

**Experiment Number:** 20209 - 03  
**Test Type:** CHRONIC  
**Route:** GAVAGE  
**Species/Strain:** RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
Pentabromodiphenyl oxide (technical) (DE 71)  
**CAS Number:** 32534-81-9

**Date Report Requested:** 08/05/2014  
**Time Report Requested:** 10:18:12  
**First Dose M/F:** 08/26/08 / 08/26/08  
**Lab:** SRI

F\_Core\_RE

<b>NTP Study Number:</b>	C20209		
<b>Lock Date:</b>	08/31/2011		
<b>Cage Range:</b>	ALL		
<b>Date Range:</b>	ALL		
<b>Reasons For Removal:</b>	25021 TSAC	25020 NATD	25019 MSAC
	25018 DACC		
<b>Removal Date Range:</b>	ALL		
<b>Treatment Groups:</b>	Include ALL		
<b>Study Gender:</b>	Both		
<b>TDMSE Version:</b>	3.0.2.1_001		
<b>PWG Approval Date:</b>	NONE		

Note: Animals arranged according to days on test.

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WISTAR HAN RATS MALE 0 MG/KG	DAY ON TEST																								males (cont...)
	003	004	005	008	001	003	005	007	001	002	003	006	007	007	007	007	007	007	007	007	007	007	007		
ANIMAL ID	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000		
45	47	46	42	30	51	14	11	8	4	5	28	58	28	00	40	22	26	7	43	43	05	67	92		

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum Fibroma	+	+	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	A	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	A	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Liver Hepatocellular Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesentery Lipoma					+		+	+										+		+			+
Oral Mucosa																							+
Pancreas Adenoma	+	+	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Salivary Glands Parotid Gland, Adenoma	M	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Stomach, Forestomach Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
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BLANK .. Not examined microscopically

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	003	004	005	008	001	003	005	007	001	002	003	006	006	007	007	007	007	007	007	007	007	007	007		
ANIMAL ID	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000		
444	444	444	335	511	441	541	248	525	204	408	208	004	202	202	404	404	404	000	000	000	000	000	002		
557	557	556	222	000	101	101	808	404	505	808	808	000	506	707	909	203	404	303	506	607	709	202	202		

Squamous Cell Papilloma

Stomach, Glandular  
Fibrosarcoma

Tooth

**CARDIOVASCULAR SYSTEM**

Heart

**ENDOCRINE SYSTEM**

Adrenal Cortex  
Carcinoma

Adrenal Medulla  
Pheochromocytoma Malignant

Islets, Pancreatic  
Adenoma  
Carcinoma

Parathyroid Gland  
Adenoma  
Adenoma, Multiple

Pituitary Gland  
Glioma Malignant, Metastatic, Brain  
Pars Distalis, Adenoma

Thyroid Gland  
C-cell, Adenoma

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WISTAR HAN RATS MALE 0 MG/KG	DAY ON TEST																								ANIMAL ID	males (cont...)
	0003	0004	0005	0008	0011	0013	0015	0017	0019	0021	0023	0025	0027	0029	0031	0033	0035	0037	0039	0041	0043	0045	0047	0049		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0000	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0000	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0000	
	4	4	4	3	5	1	4	5	2	5	2	0	4	2	2	2	4	4	4	0	0	0	0	0	0000	
	5	7	6	2	0	1	1	8	4	5	8	8	0	5	6	7	2	3	4	3	5	6	7	9	0000	

Follicular Cell, Adenoma

GENERAL BODY SYSTEM

Tissue NOS

+ +

GENITAL SYSTEM

Epididymis

+ +

Preputial Gland  
Carcinoma

+  
X

Prostate

+ +

Seminal Vesicle

+ +

Testes  
Interstitial Cell, Adenoma

+  
X

HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

Lymph Node

+ +

Lymph Node, Mandibular

M +

Lymph Node, Mesenteric  
Hemangioma  
Hemangiosarcoma

+  
X X

Spleen

+ + + + A + + + + + + + + + + + + + + + + + + +

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|---------------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
|                                 | 003         | 004 | 005 | 008 | 001 | 003 | 005 | 007 | 001 | 002 | 003 | 006 | 009 | 000 | 006 | 007 | 007 | 007 | 007 | 007 | 007 | 007 |     |                    |
| ANIMAL ID                       | 004         | 004 | 004 | 003 | 005 | 001 | 004 | 005 | 002 | 005 | 002 | 000 | 004 | 002 | 002 | 002 | 004 | 004 | 004 | 000 | 000 | 000 | 000 |                    |
| Nose                            | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |                    |
| Trachea                         | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |                    |
| <b>SPECIAL SENSES SYSTEM</b>    |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                    |
| Eye                             | +           | +   | +   | +   | A   | +   | A   | +   | +   | +   | +   | +   | A   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |                    |
| Harderian Gland                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |                    |
| <b>URINARY SYSTEM</b>           |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                    |
| Kidney                          | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |                    |
| Ureter                          | +           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                    |
| Urinary Bladder                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |                    |
| <b>SYSTEMIC LESIONS</b>         |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                    |
| Multiple Organ<br>Leukemia      | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | X   |                    |

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|----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| 0 MG/KG              |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| ANIMAL ID            |  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                      |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                      |  | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |          |
|                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                      |  | 3           | 3 | 5 | 5 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 5 | 5 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                      |  | 8           | 9 | 2 | 3 | 9 | 0 | 1 | 0 | 1 | 3 | 4 | 5 | 6 | 9 | 1 | 6 | 7 | 9 | 0 | 2 | 3 | 5 | 6 |          |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Fibroma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>1</b>  |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   | X |   |   |   | <b>3</b>  |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>12</b> |
| Lipoma                    |   | + |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   | + |   |   |   |   | + |   | <b>1</b>  |
| Oral Mucosa               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Adenoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Parotid Gland, Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Fibrosarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | <b>1</b>  |

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|---------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                                 | 0730        | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  |          |
| ANIMAL ID                       | 00038       | 00039 | 00052 | 00053 | 00019 | 00022 | 00023 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00044 | 00055 | 00055 | 00055 | 00055 | 00011 | 00011 | 00011 |          |
| Squamous Cell Papilloma         |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       | 1        |
| Stomach, Glandular Fibrosarcoma | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
|                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | 1        |
| Tooth                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |

**CARDIOVASCULAR SYSTEM**

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**ENDOCRINE SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex Carcinoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adrenal Medulla Pheochromocytoma Malignant                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|  |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic Adenoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|  |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   | X |   |   | 4  |
| Islets, Pancreatic Carcinoma   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 2  |
| Parathyroid Gland Adenoma  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 1  |
| Parathyroid Gland Adenoma, Multiple  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pituitary Gland Glioma Malignant, Metastatic, Brain Pars Distalis, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
|  |   | X |   |   | X |   | X | X |   |   |   |   |   | X |   |   | X |   | X | X |   |   | 19 |
| Thyroid Gland C-cell, Adenoma  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
|  |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X | X | X | X | X |   | X |   | 11 |

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Lab: SRI

| WISTAR HAN RATS MALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                 | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      |                       |                       |
| ANIMAL ID                       | 0<br>0<br>0<br>3<br>8 | 0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>1<br>9 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>3<br>5 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>4<br>9 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>1<br>0 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>1<br>7 |

Follicular Cell, Adenoma

X

1

GENERAL BODY SYSTEM

Tissue NOS

3

GENITAL SYSTEM

Epididymis

+ +

49

Preputial Gland  
Carcinoma

+ +

49  
1

Prostate

+ +

49

Seminal Vesicle

+ +

49

Testes  
Interstitial Cell, Adenoma

+  
X

49  
2

HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

49

Lymph Node

2

Lymph Node, Mandibular

+ +

48

Lymph Node, Mesenteric  
Hemangioma

+  
X

49  
1

Hemangiosarcoma

X  
X

7

Spleen

+ +

47

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>0 MG/KG | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|---------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|                                 | 0730        | 0730  | 0730  | 0730  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  |          | 0731 |
| ANIMAL ID                       | 00038       | 00039 | 00052 | 00053 | 00019 | 00022 | 00023 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00044 | 00055 | 00055 | 00055 | 00055 | 00011 | 00011 | 00011 | 00011 | 00011    |      |
| Hemangiosarcoma                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     | 1        |      |
| Thymus                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |      |
| <b>INTEGUMENTARY SYSTEM</b>     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Mammary Gland                   | +           | +     | +     | +     | M     | M     | +     | +     | +     | +     | +     | +     | M     | +     | M     | +     | +     | +     | +     | +     | M     | +     | M        | 33   |
| Skin                            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 49   |
| Basal Cell Adenoma              | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Fibroma                         |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Keratoacanthoma                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| <b>MUSCULOSKELETAL SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Bone                            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 49   |
| Skeletal Muscle                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Hemangiosarcoma                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| <b>NERVOUS SYSTEM</b>           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 49   |
| Glioma Malignant                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Granular Cell Tumor Benign      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Peripheral Nerve                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| Spinal Cord                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| <b>RESPIRATORY SYSTEM</b>       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Lung                            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 49   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

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Route: GAVAGE

Species/Strain: RATS/Wistar Han

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Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE         | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 0 MG/KG                      | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
|                              |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                              |             | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2        |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                              |             | 3 | 3 | 5 | 5 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 5 | 5 | 1 | 1 | 1 | 1 | 1        |
|                              |             | 8 | 9 | 2 | 3 | 9 | 0 | 1 | 0 | 1 | 3 | 4 | 5 | 6 | 9 | 1 | 6 | 7 | 9 | 0 | 2 | 3 | 5        |
| Nose                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| Trachea                      |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| <b>SPECIAL SENSES SYSTEM</b> |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Eye                          |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| Harderian Gland              |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| <b>URINARY SYSTEM</b>        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Kidney                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| Ureter                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Urinary Bladder              |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| <b>SYSTEMIC LESIONS</b>      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Multiple Organ               |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        |
| Leukemia                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |

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|-----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------------|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                            |
|                             | 0<br>0<br>0<br>3 | 0<br>2<br>6<br>0 | 0<br>3<br>0<br>1 | 0<br>4<br>6<br>5 | 0<br>4<br>8<br>5 | 0<br>5<br>0<br>7 | 0<br>5<br>4<br>9 | 0<br>5<br>8<br>5 | 0<br>5<br>8<br>8 | 0<br>5<br>9<br>2 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>5<br>8 | 0<br>6<br>6<br>2 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 |                            |
| <b>3 MG/KG</b>              | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>males<br/>(cont...)</b> |
| 0<br>0<br>1<br>0            | 0<br>0<br>1<br>0 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>0 | 0<br>0<br>1<br>9 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>0 | 0<br>0<br>1<br>6 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 |                            |
| 2<br>5                      | 2<br>5           | 2<br>5           | 2<br>5           | 2<br>5           | 2<br>5           | 2<br>5           | 3<br>8           | 1<br>8           | 1<br>4           | 4<br>9           | 7<br>2           | 8<br>2           | 8<br>4           | 9<br>2           | 2<br>8           | 4<br>4           | 6<br>6           | 7<br>7           | 9<br>1           | 3<br>3           | 8<br>8           | 9<br>9           | 0<br>0           |                            |
|                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                            |

ALIMENTARY SYSTEM

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum          | A | + | + | + | + | A | + | + | A | + | A | A | + | A | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon          | A | + | + | + | + | A | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum         | + | + | + | + | + | + | + | + | A | + | A | A | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum       | + | + | + | + | + | A | + | + | A | + | A | + | A | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum          | A | A | + | + | + | A | + | + | A | + | A | + | A | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum        | M | A | + | + | + | A | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + |
| Mesentery                       |   | + |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |
| Pancreas<br>Adenoma             | + | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | X |
| Salivary Glands                 | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular              | A | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + |
| Tongue                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                  |                  |                  |   |  |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|------------------|------------------|---|--|
|                                 | 0<br>0<br>0<br>3 | 0<br>2<br>6<br>0 | 0<br>3<br>0<br>1 | 0<br>4<br>6<br>5 | 0<br>4<br>8<br>5 | 0<br>5<br>0<br>7 | 0<br>5<br>4<br>9 | 0<br>5<br>8<br>5 | 0<br>5<br>8<br>8 | 0<br>5<br>9<br>2 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>5<br>8 | 0<br>6<br>6<br>2 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 |           |                    | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 |   |  |
|                                 | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0                |                  |   |  |
|                                 | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0                |                  |   |  |
|                                 | 1                | 1                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 1                | 0                | 0                | 1                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0                |                  |   |  |
|                                 | 0                | 0                | 9                | 8                | 8                | 7                | 9                | 8                | 0                | 9                | 6                | 0                | 6                | 6                | 9                | 9                | 9                | 9                | 9                | 6                | 6         | 6                  | 6                | 7                | 8                | 0 |  |
|                                 | 2                | 5                | 2                | 5                | 7                | 2                | 5                | 3                | 8                | 1                | 4                | 9                | 7                | 2                | 8                | 4                | 6                | 7                | 9                | 1                | 3         | 8                  | 9                | 0                | 0                |   |  |

Blood Vessel

+

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ + + + + + + + + + A + + + + + + + + + + + + + +

Adrenal Medulla

M + + + + + + + + + + A + + + + + + + + + + + + + +

Pheochromocytoma Complex

X

Islets, Pancreatic

+ + + + + + + + + + A + + + + + + + + + + + + + +

Adenoma

X

Parathyroid Gland

+ +

Pituitary Gland

+ + + + + + + + + + + + + + M + + + + + + + + + +

Craniopharyngioma

X

Ganglioneuroma

X

Pars Distalis, Adenoma

X

X

X

X

X

X

X

Pars Intermedia, Adenoma

X

X

Thyroid Gland

A + + + + A + + A + A + + + A + + + + + + + + + +

C-cell, Adenoma

X

X

X

X

X

Follicular Cell, Adenoma

X

X

Follicular Cell, Carcinoma

X

**GENERAL BODY SYSTEM**

Tissue NOS

+

+

+

Schwannoma Malignant

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Pentabromodiphenyl oxide (technical) (DE 71)  
 CAS Number: 32534-81-9

Date Report Requested: 08/05/2014  
 Time Report Requested: 10:18:12  
 First Dose M/F: 08/26/08 / 08/26/08  
 Lab: SRI

| Wistar Han Rats Male<br>3 MG/KG | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | males<br>(cont...) |
|---------------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
|                                 | 003         | 006 | 001 | 004 | 004 | 005 | 005 | 005 | 005 | 005 | 006 | 006 | 006 | 006 | 007 | 007 | 007 | 007 | 007 | 007 | 007 |                    |
| ANIMAL ID                       | 000         | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 |                    |
|                                 | 100         | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |                    |
|                                 | 009         | 008 | 008 | 007 | 009 | 008 | 009 | 006 | 006 | 009 | 006 | 006 | 009 | 009 | 009 | 009 | 006 | 006 | 006 | 006 | 007 |                    |
|                                 | 205         | 202 | 205 | 207 | 202 | 205 | 203 | 208 | 201 | 204 | 209 | 207 | 202 | 208 | 204 | 206 | 207 | 209 | 201 | 203 | 208 |                    |

**GENITAL SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland                      | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Prostate                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle                      | M | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Testes<br>Interstitial Cell, Adenoma | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                               | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + |
| Lymph Node                                |   |   |   | + |   |   | + |   | + |   |   |   |   |   |   | + |   |   |   |   |   |
| Lymph Node, Mandibular                    | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric<br>Hemangiosarcoma | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                                    | A | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Thymus                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland<br>Fibroma | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | males<br>(cont...) |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|                                 | 0           | 2 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                    |
|                                 | 0           | 6 | 0 | 6 | 8 | 0 | 4 | 8 | 8 | 9 | 4 | 4 | 5 | 8 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 0         |                    |
|                                 | 3           | 0 | 1 | 5 | 5 | 7 | 9 | 5 | 8 | 2 | 5 | 7 | 8 | 2 | 2 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|                                 | 1           | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|                                 | 0           | 0 | 9 | 8 | 8 | 7 | 9 | 8 | 0 | 9 | 6 | 0 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 6 | 6 | 6 | 7         |                    |
|                                 | 2           | 5 | 2 | 5 | 7 | 2 | 5 | 3 | 8 | 1 | 4 | 9 | 7 | 2 | 8 | 4 | 6 | 7 | 9 | 1 | 3 | 8 | 9 | 9 | 0         |                    |

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Skin                    | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Basal Cell Adenoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Fibroma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Fibrosarcoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Hamartoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Hemangiosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Schwannoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Squamous Cell Papilloma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

MUSCULOSKELETAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skeletal Muscle | + |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |  |

NERVOUS SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Meninges, Hemangioma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Peripheral Nerve     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spinal Cord          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

RESPIRATORY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Alveolar/Bronchiolar Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Schwannoma Malignant, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Nose                                   | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Respiratory Epithelium, Adenoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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|                                     |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |   |   |
|-------------------------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|---|---|
| WISTAR HAN RATS MALE<br><br>3 MG/KG | ANIMAL ID | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 | 0 |   |
|                                     |           | 0           | 2 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |                    | 7 | 7 | 7 |
|                                     |           | 0           | 6 | 0 | 6 | 8 | 0 | 4 | 8 | 8 | 9 | 4 | 4 | 5 | 8 | 0 | 2 | 2 | 2 | 2 | 3 |                    | 3 | 3 | 3 |
|                                     |           | 3           | 0 | 1 | 5 | 5 | 7 | 9 | 5 | 8 | 8 | 2 | 5 | 7 | 8 | 2 | 2 | 9 | 9 | 9 | 9 | 0                  | 0 | 0 | 0 |
|                                     | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 | 0 |   |
|                                     | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 | 0 |   |
|                                     | 1         | 1           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 | 0 |   |
|                                     | 0         | 0           | 9 | 8 | 8 | 7 | 9 | 8 | 0 | 9 | 6 | 0 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 6                  | 6 | 6 |   |
|                                     | 2         | 5           | 2 | 5 | 7 | 2 | 5 | 3 | 8 | 1 | 4 | 9 | 7 | 2 | 8 | 4 | 6 | 7 | 9 | 1 | 3 | 8                  | 9 | 0 |   |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trachea | A | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | A | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | A | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma    |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant     |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Mesothelioma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
|                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                             | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
| <b>WISTAR HAN RATS MALE</b> |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |
| <b>3 MG/KG</b>              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |                 |
|                             | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                             |             | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |                 |
|                             |             | 8 | 8 | 8 | 9 | 0 | 0 | 0 | 1 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 0 | 0 | 7 | 7 | 7 | 7 |                 |
|                             |             | 1 | 8 | 9 | 0 | 1 | 3 | 4 | 0 | 5 | 6 | 3 | 4 | 5 | 2 | 4 | 6 | 6 | 7 | 0 | 1 | 6 | 7 | <b>* TOTALS</b> |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Mesentery                 |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + |   | + |   |   |   |   |   |   | <b>6</b>  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Adenoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Salivary Glands           | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Tongue                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**CARDIOVASCULAR SYSTEM**

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|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                 | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |          |
| ANIMAL ID                       | 0<br>0<br>0<br>8<br>1 | 0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>8<br>9 | 0<br>0<br>0<br>9<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |          |

|              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|--------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Blood Vessel | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |
| Heart        | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |

**ENDOCRINE SYSTEM**

|                            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|----------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Adrenal Cortex             | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Adrenal Medulla            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Pheochromocytoma Complex   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Islets, Pancreatic         | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Adenoma                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |
| Parathyroid Gland          | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Pituitary Gland            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Craniopharyngioma          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Ganglioneuroma             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Pars Distalis, Adenoma     | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 |
| Pars Intermedia, Adenoma   | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |
| Thyroid Gland              | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 45 |
| C-cell, Adenoma            | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 |
| Follicular Cell, Adenoma   | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3  |
| Follicular Cell, Carcinoma | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |

**GENERAL BODY SYSTEM**

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Schwannoma Malignant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|---------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                 | 0730        | 0733 | 0730 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID                       | 0081        | 0088 | 0089 | 0090 | 0091 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0099 | 0100 | 0101 | 0102 | 0103 | 0104 | 0105 | 0106 | 0107 | 0108 | 0109 | 0110 | 0111 |          |

GENITAL SYSTEM

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Interstitial Cell, Adenoma |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   | 4  |

HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node                             |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Lymph Node, Mesenteric Hemangiosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | 49 |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Thymus                                 | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

INTEGUMENTARY SYSTEM

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland Fibroma | + | + | + | + | + | M | + | M | + | + | + | + | M | + | + | M | + | + | M | + | + | I | M | M | M | 38 |
|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

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Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>3 MG/KG        | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |  |  |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|--|--|
|  | 0730        | 0733 | 0730 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |  |  |
| ANIMAL ID                              | 0081        | 0088 | 0089 | 0090 | 0091 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0099 | 0100 | 0101 | 0102 | 0103 | 0104 | 0105 | 0106 | 0107 | 0108 | 0109 | 0110 | 0111 | 0112     |  |  |
| Skin                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |  |  |
| Basal Cell Adenoma                     |             |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Fibroma                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      | 3        |  |  |
| Fibrosarcoma                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Hamartoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Hemangiosarcoma                        |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Schwannoma Malignant                   |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Squamous Cell Papilloma                |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b>          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |  |
| Bone                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |  |
| Skeletal Muscle                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        |  |  |
| <b>NERVOUS SYSTEM</b>                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |  |
| Brain                                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |  |
| Meninges, Hemangioma                   |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Peripheral Nerve                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Spinal Cord                            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| <b>RESPIRATORY SYSTEM</b>              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |  |
| Lung                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |  |
| Alveolar/Bronchiolar Adenoma           |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      | X    |      | 3        |  |  |
| Schwannoma Malignant, Metastatic, Skin |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Nose                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |  |  |
| Respiratory Epithelium, Adenoma        |             |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|--|
|                                 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 |                  |          |  |
| ANIMAL ID                       | 0<br>0<br>8<br>1 | 0<br>0<br>8<br>8 | 0<br>0<br>8<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |          |  |
| Trachea                         | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46       |  |
| <b>SPECIAL SENSES SYSTEM</b>    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Eye                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46       |  |
| Harderian Gland                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |  |
| <b>URINARY SYSTEM</b>           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Kidney                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46       |  |
| Urinary Bladder                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 48       |  |
| <b>SYSTEMIC LESIONS</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Multiple Organ                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| Histiocytic Sarcoma             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |  |
| Lymphoma Malignant              |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4        |  |
| Mesothelioma Malignant          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | 1        |  |

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Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                      | 0<br>2<br>8<br>9      | 0<br>4<br>3<br>6      | 0<br>4<br>7<br>6      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>3      | 0<br>5<br>5<br>3      | 0<br>5<br>9<br>2      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>9      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>7      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |
| 15 MG/KG             | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus<br>Squamous Cell Papilloma                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum  | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum   | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum   | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum  | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesentery   |   |   |   |   |   |   |   | + |   |   | + |   |   |   | + |   | + |   |   | + |   |   | + |   | + |
| Pancreas<br>Adenoma<br>Adenoma, Multiple                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands<br>Parotid Gland, Adenoma<br>Parotid Gland, Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma, Multiple             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>15 MG/KG | DAY ON TEST      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
|----------------------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|                                  | 0<br>2<br>8<br>9 | 0<br>4<br>3<br>6      | 0<br>4<br>7<br>6      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>3      | 0<br>5<br>5<br>3      | 0<br>5<br>9<br>2      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>9      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>7      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |                    |
| ANIMAL ID                        |                  | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 |                    |

Stomach, Glandular

+ +

CARDIOVASCULAR SYSTEM

Heart

+ +

ENDOCRINE SYSTEM

Adrenal Cortex

+ +

Adrenal Medulla  
Pheochromocytoma Benign

+ +

Islets, Pancreatic  
Adenoma  
Carcinoma

+  
X  
X

Parathyroid Gland

+ +

Pituitary Gland  
Glioma Malignant, Metastatic, Brain  
Pars Distalis, Adenoma  
Pars Distalis, Adenoma, Multiple

+  
X X

Thyroid Gland  
C-cell, Adenoma  
C-cell, Adenoma, Multiple  
Follicular Cell, Adenoma  
Follicular Cell, Carcinoma

+ + A A +  
X  
X

GENERAL BODY SYSTEM

Tissue NOS

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

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Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>15 MG/KG |  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                       |                       |                       |                       |                       |                       |
|----------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                  |  | 0<br>2<br>8<br>9      | 0<br>4<br>3<br>6      | 0<br>4<br>7<br>6      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>3      | 0<br>5<br>5<br>3      | 0<br>5<br>9<br>2      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>9      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>7      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |                       |                       |
| ANIMAL ID                        |  | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 |

Schwannoma Malignant

X

**GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate Adenoma                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes Interstitial Cell, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

X

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node  | + |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   | + |
| Lymph Node, Mandibular                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric Hemangioma Hemangiosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus Thymoma Benign Thymoma Malignant           | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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Experiment Number: 20209 - 03

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Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>males<br/>(cont...)</b> |
|                             |             | 2 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                            |
|                             |             | 8 | 3 | 7 | 8 | 5 | 5 | 9 | 9 | 9 | 0 | 1 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |                            |
|                             |             | 9 | 6 | 6 | 0 | 3 | 3 | 2 | 5 | 9 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 |                            |
| <b>15 MG/KG</b>             | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |
|                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |
|                             |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |                            |
|                             |             | 4 | 4 | 5 | 2 | 2 | 4 | 1 | 1 | 5 | 1 | 5 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 |   |                            |

**INTEGUMENTARY SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland Fibroadenoma          | + | M | + | M | + | M | + | + | + | + | + | M | + | M | M | + | + | + | + | + | + | + | + | X |
| Skin Basal Cell Adenoma             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin Fibroma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Skin Keratoacanthoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin Lipoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Skin Schwannoma Malignant           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin Pinna, Squamous Cell Papilloma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle |   |   |   |   |   |   |   | + | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain Glioma Malignant                     | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + |
| Brain Meninges, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Peripheral Nerve                           |   |   | + |   |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord                                |   |   | + |   |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung Osteosarcoma, Metastatic, Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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 CAS Number: 32534-81-9

Date Report Requested: 08/05/2014  
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 Lab: SRI

| DAY ON TEST | WISTAR HAN RATS MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | males<br>(cont...) |
|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
| 2           | 4                    | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                    |
| 8           | 3                    | 7 | 8 | 5 | 5 | 9 | 9 | 9 | 0 | 1 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 0         |                    |
| 9           | 6                    | 6 | 0 | 3 | 3 | 2 | 5 | 9 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0         |                    |
|             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|             | 1                    | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0         |                    |
|             | 4                    | 4 | 5 | 2 | 2 | 4 | 1 | 1 | 5 | 1 | 5 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 1 | 1         |                    |
|             | 4                    | 3 | 7 | 9 | 8 | 2 | 6 | 1 | 1 | 9 | 8 | 6 | 5 | 6 | 7 | 8 | 9 | 0 | 5 | 6 | 3 | 4 | 5 | 3         |                    |

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Thymoma Malignant, Metastatic, Thymus | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>SPECIAL SENSES SYSTEM</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eye                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lacrimal Gland               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>URINARY SYSTEM</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Kidney                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>SYSTEMIC LESIONS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Multiple Organ          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                             |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|-----------------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                             |   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| <b>WISTAR HAN RATS MALE</b> |   | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
|                             |   | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                             |   | 0           | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2        |
| <b>15 MG/KG</b>             |   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                             |   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                             |   | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                             | 1 | 1           | 2 | 4 | 4 | 4 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 6 | 2 | 2 | 2 | 4 |          |
|                             | 7 | 8           | 7 | 7 | 8 | 9 | 4 | 5 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 0 | 2 | 6 | 9 | 0 | 0 | 1 | 2 |   |          |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Squamous Cell Papilloma           |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Colon            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Jejunum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma            |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | 4  |
| Mesentery                         | + |   |   |   |   |   | + | + | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 13 |
| Pancreas                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Adenoma, Multiple                 |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Parotid Gland, Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Parotid Gland, Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Forestomach              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Squamous Cell Papilloma, Multiple |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

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Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>15 MG/KG  | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                         |         | * TOTALS |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------------------|---------|----------|
|   | 0730        | 0733 | 0730 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733                    |         |          |
| ANIMAL ID   | 0011        | 0011 | 0012 | 0014 | 0014 | 0014 | 0011 | 0011 | 0022 | 0022 | 0022 | 0033 | 0033 | 0033 | 0033 | 0033 | 0035 | 0035 | 0035 | 0035 | 0036 | 0036 | 0036 | 0036                    |         |          |
| Stomach, Glandular  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                       | 50      |          |
| <b>CARDIOVASCULAR SYSTEM</b>  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                         |         |          |
| Heart   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                       | 50      |          |
| <b>ENDOCRINE SYSTEM</b>   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                         |         |          |
| Adrenal Cortex  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                       | 50      |          |
| Adrenal Medulla<br>Pheochromocytoma Benign  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                       | 50<br>1 |          |
| Islets, Pancreatic<br>Adenoma<br>Carcinoma  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50<br>2<br>1            |         |          |
| Parathyroid Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50                      |         |          |
| Pituitary Gland<br>Glioma Malignant, Metastatic, Brain<br>Pars Distalis, Adenoma<br>Pars Distalis, Adenoma, Multiple    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50<br>1<br>21<br>1      |         |          |
| Thyroid Gland<br>C-cell, Adenoma<br>C-cell, Adenoma, Multiple<br>Follicular Cell, Adenoma<br>Follicular Cell, Carcinoma | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48<br>10<br>1<br>2<br>1 |         |          |
| <b>GENERAL BODY SYSTEM</b>  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                         |         |          |
| Tissue NOS  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2                       |         |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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| WISTAR HAN RATS MALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  | * TOTALS |
|----------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----------|
|                      | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |  |          |
| 15 MG/KG             | 30          | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |  |          |
|                      | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |          |
|                      | 11          | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |  |          |
|                      | 11          | 11 | 22 | 44 | 44 | 44 | 11 | 11 | 22 | 22 | 22 | 33 | 33 | 33 | 33 | 55 | 55 | 55 | 55 | 66 | 22 | 22 | 22 |  |          |
|                      | 77          | 88 | 77 | 77 | 88 | 99 | 44 | 55 | 33 | 44 | 55 | 00 | 11 | 22 | 33 | 44 | 00 | 22 | 66 | 99 | 00 | 00 | 11 |  |          |

Schwannoma Malignant

1

**GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate Adenoma                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|                                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Seminal Vesicle                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes Interstitial Cell, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|                                   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node                             |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mesenteric Hemangioma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mesenteric Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   | X | 3  |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymus                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Thymoma Benign                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymoma Malignant                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|----------|
|                                  | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                |  |          |
| ANIMAL ID                        | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 |  |          |

INTEGUMENTARY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Mammary Gland Fibroadenoma     | + | + | M | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | M | M | + | + | 39<br>3 |
| Skin                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Basal Cell Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Fibroma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Keratoacanthoma                |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Lipoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Schwannoma Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Pinna, Squamous Cell Papilloma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |

MUSCULOSKELETAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |

NERVOUS SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Glioma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Meninges, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Peripheral Nerve                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Spinal Cord                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Osteosarcoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>15 MG/KG      | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|                                       | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |          |  |
| ANIMAL ID                             | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>4<br>1 |          |  |
| Thymoma Malignant, Metastatic, Thymus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Nose                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Trachea                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>SPECIAL SENSES SYSTEM</b>          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Eye                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Harderian Gland                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Lacrimal Gland                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     | 1        |  |
| <b>URINARY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Kidney                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Urinary Bladder                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>SYSTEMIC LESIONS</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Multiple Organ                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Histiocytic Sarcoma                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 1        |  |
| Lymphoma Malignant                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                  |                  |                  |                  |                  |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|------------------|------------------|------------------|------------------|---|---|---|---|---|---|---|---|---|---|---|---|
|                                  | 0<br>3<br>1<br>0 | 0<br>3<br>5<br>1 | 0<br>4<br>2<br>4 | 0<br>4<br>4<br>8 | 0<br>4<br>5<br>8 | 0<br>4<br>8<br>0 | 0<br>5<br>5<br>5 | 0<br>5<br>5<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>9<br>5 | 0<br>5<br>9<br>9 | 0<br>6<br>0<br>0 | 0<br>6<br>1<br>0 | 0<br>6<br>1<br>9 | 0<br>6<br>3<br>9 | 0<br>6<br>5<br>8 | 0<br>6<br>6<br>6 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>6 | 0<br>6<br>8<br>2 |           |                    | 0<br>6<br>9<br>8 | 0<br>7<br>0<br>1 | 0<br>7<br>0<br>9 | 0<br>7<br>0<br>9 | 0<br>7<br>0<br>1 |   |   |   |   |   |   |   |   |   |   |   |   |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0                | 0                | 0                | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0                | 0                | 0                | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  | 2                | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 1                | 2                | 2                | 1                | 2                | 1                | 1                | 1                | 1                | 2                | 1                | 1                | 2         | 1                  | 2                | 1                | 2                | 1                | 2                | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
|                                  | 1                | 9                | 7                | 9                | 7                | 6                | 6                | 1                | 7                | 1                | 0                | 7                | 2                | 8                | 9                | 8                | 6                | 1                | 8                | 9                | 0         | 8                  | 1                | 9                | 0                | 8                | 1                | 9 | 0 | 8 | 1 | 9 | 0 | 8 | 1 | 9 | 0 | 8 | 1 |
|                                  | 4                | 1                | 9                | 8                | 0                | 1                | 8                | 9                | 8                | 2                | 2                | 1                | 0                | 7                | 5                | 3                | 9                | 3                | 4                | 4                | 7         | 2                  | 0                | 6                | 0                | 6                | 0                | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 |

ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum           | + | + | + | + | + | A | + | + | + | A | + | A | + | + | + | + | + | + | + | A | + | A | A | A |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | A | A |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum           | + | + | + | + | + | A | A | + | + | A | + | A | + | + | + | + | A | + | + | + | A | + | + | A | + | + | A | + | + | A | + | + | A | + | + | A | + | A |   |   |
| Intestine Small, Jejunum         | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Fibroma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangioma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Mesentery                        |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A |   |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leiomyosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| Wistar Han Rats Male<br>50 mg/kg  | DAY ON TEST   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                       |                       |                       |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>3<br>1<br>0  | 0<br>3<br>5<br>1      | 0<br>4<br>2<br>4      | 0<br>4<br>4<br>8      | 0<br>4<br>5<br>8      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>5      | 0<br>5<br>8<br>5      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>5      | 0<br>6<br>9<br>9      | 0<br>6<br>0<br>0      | 0<br>6<br>1<br>9      | 0<br>6<br>3<br>9      | 0<br>6<br>5<br>8      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>6      | 0<br>7<br>7<br>2      | 0<br>8<br>9<br>8      | 0<br>9<br>0<br>1      |                       | 0<br>7<br>0<br>9      | 0<br>7<br>0<br>9      |                       |
| ANIMAL ID   | 0<br>0<br>2<br>1<br>4   | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>2<br>7<br>8 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>2<br>1<br>0 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>2<br>8<br>0 |
| Stomach, Glandular  | + + + + + + + + + A + + + + + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>CARDIOVASCULAR SYSTEM</b>  |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Heart   | +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>ENDOCRINE SYSTEM</b>   |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex<br>Carcinoma   | + + + + + + + + + A + + + + + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Medulla   | + + + + + + + + + A + + + + + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Islets, Pancreatic<br>Adenoma   | +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Parathyroid Gland   | +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Pituitary Gland<br>Pars Distalis, Adenoma<br>Pars Distalis, Adenoma, Multiple     | +<br>X X X X X X X X X X X X X X X X X X X X<br>X |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Thyroid Gland<br>C-cell, Adenoma<br>C-cell, Carcinoma<br>Follicular Cell, Adenoma | + + + + + A + + + A + + + + + + + + + + A + + A +<br>X<br>X<br>X                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>GENERAL BODY SYSTEM</b>  |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Tissue NOS  | +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                                  | 0310        | 0311 | 0314 | 0314 | 0314 | 0314 | 0315 | 0315 | 0315 | 0315 | 0315 | 0316 | 0316 | 0316 | 0316 | 0316 | 0316 | 0316 | 0316 | 0317 | 0317 | 0317 | 0317 |      |           |                    |
|                                  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0001 |           |                    |
|                                  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0002 |           |                    |
|                                  | 2           | 1    | 1    | 1    | 1    | 1    | 1    | 2    | 1    | 2    | 2    | 1    | 2    | 1    | 1    | 1    | 1    | 2    | 1    | 1    | 2    | 1    | 2    | 1194 |           |                    |
|                                  | 1           | 9    | 7    | 9    | 7    | 6    | 6    | 1    | 7    | 1    | 0    | 7    | 2    | 8    | 9    | 8    | 6    | 1    | 8    | 9    | 0    | 8    | 1    | 9    | 0441      |                    |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Epididymis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Preputial Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + |  |
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |  |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemangioma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | A |  |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                            |                       |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|
| <b>WISTAR HAN RATS MALE</b><br><br><b>50 MG/KG</b> | DAY ON TEST | 0<br>3<br>1<br>0      | 0<br>3<br>5<br>1      | 0<br>4<br>2<br>4      | 0<br>4<br>4<br>8      | 0<br>4<br>5<br>8      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>5      | 0<br>5<br>8<br>5      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>9      | 0<br>6<br>0<br>0      | 0<br>6<br>1<br>1      | 0<br>6<br>1<br>3      | 0<br>6<br>6<br>5      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>7      | 0<br>6<br>8<br>8      | 0<br>6<br>9<br>0      | 0<br>7<br>0<br>0      | 0<br>7<br>0<br>1      | 0<br>7<br>1<br>9      | <b>males<br/>(cont...)</b> |                       |
|  | ANIMAL ID   | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>2<br>7<br>9 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>0<br>7<br>0 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>0<br>8<br>3 | 0<br>0<br>0<br>6<br>9 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>4 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>1<br>1<br>0 |                            | 0<br>0<br>2<br>1<br>6 |
|  |             | 0<br>0<br>1<br>1      | 0<br>0<br>1<br>9      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>9      | 0<br>0<br>1<br>6      | 0<br>0<br>1<br>6      | 0<br>0<br>2<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>2<br>1      | 0<br>0<br>2<br>0      | 0<br>0<br>2<br>7      | 0<br>0<br>0<br>8      | 0<br>0<br>1<br>9      | 0<br>0<br>1<br>8      | 0<br>0<br>0<br>6      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>2      | 0<br>0<br>1<br>1      | 0<br>0<br>2<br>2      | 0<br>0<br>1<br>1      | 0<br>0<br>2<br>2      | 0<br>0<br>1<br>1      |                            | 0<br>0<br>2<br>2      |
|  |             | 4<br>0<br>1<br>1      | 1<br>0<br>9<br>1      | 4<br>0<br>7<br>9      | 4<br>0<br>8<br>8      | 4<br>0<br>1<br>0      | 5<br>0<br>6<br>8      | 5<br>0<br>8<br>9      | 5<br>0<br>9<br>2      | 5<br>0<br>5<br>8      | 5<br>0<br>2<br>2      | 5<br>0<br>2<br>1      | 6<br>0<br>7<br>0      | 6<br>1<br>2<br>8      | 6<br>1<br>9<br>5      | 6<br>6<br>8<br>3      | 6<br>6<br>6<br>9      | 6<br>6<br>6<br>3      | 6<br>6<br>7<br>4      | 6<br>6<br>8<br>4      | 6<br>6<br>9<br>7      | 6<br>6<br>0<br>2      | 6<br>7<br>0<br>1      |                            | 6<br>7<br>1<br>9      |

Fibrosarcoma  
Schwannoma Malignant  
Squamous Cell Papilloma

X

**MUSCULOSKELETAL SYSTEM**

Bone +

**NERVOUS SYSTEM**

Brain +  
Granular Cell Tumor Benign  
Meninges, Granular Cell Tumor Benign X X

**RESPIRATORY SYSTEM**

Lung +  
Carcinoma, Metastatic, Adrenal Cortex  
  
Nose +  
Fibrosarcoma X  
  
Trachea + + + + + + + + + A + + + + + + + + + + + + +

**SPECIAL SENSES SYSTEM**

Eye + + + + + + + + + A + + + + + + + + + A + + A A  
Harderian Gland +  
Lacrimal Gland  
Zymbal's Gland +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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| WISTAR HAN RATS MALE | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|----------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                      | 0729        | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  |          |
| 50 MG/KG             | 00172       | 00173 | 00174 | 00176 | 00177 | 00178 | 00178 | 00178 | 00179 | 00180 | 00181 | 00183 | 00184 | 00186 | 00189 | 00191 | 00198 | 00199 | 00200 | 00203 | 00204 | 00205 | 00206 | 00208 |          |
|                      | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |          |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Fibroma                          |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma           |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   | 7  |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocholangioma                |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesentery                        |   |   |   |   |   |   |   |   | + | + |   |   |   | + |   |   |   | + | + |   |   |   | + | 10 |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |        |        |        |        |        |    |
|----------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|--------|--------|--------|--------|----|
|                                  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          | 0729   |        |        |        |        |        |    |
| ANIMAL ID                        | 001722      | 001723 | 001724 | 001726 | 001727 | 001728 | 001729 | 001730 | 001731 | 001732 | 001733 | 001734 | 001735 | 001736 | 001737 | 001738 | 001739 | 001740 | 001741 | 001742 | 001743   | 001744 | 001745 | 001746 | 001747 | 001748 | 001749 |    |
| Stomach, Glandular               | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 49 |
| <b>CARDIOVASCULAR SYSTEM</b>     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        |    |
| Heart                            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 50 |
| <b>ENDOCRINE SYSTEM</b>          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        |    |
| Adrenal Cortex                   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 49 |
| Carcinoma                        |             |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        | 1  |
| Adrenal Medulla                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 49 |
| Islets, Pancreatic               | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 50 |
| Adenoma                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        | 1  |
| Parathyroid Gland                | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 50 |
| Pituitary Gland                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 50 |
| Pars Distalis, Adenoma           | X           | X      | X      |        | X      |        | X      |        |        |        | X      | X      | X      | X      | X      |        | X      | X      |        |        |          | X      |        |        |        |        |        | 34 |
| Pars Distalis, Adenoma, Multiple |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        | 1  |
| Thyroid Gland                    | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | +      | 46 |
| C-cell, Adenoma                  |             | X      |        |        | X      |        | X      |        |        | X      |        |        |        |        |        |        |        |        |        |        |          |        |        |        | X      |        |        | 6  |
| C-cell, Carcinoma                |             |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        | 1  |
| Follicular Cell, Adenoma         |             |        |        |        | X      |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        | X        |        | X      |        |        |        |        | 6  |
| <b>GENERAL BODY SYSTEM</b>       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        |    |
| Tissue NOS                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        | 1  |
| <b>GENITAL SYSTEM</b>            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |        |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |    |  |
|----------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----|--|
|                                  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          |    |  |
| ANIMAL ID                        | 001722      | 001723 | 001724 | 001726 | 001727 | 001728 | 001729 | 001730 | 001731 | 001732 | 001733 | 001734 | 001736 | 001737 | 001738 | 001739 | 001740 | 001741 | 001742 | 001743 | 001744 | 001745 | 001746 | 001747 |          |    |  |
| Epididymis                       | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Preputial Gland                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Prostate                         | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Seminal Vesicle                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 49       |    |  |
| Testes                           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Interstitial Cell, Adenoma       | X           |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 4        |    |  |
| <b>HEMATOPOIETIC SYSTEM</b>      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |    |  |
| Bone Marrow                      | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Lymph Node                       | +           |        |        |        |        |        |        |        | +      |        | +      |        |        |        |        |        |        |        |        |        |        |        |        |        | 6        |    |  |
| Lymph Node, Mandibular           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Lymph Node, Mesenteric           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Hemangioma                       |             |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |    |  |
| Hemangiosarcoma                  | X           |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        | 4        |    |  |
| Spleen                           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 49       |    |  |
| Hemangiosarcoma                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |    |  |
| Thymus                           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| <b>INTEGUMENTARY SYSTEM</b>      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |    |  |
| Mammary Gland                    | +           | +      | +      | +      | M      | +      | +      | M      | M      | +      | M      | M      | +      | +      | M      | +      | +      | +      | M      | +      | +      | +      | M      | +      | +        | 41 |  |
| Skin                             | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                  | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |          |
| ANIMAL ID                        | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                  | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 1                | 1                | 2                | 2                | 1                | 1                | 2                | 2                | 2                | 2                | 2                | 1                | 1                | 1                |          |
|                                  | 7                | 7                | 7                | 7                | 7                | 8                | 8                | 8                | 9                | 0                | 6                | 6                | 6                | 0                | 1                | 1                | 6                | 9                | 0                | 0                | 0                | 0                | 1                | 8                |          |
| 2                                | 3                | 4                | 6                | 7                | 0                | 1                | 6                | 9                | 1                | 3                | 4                | 6                | 9                | 1                | 8                | 7                | 2                | 3                | 4                | 5                | 6                | 6                | 8                | 0                |          |
| Carcinoma                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>URINARY SYSTEM</b>            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Kidney                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50               |          |
| Lipoma                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Urinary Bladder                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50               |          |
| Leiomyoma                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>SYSTEMIC LESIONS</b>          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Multiple Organ                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50               |          |
| Mesothelioma Malignant           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |

\*\*\* END OF MALE DATA \*\*\*

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



|                        |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | females<br>(cont...) |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------------------|
| WISTAR HAN RATS FEMALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                      |
| 0 MG/KG                |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                      |
| ANIMAL ID              |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                      |
|                        |  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |                      |
|                        |  | 6           | 2 | 2 | 5 | 6 | 2 | 4 | 2 | 6 | 3 | 7 | 2 | 6 | 5 | 6 | 6 | 6 | 7 | 4 | 4 | 4 | 4 | 4 | 4 |  |                      |
|                        |  | 7           | 6 | 1 | 4 | 1 | 9 | 0 | 5 | 3 | 3 | 4 | 2 | 4 | 9 | 6 | 8 | 9 | 0 | 1 | 2 | 3 | 5 | 6 | 8 |  |                      |

Tooth +

CARDIOVASCULAR SYSTEM

Blood Vessel +

Heart +

ENDOCRINE SYSTEM

Adrenal Cortex Adenoma + X

Adrenal Medulla Pheochromocytoma Benign Pheochromocytoma Complex + X

Islets, Pancreatic +

Parathyroid Gland Adenoma + X

Pituitary Gland Pars Distalis, Adenoma Pars Distalis, Adenoma, Multiple Pars Intermedia, Adenoma + + + + + + + + + + + + + + + + + + + X X X X X

Thyroid Gland C-cell, Adenoma C-cell, Adenoma, Multiple Follicular Cell, Adenoma A A + + + + + + + X A A + + A + + + + + X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor
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|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |  |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|--|
| <b>WISTAR HAN RATS FEMALE</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |  |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>females<br/>(cont...)</b> |  |
|                               | 3           | 9 | 4 | 0 | 2 | 8 | 8 | 9 | 9 | 2 | 4 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                              |  |
| 7                             | 2           | 5 | 8 | 2 | 5 | 5 | 2 | 2 | 7 | 6 | 4 | 8 | 2 | 2 | 2 | 2 | 2 | 2 | 5 | 5 | 5 | 5 |   |                              |  |
| <b>0 MG/KG</b>                | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |  |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |  |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |  |
|                               | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                              |  |
|                               | 6           | 2 | 2 | 5 | 6 | 2 | 4 | 2 | 6 | 3 | 7 | 2 | 6 | 5 | 6 | 6 | 6 | 7 | 4 | 4 | 4 | 4 | 4 |                              |  |
| 7                             | 6           | 1 | 4 | 1 | 9 | 0 | 5 | 3 | 3 | 4 | 2 | 4 | 9 | 6 | 8 | 9 | 0 | 1 | 2 | 3 | 5 | 6 |   |                              |  |

**GENERAL BODY SYSTEM**

Tissue NOS + + +

**GENITAL SYSTEM**

Clitoral Gland +

Ovary +  
Granulosa Cell Tumor Benign  
Granulosa Cell Tumor Malignant

Uterus +  
Adenocarcinoma, Multiple X  
Adenoma X  
Malignant Mixed Mullerian Tumor X  
Polyp Stromal X  
Cervix, Granular Cell Tumor Benign X  
Cervix, Schwannoma Malignant

Vagina M + M

**HEMATOPOIETIC SYSTEM**

Bone Marrow +

Lymph Node +

Lymph Node, Mandibular +

Lymph Node, Mesenteric +  
Hemangiosarcoma X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 20209 - 03

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Route: GAVAGE

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

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|                              |  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |
|------------------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
| WISTAR HAN RATS FEMALE       |  | 0<br>3<br>7      | 0<br>2<br>9<br>2 | 0<br>4<br>4<br>5 | 0<br>5<br>0<br>8 | 0<br>5<br>2<br>5 | 0<br>5<br>8<br>5 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>6<br>2<br>7 | 0<br>6<br>4<br>6 | 0<br>6<br>9<br>8 | 0<br>7<br>0<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                  |                      |
| 0 MG/KG                      |  | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
|                              |  | 0<br>2<br>6<br>7 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>7 |                      |
| Nose Chondroma               |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |
| Trachea                      |  | A                | +                | +                | +                | M                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                      |
| <b>SPECIAL SENSES SYSTEM</b> |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Ear                          |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Eye                          |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |
| Harderian Gland              |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                      |
| <b>URINARY SYSTEM</b>        |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Kidney                       |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                      |
| Ureter                       |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Urinary Bladder              |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                      |
| <b>SYSTEMIC LESIONS</b>      |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Multiple Organ               |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                      |

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Lab: SRI

| DAY ON TEST                   |           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|-------------------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|
| <b>WISTAR HAN RATS FEMALE</b> |           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |
|                               |           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 |
| <b>0 MG/KG</b>                |           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6               |   |
|                               | ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|                               |           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|                               |           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 |
|                               |           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 7 | 7 | 7 | 7 | 7               | 8 |
|                               |           | 0 | 2 | 3 | 5 | 6 | 7 | 8 | 0 | 3 | 4 | 1 | 2 | 4 | 5 | 6 | 7 | 5 | 2 | 3 | 5 | 6 | 7               | 9 |
|                               |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Ileum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Jejunum                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma                            |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma, Multiple                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery   |   |   |   |   |   |   |   |   |   |   |   | + | + |   | + |   |   |   |   |   |   | + |   | 10 |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sublingual Gland, Adenocarcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Stomach, Forestomach                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

|                        |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
| WISTAR HAN RATS FEMALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |
| 0 MG/KG                |  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |
| ANIMAL ID              |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |
|                        |  | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6        | 6 |
|                        |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|                        |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|                        |  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 2 |
|                        |  | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 7 | 7 | 7 | 7        | 8 |
|                        |  | 0           | 2 | 3 | 5 | 6 | 7 | 8 | 0 | 3 | 4 | 1 | 2 | 4 | 5 | 6 | 7 | 5 | 2 | 3 | 5 | 6        | 0 |

Tooth 1

**CARDIOVASCULAR SYSTEM**

Blood Vessel 1

Heart + 50

**ENDOCRINE SYSTEM**

Adrenal Cortex + 50  
 Adenoma 1

Adrenal Medulla + 50  
 Pheochromocytoma Benign X 1  
 Pheochromocytoma Complex 1

Islets, Pancreatic + 50

Parathyroid Gland + | + + 49  
 Adenoma 1

Pituitary Gland + 50  
 Pars Distalis, Adenoma X X X X X X X 21  
 Pars Distalis, Adenoma, Multiple X 2  
 Pars Intermedia, Adenoma 1

Thyroid Gland + 45  
 C-cell, Adenoma X X 6  
 C-cell, Adenoma, Multiple X 1  
 Follicular Cell, Adenoma X 1

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



| WISTAR HAN RATS FEMALE<br>0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                   | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                  |          |
| ANIMAL ID                         | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>0 |          |

**GENERAL BODY SYSTEM**

Tissue NOS 3

**GENITAL SYSTEM**

Clitoral Gland 49

Ovary 50

Granulosa Cell Tumor Benign 1

Granulosa Cell Tumor Malignant 1

Uterus 50

Adenocarcinoma, Multiple 1

Adenoma 1

Malignant Mixed Mullerian Tumor 1

Polyp Stromal 3

Cervix, Granular Cell Tumor Benign 1

Cervix, Schwannoma Malignant 1

Vagina 1

**HEMATOPOIETIC SYSTEM**

Bone Marrow 50

Lymph Node 10

Lymph Node, Mandibular 50

Lymph Node, Mesenteric 50

Hemangiosarcoma 2

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>0 MG/KG                   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | * TOTALS |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|----------|
|   | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |    |          |
| ANIMAL ID   | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 |    |          |
| Spleen  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| Thymus  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| <b>INTEGUMENTARY SYSTEM</b>                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Mammary Gland                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| Carcinoma   |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |          |
| Fibroadenoma  |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     | X                     |                       | 8  |          |
| Fibroadenoma, Multiple                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |          |
| Skin  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| Basal Cell Adenoma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 1  |          |
| Osteosarcoma, Metastatic, Bone                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |          |
| <b>MUSCULOSKELETAL SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Bone  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| Femur, Osteosarcoma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |          |
| Skeletal Muscle                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     | 1  |          |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1  |          |
| <b>NERVOUS SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Brain   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| <b>RESPIRATORY SYSTEM</b>                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Lung  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |          |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
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| WISTAR HAN RATS FEMALE       | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |   |
| <b>0 MG/KG</b>               | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |   |
|                              | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |   |
|                              | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |          |   |
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |   |
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |   |
|                              | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |   |
|                              | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 8 |          |   |
|                              | 0           | 2 | 3 | 5 | 6 | 7 | 8 | 0 | 3 | 4 | 1 | 2 | 4 | 5 | 6 | 7 | 5 | 2 | 3 | 5 | 6 | 7 | 8 | 9 |          |   |
|                              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| Nose                         | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |   |
| Chondroma                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1        |   |
| Trachea                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47       |   |
| <b>SPECIAL SENSES SYSTEM</b> |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| Ear                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1 |
| Eye                          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |   |
| Harderian Gland              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |   |
| <b>URINARY SYSTEM</b>        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| Kidney                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |   |
| Ureter                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |
| Urinary Bladder              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |   |
| <b>SYSTEMIC LESIONS</b>      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| Multiple Organ               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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| WISTAR HAN RATS FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | females<br>(cont...) |
|------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------------------|
|                        | 0358        | 0558 | 0081 | 0065 | 0066 | 0066 | 0066 | 0066 | 0066 | 0066 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 |           |                      |
| 3 MG/KG                | 0058        | 0055 | 0081 | 0065 | 0066 | 0066 | 0066 | 0066 | 0066 | 0066 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 |           |                      |
|                        | 0033        | 0033 | 0033 | 0032 | 0033 | 0033 | 0033 | 0033 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 | 0032 |           |                      |
|                        | 0011        | 0010 | 0018 | 0000 | 0000 | 0002 | 0009 | 0022 | 0088 | 0088 | 0088 | 0088 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 |           |                      |
|                        | 0093        | 0032 | 0088 | 0077 | 0088 | 0033 | 0000 | 0088 | 0044 | 0022 | 0066 | 0077 | 0099 | 0000 | 0066 | 0077 | 0099 | 0011 | 0022 | 0044 | 0055 | 0011 | 0033 | 0044 |           |                      |

Heart  
Endocardium, Schwannoma Benign

+  
X

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ + + + + + A +

Adrenal Medulla  
Pheochromocytoma Benign

+ +

Islets, Pancreatic  
Adenoma

+ + + + + + M +

Parathyroid Gland  
Adenoma

+ +

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Intermedia, Adenoma

+  
X X

Thyroid Gland  
C-cell, Adenoma  
C-cell, Adenoma, Multiple  
Follicular Cell, Adenoma

+ + + + + + A + + + X +  
X X

**GENERAL BODY SYSTEM**

Tissue NOS

+ +

**GENITAL SYSTEM**

Clitoral Gland

+ + + + + + M +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically











Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>3 MG/KG   | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |                   |  |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|-------------------|--|
|   | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          | 0735 |      |      |                   |  |
| ANIMAL ID   | 0085        | 0091 | 0092 | 0093 | 0094 | 0095 | 0096 | 0099 | 0090 | 0091 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0090 | 0091 | 0092 | 0095 | 0096     | 0097 | 0098 | 0099 | 0090              |  |
| Heart<br>Endocardium, Schwannoma Benign   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50<br>1           |  |
| <b>ENDOCRINE SYSTEM</b>   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |                   |  |
| Adrenal Cortex  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 49                |  |
| Adrenal Medulla<br>Pheochromocytoma Benign  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50<br>1           |  |
| Islets, Pancreatic<br>Adenoma   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 49<br>1           |  |
| Parathyroid Gland<br>Adenoma  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | M    | +    | +    | M    | +    | +    | +        | +    | +    | +    | 47<br>1           |  |
| Pituitary Gland<br>Pars Distalis, Adenoma<br>Pars Intermedia, Adenoma                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +        | +    | +    | +    | 49<br>20<br>1     |  |
| Thyroid Gland<br>C-cell, Adenoma<br>C-cell, Adenoma, Multiple<br>Follicular Cell, Adenoma | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 49<br>3<br>3<br>3 |  |
| <b>GENERAL BODY SYSTEM</b>  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |                   |  |
| Tissue NOS  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      | 2                 |  |
| <b>GENITAL SYSTEM</b>   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |                   |  |
| Clitoral Gland  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 49                |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>3 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |    |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|                                   | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |                       | 0<br>7<br>3<br>5      |    |
| ANIMAL ID                         | 0<br>0<br>2<br>8<br>5 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>9<br>1 |    |
| Ovary                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Cystadenoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | 1  |
| Granulosa Cell Tumor Benign       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 3  |
| Leiomyosarcoma                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Luteoma                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1  |
| Uterus                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Adenocarcinoma                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Leiomyoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1  |
| Polyp Stromal                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Polyp Stromal, Multiple           |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Vagina                            | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 1  |
| Granular Cell Tumor Benign        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| <b>HEMATOPOIETIC SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Lymph Node                        |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Lymph Node, Mandibular            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Lymph Node, Mesenteric            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Spleen                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Thymus                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| <b>INTEGUMENTARY SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Mammary Gland                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Carcinoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

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| WISTAR HAN RATS FEMALE<br>3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |
|-----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|
|                                   | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          | 0735 |      |      |      |
| ANIMAL ID                         | 0085        | 0091 | 0092 | 0093 | 0094 | 0095 | 0096 | 0099 | 0090 | 0091 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0090 | 0091 | 0092 | 0095 | 0096     | 0097 | 0098 | 0099 | 0090 |
| Fibroadenoma                      |             |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      | X    |      | X        |      |      |      | 7    |
| Fibroadenoma, Multiple            |             |      |      |      |      |      |      |      |      | X    | X    |      |      |      |      |      |      |      |      |      |          |      |      |      | 3    |
| Skin                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |
| Schwannoma Malignant              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      | 1    |

MUSCULOSKELETAL SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

NERVOUS SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

RESPIRATORY SYSTEM

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Nose    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



|                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| WISTAR HAN RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                        | 3           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
| 15 MG/KG               | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                        | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                      |
|                        | 7           | 6 | 3 | 3 | 4 | 5 | 6 | 4 | 7 | 3 | 5 | 5 | 6 | 4 | 7 | 5 | 7 | 3 | 7 | 7 | 7 | 8                    |
|                        | 7           | 5 | 3 | 6 | 3 | 8 | 2 | 8 | 5 | 7 | 3 | 6 | 8 | 5 | 1 | 9 | 0 | 9 | 2 | 3 | 4 | 0                    |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Leiomyoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   | + |   |   |   |   | + | + |   | + | + |   |   |   |   |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |
| Schwannoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma            |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically









Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                               |                  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|-------------------------------|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|                               |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 |
|                               |                  | 3           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |                      | 7 |
| <b>WISTAR HAN RATS FEMALE</b> |                  | 6           | 7 | 0 | 5 | 5 | 6 | 1 | 1 | 5 | 5 | 7 | 7 | 7 | 8 | 9 | 0 | 1 | 3 | 3 | 3 | 3                    |   |
|                               |                  | 8           | 2 | 8 | 3 | 5 | 9 | 0 | 4 | 5 | 6 | 6 | 6 | 6 | 6 | 4 | 1 | 5 | 0 | 2 | 2 | 2                    |   |
|                               | <b>15 MG/KG</b>  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|                               |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|                               | <b>ANIMAL ID</b> | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |   |
|                               |                  | 7           | 6 | 3 | 3 | 4 | 5 | 6 | 4 | 7 | 3 | 5 | 5 | 6 | 4 | 7 | 5 | 7 | 3 | 7 | 7 | 7                    |   |
|                               |                  | 7           | 5 | 3 | 6 | 3 | 8 | 2 | 8 | 5 | 7 | 3 | 6 | 8 | 5 | 1 | 9 | 0 | 9 | 2 | 3 | 4                    |   |

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Glioma Malignant |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Peripheral Nerve

RESPIRATORY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Schwannoma Malignant, Metastatic, Uterus |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

SPECIAL SENSES SYSTEM

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

URINARY SYSTEM

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Urinary Bladder                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |

SYSTEMIC LESIONS

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Leukemia Granulocytic |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
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**Experiment Number:** 20209 - 03

**Test Type:** CHRONIC

**Route:** GAVAGE

**Species/Strain:** RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

**CAS Number:** 32534-81-9

**Date Report Requested:** 08/05/2014

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**First Dose M/F:** 08/26/08 / 08/26/08

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Lab: SRI

| WISTAR HAN RATS FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                        | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          |
| 15 MG/KG               | 0033        | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 50       |
| ANIMAL ID              | 0033        | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 |          |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Leiomyoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma             |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   | 6  |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2  |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   | + |   |   | + |   |   |   |   |   |   | + |   |   |   |   | + |   |   |   |   |   |   | 9  |
| Adenocarcinoma, Metastatic, Uterus |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Schwannoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenocarcinoma, Metastatic, Uterus |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

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+ .. Tissue examined microscopically  
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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>15 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|                                    | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |                       |          |  |
| ANIMAL ID                          | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 |          |  |
| Salivary Glands                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |  |
| Stomach, Forestomach               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Adenocarcinoma, Metastatic, Uterus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |  |
| Squamous Cell Papilloma            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |  |
| Stomach, Glandular                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |  |
| Adenocarcinoma, Metastatic, Uterus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |  |
| <b>CARDIOVASCULAR SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Blood Vessel                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |  |
| Heart                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>ENDOCRINE SYSTEM</b>            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Adrenal Cortex                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Adenocarcinoma, Metastatic, Uterus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |  |
| Adrenal Medulla                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Pheochromocytoma Benign            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Pheochromocytoma Complex           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Pheochromocytoma Malignant         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Islets, Pancreatic                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |  |
| Parathyroid Gland                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |  |
| Pituitary Gland                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Pars Distalis, Adenoma             |                       |                       | X                     | X                     |                       | X                     |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 23                    |          |  |
| Pars Intermedia, Adenoma           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 2                     |          |  |

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| WISTAR HAN RATS FEMALE<br>15 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                    | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          |
| ANIMAL ID                          | 0033        | 0033 | 0033 | 0033 | 0034 | 0034 | 0034 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 |          |
| Thyroid Gland                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| C-cell, Adenoma                    |             |      |      |      | X    |      | X    |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      | X    | 7        |
| C-cell, Adenoma, Multiple          |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      | X    |      |      |      |      | 3        |
| Follicular Cell, Adenoma           |             |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      | 3        |

**GENERAL BODY SYSTEM**

|                                    |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS                         |  |  |  |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
| Adenocarcinoma, Metastatic, Uterus |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Ovary                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Cystadenoma                              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granulosa Cell Tumor Benign              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant, Mesentery          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma                           |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Adenoma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granular Cell Tumor Benign               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Polyp Stromal                            |   |   |   |   |   | X |   | X | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Polyp Stromal, Multiple                  |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma Stromal                          |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Vagina                                   | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | 2  |
| Sarcoma Stromal, Metastatic, Uterus      |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

| WISTAR HAN RATS FEMALE<br>15 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                    | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |                       |
| ANIMAL ID                          | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>3 |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Bone Marrow  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Lymph Node<br>Mediastinal, Adenocarcinoma, Metastatic,<br>Uterus |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6<br>1  |
| Lymph Node, Mandibular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Lymph Node, Mesenteric   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Spleen<br>Adenocarcinoma, Metastatic, Uterus                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Thymus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |

**INTEGUMENTARY SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Mammary Gland<br>Carcinoma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |
| Fibroadenoma                    | X |   |   | X |   |   |   |   | X | X | X |   | X |   |   |   | X |   |   |   |   |   |   |   |   | 10      |
| Fibroadenoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   | 2       |
| Skin<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically





**Experiment Number:** 20209 - 03

**Test Type:** CHRONIC

**Route:** GAVAGE

**Species/Strain:** RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

**CAS Number:** 32534-81-9

**Date Report Requested:** 08/05/2014

**Time Report Requested:** 10:18:12

**First Dose M/F:** 08/26/08 / 08/26/08

**Lab:** SRI

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Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID            | females<br>(cont...) |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|----------------------|
|                                    | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>3 | 0<br>2<br>2<br>5 | 0<br>3<br>8<br>5 | 0<br>3<br>9<br>6 | 0<br>4<br>9<br>0 | 0<br>5<br>3<br>7 | 0<br>5<br>4<br>3 | 0<br>5<br>5<br>3 | 0<br>5<br>9<br>7 | 0<br>6<br>1<br>7 | 0<br>6<br>2<br>7 | 0<br>6<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>7 | 0<br>6<br>8<br>6 | 0<br>6<br>8<br>7 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |                  |                      |                      |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>3<br>8<br>3 | females<br>(cont...) |                      |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Pancreas<br>Carcinoma                                 | + | + | + | + | + | A | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | X |   |  |
| Salivary Glands<br>Parotid Gland, Adenocarcinoma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | + | M | + | M | + | + | + | + |   |  |
| Stomach, Forestomach                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |   |  |
| Stomach, Glandular<br>Carcinoma, Metastatic, Pancreas | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | A | + | + | + | + | + | + | X |  |

CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Blood Vessel |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |  |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |  |

ENDOCRINE SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | + | + | + | + | M | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | M | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pituitary Gland<br>Pars Distalis, Adenoma<br>Pars Distalis, Adenoma, Multiple<br>Pars Intermedia, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | M | + | + | + | + | + | + | + | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Thyroid Gland   | + | + | + | + | + | A | + | A | + | A | + | + | + | + | A | A | + | M | + | + | A | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 20209 - 03

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CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |   |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|---|--|
|   | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>3 | 0<br>2<br>2<br>5 | 0<br>3<br>8<br>5 | 0<br>3<br>9<br>6 | 0<br>4<br>9<br>0 | 0<br>5<br>3<br>7 | 0<br>5<br>4<br>3 | 0<br>5<br>5<br>3 | 0<br>5<br>9<br>7 | 0<br>6<br>1<br>7 | 0<br>6<br>1<br>9 | 0<br>6<br>2<br>7 | 0<br>6<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>7 | 0<br>6<br>8<br>6 | 0<br>6<br>8<br>7 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |                      |   |  |
| ANIMAL ID   | 0<br>3<br>8<br>3 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>3 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>3 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>3 | 0<br>0<br>3<br>9 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>2 | 0<br>0<br>3<br>9 | 0<br>0<br>4<br>2 | 0<br>0<br>4<br>0 | 0<br>0<br>3<br>5 | 0<br>0<br>4<br>8 | 0<br>0<br>4<br>8 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>8 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9     |   |  |
| Lymph Node  | +                | +                |                  | +                | +                |                  | +                |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                      |   |  |
| Lymph Node, Mandibular<br>Adenocarcinoma, Metastatic, Salivary Glands                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                    | + |  |
| Lymph Node, Mesenteric  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | A                | +                | +                | +                | +                | M                | +                | +                | +                | +                    | + |  |
| Spleen  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | A                | +                | A                | +                | +                | M                | +                | +                | +                | +                    | + |  |
| Thymus<br>Thymoma Benign  | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                    | + |  |
| <b>INTEGUMENTARY SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Mammary Gland<br>Carcinoma<br>Carcinoma, Multiple<br>Fibroadenoma<br>Fibroadenoma, Multiple | +                | +                | +                | +                | +                | +                | +                | I                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    | + |  |
|   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
|   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
|   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
|   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Skin<br>Squamous Cell Papilloma   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    | + |  |
| <b>MUSCULOSKELETAL SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Bone  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    | + |  |
| <b>NERVOUS SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Brain   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    | + |  |
| <b>RESPIRATORY SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |                  |                  |  |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|------------------|------------------|--|
|                                    | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>3 | 0<br>2<br>8<br>5 | 0<br>3<br>9<br>5 | 0<br>3<br>9<br>6 | 0<br>4<br>9<br>0 | 0<br>5<br>3<br>7 | 0<br>5<br>4<br>3 | 0<br>5<br>5<br>3 | 0<br>5<br>9<br>7 | 0<br>6<br>1<br>7 | 0<br>6<br>1<br>9 | 0<br>6<br>2<br>7 | 0<br>6<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>7 | 0<br>6<br>8<br>6 | 0<br>7<br>8<br>2 |           |                      | 0<br>7<br>9<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |  |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                    | 0                | 0                | 0                | 0                | 0                |  |
|                                    | 3                | 4                | 4                | 4                | 4                | 4                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 4         | 3                    | 4                | 4                | 3                | 4                | 4                |  |
|                                    | 8                | 0                | 3                | 1                | 1                | 3                | 0                | 3                | 9                | 0                | 2                | 9                | 2                | 0                | 0                | 8                | 2                | 8                | 1                | 2                | 0         | 8                    | 8                | 8                | 0                | 0                | 0                |  |
|                                    | 3                | 5                | 5                | 8                | 2                | 6                | 7                | 9                | 1                | 9                | 0                | 6                | 7                | 6                | 3                | 5                | 8                | 8                | 9                | 5                | 0         | 6                    | 7                | 9                | 1                | 1                | 1                |  |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma, Metastatic, Pancreas    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                               | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                            | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | M | + | A | + | + | A | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | M | + | + | + | + | + |
| Ureter          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | A | + | A | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG                 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |         |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|---------|
|  | 0729        | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  |          | 0729  |       |         |
| ANIMAL ID  | 00402       | 00404 | 00406 | 00407 | 00405 | 00402 | 00404 | 00408 | 00400 | 00401 | 00403 | 00409 | 00400 | 00401 | 00402 | 00403 | 00404 | 00409 | 00402 | 00403 | 00405    | 00407 | 00408 |         |
| Pancreas Carcinoma                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47<br>1 |
| Salivary Glands Parotid Gland, Adenocarcinoma      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 45<br>1 |
| Stomach, Forestomach                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48      |
| Stomach, Glandular Carcinoma, Metastatic, Pancreas | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 46<br>1 |
| <b>CARDIOVASCULAR SYSTEM</b>                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |         |
| Blood Vessel                                       | +           |       |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 3       |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48      |
| <b>ENDOCRINE SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |         |
| Adrenal Cortex                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 46      |
| Adrenal Medulla                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47      |
| Islets, Pancreatic                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47      |
| Parathyroid Gland                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | M     | +     | +        | +     | +     | 46      |
| Pituitary Gland                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47      |
| Pars Distalis, Adenoma                             |             |       |       | X     |       | X     |       |       | X     |       |       |       |       |       |       | X     | X     | X     |       |       |          |       |       | 20      |
| Pars Distalis, Adenoma, Multiple                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |          |       |       | 1       |
| Pars Intermedia, Adenoma                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |          |       |       | 1       |
| Thyroid Gland                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 42      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                    | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       |                       |
| ANIMAL ID                          | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>1<br>6 | 0<br>0<br>4<br>1<br>7 | 0<br>0<br>4<br>1<br>5 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>4<br>0<br>8 | 0<br>0<br>4<br>1<br>0 | 0<br>0<br>4<br>2<br>1 | 0<br>0<br>4<br>2<br>3 | 0<br>0<br>4<br>2<br>9 | 0<br>0<br>4<br>3<br>0 | 0<br>0<br>4<br>3<br>1 | 0<br>0<br>4<br>3<br>2 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>4<br>3<br>0 |

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |         |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---------|
| Lymph Node  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | 9       |
| Lymph Node, Mandibular<br>Adenocarcinoma, Metastatic, Salivary Glands | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X | 48<br>1 |
| Lymph Node, Mesenteric  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   | 46      |
| Spleen  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   | 45      |
| Thymus<br>Thymoma Benign  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X | 46<br>1 |

INTEGUMENTARY SYSTEM

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |         |                        |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---------|------------------------|
| Mammary Gland<br>Carcinoma<br>Carcinoma, Multiple<br>Fibroadenoma<br>Fibroadenoma, Multiple | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | X | X       | 48<br>3<br>1<br>6<br>3 |
| Skin<br>Squamous Cell Papilloma   | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X | X |   | 49<br>2 |                        |

MUSCULOSKELETAL SYSTEM

|      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Bone | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
|------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|

NERVOUS SYSTEM

|       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Brain | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|

RESPIRATORY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
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|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                    | 0729        | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 |          |
| ANIMAL ID                          | 0040        | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 |          |
| Lung                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Adenocarcinoma, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |          |
| Carcinoma, Metastatic, Pancreas    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Nose                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Trachea                            | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>SPECIAL SENSES SYSTEM</b>       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Eye                                | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Harderian Gland                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>URINARY SYSTEM</b>              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Ureter                             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Urinary Bladder                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>SYSTEMIC LESIONS</b>            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Multiple Organ                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Histiocytic Sarcoma                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |

\*\*\* END OF REPORT \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically