

# <span id="page-47-0"></span>**13.Additional labelling**

No additional labelling is proposed.

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