

**Experiment Number:** 20209 - 04  
**Test Type:** CHRONIC  
**Route:** GAVAGE  
**Species/Strain:** MICE/B6C3F1

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

**Date Report Requested:** 08/14/2014  
**Time Report Requested:** 07:47:55  
**First Dose M/F:** 02/25/08 / 02/25/08  
**Lab:** SRI

F1\_M3

**NTP Study Number:** C20209  
**Lock Date:** 08/31/2011  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 3.0.2.1\_001  
**PWG Approval Date:** NONE

Note: Animals arranged according to days on test.

<b>B6C3F1 MICE MALE</b>	<b>0 MG/KG</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	
			0	2	4	4	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7
			0	9	9	9	2	6	6	8	8	9	9	9	0	0	0	2	3	6	8	8	2	2	2	2
		3	8	1	4	1	8	9	4	9	2	8	8	0	0	6	6	9	0	0	4	1	9	9	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	
		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	0	4	1	3	3	1	2	4	1	1	4	1	3	1	2	0	3	1	0	3	0	0	0	
		4	9	0	6	0	8	1	0	6	3	7	1	2	6	8	1	8	3	4	1	4	2	3	5	
																									<b>males (cont...)</b>	

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	M	M	A	M	+	+	+	+	+	+	+	+	+	+	M	+	A	A	+	+	+	+	+	+
Intestine Large, Cecum	+	+	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	+	+	+	+	+	+
Intestine Small, Jejunum	M	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	A	I	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatoblastoma																								
Hepatocellular Adenoma						X			X									X				X		
Hepatocellular Adenoma, Multiple				X									X	X						X				X
Hepatocellular Carcinoma			X	X			X					X	X		X	X					X			X
Hepatocellular Carcinoma, Multiple												X						X						
Mesentery				+								+	+			+	+					+		+
Hepatocellular Carcinoma, Metastatic, Liver													X											
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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Lab: SRI

<b>B6C3F1 MICE MALE</b> <b>0 MG/KG</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		
	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	males (cont...)
		3	8	1	4	1	8	9	4	9	2	8	8	0	0	6	6	9	0	4	1	9	9	2	

GENITAL SYSTEM

Coagulating Gland

Epididymis

Penis

Preputial Gland

Prostate

Seminal Vesicle

Testes  
Interstitial Cell, Adenoma  
Rete Testes, Adenoma

HEMATOPOIETIC SYSTEM

Bone Marrow  
Cranium, Carcinoma, Metastatic, Zymbal'S Gland

Lymph Node

Lymph Node, Mandibular

Lymph Node, Mesenteric  
Hepatocellular Carcinoma, Metastatic, Liver

Spleen  
Hemangiosarcoma

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B6C3F1 MICE MALE	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	males (cont...)	
		0	2	4	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7		7
		0	9	9	9	2	6	6	8	8	9	9	9	0	0	0	2	3	6	8	8	2	2	2		2
0 MG/KG	ANIMAL ID	3	8	1	4	1	8	9	4	9	2	8	8	0	0	6	6	9	0	0	4	1	9	9	males (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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		2	0	4	1	3	3	1	2	4	1	1	4	1	3	1	2	0	3	1	0	3	0	0		
		4	9	0	6	0	8	1	0	6	3	7	1	2	6	8	1	8	3	4	1	4	2	3		

Thymus + + A + + M M + + + + I + + M + + M + + + + + + +

INTEGUMENTARY SYSTEM

Mammary Gland	M	M	M	+	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	+	M	M	M	M
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lipoma																								
Subcutaneous Tissue, Lipoma			X																					

MUSCULOSKELETAL SYSTEM

Bone	I	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skeletal Muscle													+											+

NERVOUS SYSTEM

Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Peripheral Nerve													+											+
Spinal Cord																								+

RESPIRATORY SYSTEM

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/Bronchiolar Adenoma																								X
Alveolar/Bronchiolar Carcinoma																								
Alveolar/Bronchiolar Carcinoma, Multiple																								X
Carcinoma, Metastatic, Zymbal'S Gland																								
Hepatocellular Carcinoma, Metastatic, Liver													X	X										X

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B6C3F1 MICE MALE  0 MG/KG	DAY ON TEST																						males (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	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	
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
Nose	3	8	1	4	1	8	9	4	9	2	8	8	0	0	6	6	9	0	4	1	9	2	
Trachea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2	0	4	1	3	3	1	2	4	1	1	4	1	3	1	2	0	3	1	0	3	0	
	4	9	0	6	0	8	1	0	6	3	7	1	2	6	8	1	8	3	4	1	4	2	
SPECIAL SENSES SYSTEM																							
Eye	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Adenoma																							
Carcinoma																							
Zymbal's Gland																							
Carcinoma																							
URINARY SYSTEM																							
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SYSTEMIC LESIONS																							
Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Histiocytic Sarcoma																							
Lymphoma Malignant																							

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B6C3F1 MICE MALE 0 MG/KG	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
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
		2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		9	9	9	9	9	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1
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
		2	2	3	4	4	5	0	1	1	1	2	2	2	3	3	3	4	4	0	2	2	3
		6	7	1	4	5	0	7	0	5	9	2	3	8	2	7	9	7	9	4	5	9	5
<b>* TOTALS</b>																							

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hepatoblastoma																						X		1
Hepatocellular Adenoma		X			X	X				X				X	X	X		X				X		13
Hepatocellular Adenoma, Multiple	X								X		X							X					X	10
Hepatocellular Carcinoma						X												X			X		X	14
Hepatocellular Carcinoma, Multiple										X								X						4
Mesentery				+		+			+													+		12
Hepatocellular Carcinoma, Metastatic, Liver																								1
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

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B6C3F1 MICE MALE 0 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	
ANIMAL ID	00026	00027	00031	00044	00045	00070	00077	00080	00085	00099	00122	00138	00182	00203	00222	00233	00233	00233	00233	00233	00233	00244	00244	00255
Squamous Cell Papilloma																		X				X		2
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Tooth	+							+																2
<b>CARDIOVASCULAR SYSTEM</b>																								
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>ENDOCRINE SYSTEM</b>																								
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hepatocellular Carcinoma, Metastatic, Liver																		X						1
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Pheochromocytoma Benign					X																			1
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Adenoma																		X						1
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	I	47
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Follicular Cell, Adenoma																								1
<b>GENERAL BODY SYSTEM</b>																								
Tissue NOS																								2

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B6C3F1 MICE 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	0729			
0 MG/KG	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	671450705923827945238	
ANIMAL ID	006	007	001	004	005	000	007	000	005	009	002	003	008	002	007	009	007	009	004	005	009	005	002	003	004	004	003	008

**GENITAL SYSTEM**

Coagulating Gland	+																									1
Epididymis	+																									50
Penis																										1
Preputial Gland	+																									50
Prostate	+																									50
Seminal Vesicle	+																									50
Testes	+																									50
Interstitial Cell, Adenoma																										1
Rete Testes, Adenoma	X																									1

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+																									50
Cranium, Carcinoma, Metastatic, Zymbal'S Gland																										1
Lymph Node																										5
Lymph Node, Mandibular	+																									50
Lymph Node, Mesenteric	+																									49
Hepatocellular Carcinoma, Metastatic, Liver	X																									1
Spleen	+																									50
Hemangiosarcoma	X																									1

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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	0729	0729			
0 MG/KG	ANIMAL ID																								* TOTALS		
	00026	00007	00001	00004	00005	00000	00007	00000	00005	00009	00002	00003	00008	00002	00007	00009	00007	00009	00004	00005	00009	00005	00002	00003		00008	
Thymus	+	+	M	+	+	+	+	+	+	+	I	+	+	+	+	+	+	+	+	I	+	+	I	+	+	40	
<b>INTEGUMENTARY SYSTEM</b>																											
Mammary Gland	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	2
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lipoma	X																									1	
Subcutaneous Tissue, Lipoma																										1	
<b>MUSCULOSKELETAL SYSTEM</b>																											
Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Skeletal Muscle																										2	
<b>NERVOUS SYSTEM</b>																											
Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Peripheral Nerve																										2	
Spinal Cord																										1	
<b>RESPIRATORY SYSTEM</b>																											
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Alveolar/Bronchiolar Adenoma				X				X		X												X				5	
Alveolar/Bronchiolar Carcinoma				X		X			X										X							4	
Alveolar/Bronchiolar Carcinoma, Multiple																										1	
Carcinoma, Metastatic, Zymbal'S Gland																			X							1	
Hepatocellular Carcinoma, Metastatic, Liver						X											X				X					6	

\* .. 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

B6C3F1 MICE MALE 0 MG/KG	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		
ANIMAL ID	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
	29	29	29	29	29	29	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30		
	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67		
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	47	
<b>SPECIAL SENSES SYSTEM</b>																									
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Adenoma				X	X	X								X										5	
Carcinoma																								1	
Zymbal's Gland																						+		1	
Carcinoma																						X		1	
<b>URINARY SYSTEM</b>																									
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>SYSTEMIC LESIONS</b>																									
Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Histiocytic Sarcoma																								1	
Lymphoma Malignant														X	X	X								5	

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

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 BLANK .. Not examined microscopically

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0 4 2 8	0 5 4 0	0 5 5 6	0 5 5 7	0 5 9 4	0 5 9 1	0 5 9 6	0 6 0 3	0 6 1 4	0 6 2 8	0 6 2 0	0 6 8 6	0 6 8 9	0 6 9 2	0 7 0 8	0 7 2 9	0 7 2 9	0 7 2 9	0 7 2 9	0 7 3 0	0 7 3 0	0 7 3 0	<b>males (cont...)</b>
	ANIMAL ID	0 0 0 9 0	0 0 0 9 2	0 0 0 5 6	0 0 0 8 2	0 0 0 7 9	0 0 0 7 1	0 0 0 7 2	0 0 0 6 9	0 0 0 9 9	0 0 0 6 2	0 0 0 5 7	0 0 0 6 0	0 0 0 8 3	0 0 0 8 6	0 0 0 7 5	0 0 0 8 7	0 0 0 5 8	0 0 0 8 4	0 0 0 9 1	0 0 0 9 6	0 0 0 5 5	0 0 0 5 2	

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	A	A	+	+	+	A	A	+	A	+	A	M	+	+	+	+	+	M	+	+	+	+	+
Intestine Large, Cecum	A	A	+	+	+	A	A	+	A	A	A	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	A	A	+	+	+	A	A	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	A	+	+	+	A	A	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	I	A	+	+	+	A	A	+	A	A	A	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	A	+	+	+	A	A	+	A	A	A	+	+	+	+	+	+	+	+	+	+	+	M
Intestine Small, Jejunum	A	A	+	+	+	A	A	+	A	A	A	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatoblastoma																							
Hepatocellular Adenoma	X	X		X							X		X					X			X		
Hepatocellular Adenoma, Multiple			X		X		X	X							X		X	X		X	X		X
Hepatocellular Carcinoma		X		X					X		X		X					X	X				
Hepatocellular Carcinoma, Multiple																		X					
Hepatocholangiocarcinoma											X												
Mesentery	+																						
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma																							

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

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

Experiment Number: 20209 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

<b>B6C3F1 MICE MALE</b>  <b>3 MG/KG</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</b> <b>(cont...)</b>
	ANIMAL ID	4	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	
	2	4	5	5	6	9	9	0	1	1	2	2	8	8	9	9	0	2	2	2	2	3	3	3	
	8	0	6	7	4	1	6	3	4	8	0	6	4	9	2	8	8	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	9	9	5	8	7	7	7	6	9	6	5	6	8	8	7	8	6	5	5	8	9	9	5	5	
	0	2	6	2	9	1	2	9	9	2	7	0	3	6	5	7	7	5	8	4	1	6	1	2	

Stomach, Forestomach  
 Squamous Cell Papilloma

+  
 X

Stomach, Glandular

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

Tooth

+ + +

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart  
 Hepatocholangiocarcinoma, Metastatic, Liver

+  
 X

**ENDOCRINE SYSTEM**

Adrenal Cortex  
 Capsule, Adenoma

+ +

Adrenal Medulla

+ +

Islets, Pancreatic

+ +

Parathyroid Gland  
 Adenoma

+ + + + + M + M + M + + + + + M + + + + + + + +  
 X

Pituitary Gland  
 Pars Distalis, Adenoma

+ + + + + I + + I + + + + M + + + I + + + + + + + +  
 X

Thyroid Gland  
 Follicular Cell, Adenoma

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

|                         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|-------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0<br>4 | 0<br>5 | 0<br>5 | 0<br>5 | 0<br>5 | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |        |        |        |
|                         |             | 2<br>8 | 4<br>0 | 5<br>6 | 5<br>7 | 6<br>4 | 9<br>1 | 9<br>6 | 0<br>3 | 1<br>4 | 1<br>8 | 2<br>0 | 2<br>6 | 8<br>4 | 8<br>9 | 9<br>2 | 9<br>8 | 0<br>8 | 2<br>9 | 2<br>9 | 2<br>9 | 2<br>9 | 3<br>0 | 3<br>0 | 3<br>0 |        |
| <b>3 MG/KG</b>          | ANIMAL ID   | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 |        |        |
|                         |             | 0<br>9 | 0<br>9 | 0<br>5 | 0<br>8 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>9 | 0<br>6 | 0<br>5 | 0<br>6 | 0<br>8 | 0<br>8 | 0<br>7 | 0<br>8 | 0<br>6 | 0<br>5 | 0<br>5 | 0<br>8 | 0<br>9 | 0<br>9 | 0<br>5 | 0<br>5 | 0<br>5 |
|                         |             | 0<br>2 | 0<br>6 | 0<br>2 | 0<br>2 | 0<br>9 | 0<br>1 | 0<br>2 | 0<br>9 | 0<br>9 | 0<br>2 | 0<br>7 | 0<br>0 | 0<br>3 | 0<br>6 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>5 | 0<br>8 | 0<br>4 | 0<br>1 | 0<br>6 | 0<br>1 | 0<br>2 | 0<br>9 |
|                         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

**GENERAL BODY SYSTEM**

Tissue NOS

**GENITAL SYSTEM**

Epididymis

Preputial Gland

Prostate

Seminal Vesicle

Testes

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
Hemangiosarcoma

Lymph Node  
Fat, Hemangiosarcoma  
Mediastinal, Hepatocholangiocarcinoma,  
Metastatic, Liver  
Thoracic, Hepatocholangiocarcinoma,  
Metastatic, Liver

Lymph Node, Mandibular

Lymph Node, Mesenteric

Spleen

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Bone Marrow<br>Hemangiosarcoma                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node<br>Fat, Hemangiosarcoma                          |   |   |   |   | + |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Hepatocholangiocarcinoma,<br>Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Thoracic, Hepatocholangiocarcinoma,<br>Metastatic, Liver    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lymph Node, Mandibular                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen  | A | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b><br><b>3 MG/KG</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 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |   |   |   |   |
|   |             | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 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 | 7 | 7 | 7 | 7 | 7 |   |   |   |   |
|   |             | 2 | 4 | 5 | 5 | 6 | 9 | 9 | 0 | 1 | 1 | 2 | 2 | 8 | 8 | 9 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |   |
|   |             | 8 | 0 | 6 | 7 | 4 | 1 | 6 | 3 | 4 | 8 | 0 | 6 | 4 | 9 | 2 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

males  
(cont...)

Hemangiosarcoma

Thymus

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

**INTEGUMENTARY SYSTEM**

Mammary Gland

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

Skin

+ +

**MUSCULOSKELETAL SYSTEM**

Bone

+ +

Skeletal Muscle

+ +

Hepatocarcinoma, Metastatic, Liver

+ +

**NERVOUS SYSTEM**

Brain

+ +

Peripheral Nerve

+ +

Spinal Cord

+ +

**RESPIRATORY SYSTEM**

Lung

+ +

Alveolar/Bronchiolar Adenoma

+ +

Alveolar/Bronchiolar Adenoma, Multiple

+ +

Alveolar/Bronchiolar Carcinoma

+ +

Alveolar/Bronchiolar Carcinoma, Multiple

+ +

Hepatocellular Carcinoma, Metastatic, Liver

+ +

\* .. 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE<br>3 MG/KG | DAY ON TEST      |                  | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |
|-----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|
|                             | 0<br>4<br>2<br>8 | 0<br>5<br>4<br>0 | 0<br>5<br>5<br>6 | 0<br>5<br>5<br>7 | 0<br>5<br>6<br>4 | 0<br>5<br>9<br>1 | 0<br>5<br>9<br>6 | 0<br>6<br>0<br>3 | 0<br>6<br>1<br>4 | 0<br>6<br>6<br>8 | 0<br>6<br>2<br>0 | 0<br>6<br>2<br>6 | 0<br>6<br>8<br>4 | 0<br>6<br>8<br>9 | 0<br>6<br>9<br>2 | 0<br>6<br>9<br>8 | 0<br>7<br>0<br>8 | 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 | 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                | 0                | 0                  |
|                             | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                  |
|                             | 9                | 9                | 5                | 8                | 7                | 7                | 7                | 6                | 9                | 6                | 5                | 6                | 8                | 8                | 7                | 8                | 6                | 5                | 5                | 8                | 9                | 9                | 5                | 5                | 5                  |
|                             | 0                | 2                | 6                | 2                | 9                | 1                | 2                | 9                | 9                | 2                | 7                | 0                | 3                | 6                | 5                | 7                | 7                | 5                | 8                | 4                | 1                | 6                | 1                | 2                | 9                  |

Hepatocholangiocarcinoma, Metastatic, Liver

X

Nose

+ A +

Pleura

+

Hepatocholangiocarcinoma, Metastatic, Liver

X

Trachea

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

SPECIAL SENSES SYSTEM

Eye

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

Harderian Gland  
Adenoma

+ +

URINARY SYSTEM

Kidney

+ +

Hepatocholangiocarcinoma, Metastatic, Liver

X

Renal Tubule, Adenoma

X

Renal Tubule, Carcinoma

Urethra

+ + + + + + + A +

Urinary Bladder

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

SYSTEMIC LESIONS

Multiple Organ

+ +

Histiocytic Sarcoma

X

Lymphoma Malignant

X

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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A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE | 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               |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               |
| 3 MG/KG          | ANIMAL ID   | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |
|                  |             | 6 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 9               |
|                  |             | 1 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 0 | 3 | 4 | 3 | 8 | 0 | 3 | 4 | 6 | 5 | 8               |
|                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Small, Ileum             | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 41 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | 42 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatoblastoma                     |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             | X | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | X |   |   | 12 |
| Hepatocellular Adenoma, Multiple   |   |   | X | X | X |   |   | X |   |   | X | X | X | X |   |   | X |   | X |   |   |   | X | 23 |
| Hepatocellular Carcinoma           |   |   |   | X |   |   | X |   |   |   | X |   |   |   |   |   |   | X | X |   |   |   |   | 13 |
| Hepatocellular Carcinoma, Multiple | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + |   |   | 3  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

| B6C3F1 MICE MALE<br>3 MG/KG                     | 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 | * TOTALS |   |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|   | 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 |          |   |
|   |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |   |
| Stomach, Forestomach<br>Squamous Cell Papilloma |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 50<br>1  |   |
| Stomach, Glandular                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48       |   |
| Tooth   |             | 6 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 9 | 9        | 1 |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| Blood Vessel                                    |             | 1 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 0 | 3 | 4 | 3 | 8 | 0 | 3 | 4 | 6 | 5 | 8 | 49       |   |
| Heart   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50<br>1  |   |
| Hepatocholangiocarcinoma, Metastatic, Liver     |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |   |
| <b>ENDOCRINE SYSTEM</b>                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| Adrenal Cortex                                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50<br>1  |   |
| Capsule, Adenoma                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |   |
| Adrenal Medulla                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |   |
| Islets, Pancreatic                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43<br>1  |   |
| Parathyroid Gland                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43<br>1  |   |
| Adenoma   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43<br>1  |   |
| Pituitary Gland                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49<br>1  |   |
| Pars Distalis, Adenoma                          |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |   |
| Thyroid Gland                                   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49<br>1  |   |
| Follicular Cell, Adenoma                        |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |   |

\* .. 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

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE 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 | 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 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
| <b>3 MG/KG</b>          |             | 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 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 6 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |   |
|                         |             | 1 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 0 | 3 | 4 | 3 | 8 | 0 | 3 | 4 | 6 | 5 | 4 | 5 | 8 | 5 | 4 | 5 | 8 | 5 | 8 | 5 | 8 | 5 | 8 | 5 | 8 |   |
| <b>* TOTALS</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

GENERAL BODY SYSTEM

|            |   |          |
|------------|---|----------|
| Tissue NOS | + | <b>1</b> |
|------------|---|----------|

GENITAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |           |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>50</b> |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>50</b> |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>50</b> |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>50</b> |

HEMATOPOIETIC SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Bone Marrow   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>50</b> |
| Hemangiosarcoma   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1         |           |
| Lymph Node  |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   | 4         |           |
| Fat, Hemangiosarcoma  |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1         |           |
| Mediastinal, Hepatocholangiocarcinoma,<br>Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1         |           |
| Thoracic, Hepatocholangiocarcinoma,<br>Metastatic, Liver    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1         |           |
| Lymph Node, Mandibular                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | +         | <b>49</b> |
| Lymph Node, Mesenteric                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |           |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>47</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

| B6C3F1 MICE MALE<br>3 MG/KG                 | 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 | 0 | 0 | * TOTALS |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|   | 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 |          |
| Hemangiosarcoma                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1        |
| Thymus                                      |             | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 41       |
| <b>INTEGUMENTARY SYSTEM</b>                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Mammary Gland                               |             | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M | M |   | 2        |
| Skin  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Bone  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Skeletal Muscle                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2        |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| <b>NERVOUS SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Brain                                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Peripheral Nerve                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Spinal Cord                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| <b>RESPIRATORY SYSTEM</b>                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Lung  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Alveolar/Bronchiolar Adenoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 4        |
| Alveolar/Bronchiolar Adenoma, Multiple      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2        |
| Alveolar/Bronchiolar Carcinoma              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3        |
| Alveolar/Bronchiolar Carcinoma, Multiple    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 3        |
| Hepatocellular Carcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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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Pentabromodiphenyl oxide (technical) (DE 71)

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First Dose M/F: 02/25/08 / 02/25/08

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| B6C3F1 MICE MALE<br>3 MG/KG  | 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 | 0 | * TOTALS |  |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|                              | 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 | 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 |          |  |
|                              |   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                              |   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                              |   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                              |   | 6 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 9 | 9 |          |  |
|                              |   | 1 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 0 | 3 | 4 | 3 | 8 | 0 | 3 | 4 | 6 | 5 | 4 | 8 |          |  |
|                              | Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | 48       |  |
|                              | Pleura                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48       |  |
| <b>SPECIAL SENSES SYSTEM</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
|                              | Eye   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47       |  |
|                              | Harderian Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |
|                              | Adenoma                                     |   |   | X |   | X |   |   |   | X | M | + | + | + | + | + | + | + | + | + | + | X |   | X | X | 6        |  |
| <b>URINARY SYSTEM</b>        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
|                              | Kidney                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
|                              | Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Renal Tubule, Adenoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Renal Tubule, Carcinoma                     |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Urethra                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4        |  |
|                              | Urinary Bladder                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |
| <b>SYSTEMIC LESIONS</b>      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
|                              | Multiple Organ                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
|                              | Histiocytic Sarcoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
|                              | Lymphoma Malignant                          |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   | X |   |   | 7        |  |

\* .. 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE | 30 MG/KG | DAY ON TEST | 0<br>4 | 0<br>4 | 0<br>4 | 0<br>5 | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 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   | 3<br>1 | 5<br>3 | 5<br>3 | 5<br>1 | 8<br>1 | 1<br>2 | 1<br>8 | 2<br>7 | 5<br>6 | 5<br>6 | 8<br>4 | 8<br>4 | 8<br>4 | 0<br>8 | 0<br>8 | 0<br>9 | 1<br>5 | 1<br>5 | 1<br>6 | 2<br>9 | 2<br>9 |
|                  |          |             | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 |
|                  |          |             | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>4 | 0<br>3 | 0<br>4 | 0<br>4 | 0<br>2 | 0<br>2 | 0<br>2 | 1<br>1 | 4<br>4 | 4<br>2 | 0<br>6 | 0<br>5 | 0<br>5 | 0<br>1 | 0<br>4 | 0<br>9 | 0<br>1 | 0<br>2 |

males  
(cont...)

ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                                  | A | + | + | + | A | + | + | A | + | + | + | M | + | A | + | + | + | M | + | + | + | + |
| Intestine Large, Cecum                       | A | + | + | + | A | + | + | A | + | + | + | + | + | A | + | + | A | + | + | + | + | + |
| Intestine Large, Colon                       | A | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | A | + | + | + | + | + |
| Intestine Large, Rectum                      | A | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | A | + | + | + | + | + |
| Intestine Small, Duodenum                    | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | A | + | + | + | + | + |
| Intestine Small, Ileum                       | A | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | A | + | + | + | + | M |
| Intestine Small, Jejunum                     | A | + | + | + | A | + | + | A | + | + | + | + | + | A | + | + | A | + | + | + | M | + |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatoblastoma                               |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | X |   | X | X |
| Hepatoblastoma, Multiple                     |   |   |   |   |   |   |   |   | X | X |   |   | X | X |   |   |   |   |   |   |   |   |
| Hepato cellular Adenoma                      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepato cellular Adenoma, Multiple            |   | X | X | X | X |   | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Hepato cellular Carcinoma                    |   |   | X |   |   |   |   | X |   | X | X |   |   |   |   |   |   | X |   |   | X | X |
| Hepato cellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   | X |   |   | X | X |   | X | X |   | X |   |   |   |   |
| Mesentery                                    | + |   |   |   |   |   | + |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma, Metastatic, Liver            |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepato cellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

| B6C3F1 MICE MALE<br>30 MG/KG                    | DAY ON TEST | 0<br>4<br>3<br>1      | 0<br>4<br>5<br>3      | 0<br>4<br>5<br>3      | 0<br>5<br>5<br>1      | 0<br>5<br>8<br>1      | 0<br>6<br>1<br>2      | 0<br>6<br>6<br>8      | 0<br>6<br>6<br>7      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>6      | 0<br>7<br>0<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>0<br>9      | 0<br>7<br>1<br>5      | 0<br>7<br>1<br>5      | 0<br>7<br>1<br>6      | 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 | males<br>(cont...) |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--------------------|
|   | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 |                  |                    |
| Salivary Glands                                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| Stomach, Forestomach<br>Squamous Cell Papilloma |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| Stomach, Glandular                              |             | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |
| Blood Vessel                                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| Heart   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| <b>ENDOCRINE SYSTEM</b>                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |
| Adrenal Cortex<br>Capsule, Adenoma              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| Adrenal Medulla                                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| Islets, Pancreatic                              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| Parathyroid Gland                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                  |                    |
| Pituitary Gland                                 |             | +                     | +                     | +                     | I                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     |                  |                    |
| Thyroid Gland<br>Follicular Cell, Adenoma       |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                |                    |
| <b>GENERAL BODY SYSTEM</b>                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |
| NONE  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                    |

\* .. 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

|                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                            |
|-------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0<br>4<br>3<br>1      | 0<br>4<br>5<br>3      | 0<br>4<br>5<br>3      | 0<br>5<br>5<br>1      | 0<br>5<br>8<br>1      | 0<br>6<br>1<br>2      | 0<br>6<br>1<br>8      | 0<br>6<br>2<br>7      | 0<br>6<br>5<br>6      | 0<br>6<br>5<br>6      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>4      | 0<br>7<br>0<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>0<br>9      | 0<br>7<br>1<br>5      | 0<br>7<br>1<br>5      | 0<br>7<br>2<br>6      | 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      | <b>males<br/>(cont...)</b> |
|                         | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>2<br>1 |                            |

**GENITAL SYSTEM**

Coagulating Gland  
Hepatoblastoma, Metastatic, Liver

+  
X

Epididymis  
Granular Cell Tumor Benign  
Hepatoblastoma, Metastatic, Liver

+  
X  
X

Penis

+

Preputial Gland

+ +

Prostate

+ +

Seminal Vesicle

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

Testes  
Interstitial Cell, Adenoma

+ +

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ +

Lymph Node

+

Lymph Node, Mandibular

+ + M +

Lymph Node, Mesenteric  
Hepatocellular Carcinoma, Metastatic, Liver

+ + + + + + + + + + + + + A + + A + + M + + + + + +  
X

Spleen

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

\* .. 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





|  |             |             |             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                                  |
|--|-------------|-------------|-------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------------|
| <b>B6C3F1 MICE MALE</b><br><br><b>30 MG/KG</b> | DAY ON TEST | 0<br>4      | 0<br>4      | 0<br>4      | 0<br>5 | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 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 |        |                                  |
|  |             | 3<br>1      | 5<br>3      | 5<br>3      | 5<br>1 | 8<br>1 | 1<br>2 | 1<br>8 | 2<br>7 | 5<br>6 | 5<br>6 | 8<br>4 | 8<br>4 | 8<br>4 | 0<br>8 | 0<br>8 | 0<br>9 | 1<br>5 | 1<br>5 | 1<br>6 | 2<br>9 | 2<br>9 | 2<br>9 | 2<br>9 | 2<br>9 |        |                                  |
|  | ANIMAL ID   | 0<br>1      | 0<br>1      | 0<br>1      | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 |                                  |
|  |             | 0<br>3<br>1 | 0<br>3<br>4 | 0<br>3<br>7 | 0<br>4 | 0<br>3 | 0<br>2 | 0<br>9 | 0<br>0 | 0<br>8 | 0<br>7 | 0<br>7 | 0<br>3 | 0<br>6 | 0<br>3 | 0<br>4 | 0<br>4 | 0<br>2 | 0<br>6 | 0<br>0 | 0<br>5 | 0<br>5 | 0<br>1 | 0<br>4 | 0<br>9 | 0<br>1 | <b>males</b><br><b>(cont...)</b> |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                     | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | A | + | + | + | + | + | + | + | + | + |
| Harderian Gland Adenoma | + | + | + | + | + | + |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Kidney Renal Tubule, Carcinoma                    | + | + | + | + | + | + | + | + | + | + | + |  |  |   |   |   |   | A | + | + | + | + | + | + | + | + |  |
| Urethra   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Urinary Bladder Hepatoblastoma, Metastatic, Liver | + | + | + | + | + | + | + |   |   |   |   |  |  | A | + | + | A | + | + | + | + | + | + | + | + | + |  |

**SYSTEMIC LESIONS**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ Lymphoma Malignant | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE<br>30 MG/KG | 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 | 0 | 0 | * TOTALS |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                              | 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 |          |
|                              |             | 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 |          |
|                              |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                              |             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 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 |          |
|                              |             | 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 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 2 | 3 | 3 |          |
|                              |             | 4 | 5 | 2 | 5 | 1 | 6 | 8 | 9 | 0 | 8 | 0 | 2 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 9 | 3 | 6 | 5 |          |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |
| Gallbladder                                 | + | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 41 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 46 |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 46 |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |
| Intestine Small, Ileum                      | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 44 |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 44 |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |
| Hepatoblastoma                              |   |   |   |   | X |   |   | X |   |   | X |   |   |   |   | X |   |   |   | X |   |   |   | X | 12 |    |
| Hepatoblastoma, Multiple                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4  |
| Hepatocellular Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |    | 4  |
| Hepatocellular Adenoma, Multiple            | X | X | X | X | X | X | X | X | X | X | X | X |   | X | X | X |   | X | X | X |   | X | X | X | X  | 45 |
| Hepatocellular Carcinoma                    | X |   |   |   |   | X |   | X |   | X |   | X |   |   |   |   |   |   | X |   |   |   |   |   |    | 13 |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   | X |   |   |   |   |   |   | X | X |   | X | X | X |   | X | X |   | X | X |    | 17 |
| Mesentery                                   |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   | + |    | 9  |
| Hepatoblastoma, Metastatic, Liver           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 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  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE<br>30 MG/KG | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |  |
|------------------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|--|
|                              | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |  |
| ANIMAL ID                    | 02          | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 |          |  |
|                              | 09          | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 09 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | 01 |          |  |
|                              | 04          | 05 | 02 | 05 | 01 | 06 | 08 | 09 | 00 | 08 | 00 | 02 | 06 | 07 | 08 | 00 | 01 | 08 | 09 | 03 | 07 | 09 | 03 | 05 | * TOTALS |  |
| Salivary Glands              | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| Stomach, Forestomach         | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| Squamous Cell Papilloma      |             |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    | X  |    |    |    |    | 2  |          |  |
| Stomach, Glandular           | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48 |          |  |
| <b>CARDIOVASCULAR SYSTEM</b> |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |  |
| Blood Vessel                 | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| Heart                        | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| <b>ENDOCRINE SYSTEM</b>      |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |  |
| Adrenal Cortex               | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 49 |          |  |
| Capsule, Adenoma             |             |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1  |          |  |
| Adrenal Medulla              | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| Islets, Pancreatic           | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| Parathyroid Gland            | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 49 |          |  |
| Pituitary Gland              | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | M  | I  | +  | +  | +  | +  | I  | +  | 43       |  |
| Thyroid Gland                | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50 |          |  |
| Follicular Cell, Adenoma     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  | X  |    |    |    |    |    | 2  |          |  |
| <b>GENERAL BODY SYSTEM</b>   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |  |
| NONE                         |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |  |

\* .. 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 - 04  
Test Type: CHRONIC  
Route: GAVAGE  
Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
Time Report Requested: 07:47:55  
First Dose M/F: 02/25/08 / 02/25/08  
Lab: SRI

| B6C3F1 MICE MALE | 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 | * TOTALS |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
| 30 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 | 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 |   |          |
|                  |             | 2 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 |   |          |
|                  |             | 4 | 5 | 2 | 5 | 1 | 6 | 8 | 9 | 0 | 8 | 0 | 2 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 9 |   |          |

**GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Coagulating Gland                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatoblastoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Epididymis                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Granular Cell Tumor Benign        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatoblastoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Penis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Preputial Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Prostate                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Seminal Vesicle                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Testes                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Interstitial Cell, Adenoma        |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Lymph Node                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |
| Lymph Node, Mandibular                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Lymph Node, Mesenteric                      | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spleen                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</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

|   | DAY ON TEST     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |           |
|---|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|-----------|
| <b>B6C3F1 MICE MALE</b><br><b>30 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 |          |           |
|   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |           |
|   | 2               | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |           |
|   | 9               | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 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 |          |           |
|   | 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 |          |           |
|   | 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               | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 2 | 3 | 3        |           |
|   | 4               | 5 | 2 | 5 | 1 | 6 | 8 | 9 | 0 | 8 | 0 | 2 | 6 | 7 | 8 | 0 | 1 | 8 | 9 | 3 | 7 | 9 | 3 | 6 | 5        |           |
|   | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |           |
| Thymus                                      | +               | + | + | + | + | I | M | M | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + | + | +        | <b>40</b> |
| <b>INTEGUMENTARY SYSTEM</b>                 |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |           |
| Mammary Gland                               | M               | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M        | <b>1</b>  |
| Skin  | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | <b>50</b> |
| Schwannoma Malignant                        |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | <b>1</b> |           |
| Lip, Mast Cell Tumor Benign                 |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b> |           |
| <b>MUSCULOSKELETAL SYSTEM</b>               |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |           |
| Bone  | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | <b>50</b> |
| <b>NERVOUS SYSTEM</b>                       |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |           |
| Brain                                       | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | <b>50</b> |
| Peripheral Nerve                            |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | <b>1</b>  |
| Spinal Cord                                 |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | <b>1</b>  |
| <b>RESPIRATORY SYSTEM</b>                   |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |           |
| Lung  | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | <b>50</b> |
| Alveolar/Bronchiolar Adenoma                |                 |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | <b>3</b> |           |
| Alveolar/Bronchiolar Carcinoma              |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b> |           |
| Hepatoblastoma, Metastatic, Liver           |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b> |           |
| Hepatocellular Carcinoma, Metastatic, Liver |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>4</b> |           |
| Nose  | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | <b>50</b> |
| Trachea                                     | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | <b>49</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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

| B6C3F1 MICE MALE<br>100 MG/KG                   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|   | 0<br>0<br>0<br>3      | 0<br>0<br>0<br>3      | 0<br>4<br>4<br>2      | 0<br>4<br>5<br>1      | 0<br>4<br>5<br>1      | 0<br>4<br>7<br>7      | 0<br>4<br>4<br>7      | 0<br>4<br>4<br>7      | 0<br>4<br>4<br>8      | 0<br>5<br>0<br>2      | 0<br>5<br>0<br>0      | 0<br>5<br>0<br>1      | 0<br>5<br>0<br>3      | 0<br>5<br>1<br>5      | 0<br>5<br>2<br>7      | 0<br>5<br>2<br>8      | 0<br>5<br>3<br>0      | 0<br>5<br>3<br>0      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>6      | 0<br>5<br>3<br>7      | 0<br>5<br>3<br>7      |                       |                    |
| ANIMAL ID                                       | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>8<br>0 |                    |
| Stomach, Forestomach<br>Squamous Cell Papilloma | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | X                     | +                     | +                     |                    |
| Stomach, Glandular                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Tongue  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                    |
| Tooth   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| <b>CARDIOVASCULAR SYSTEM</b>                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Blood Vessel                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Heart   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>ENDOCRINE SYSTEM</b>                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Adrenal Cortex                                  | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Adrenal Medulla                                 | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Islets, Pancreatic                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Parathyroid Gland                               | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     |                       |                    |
| Pituitary Gland                                 | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     |                    |
| Thyroid Gland                                   | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| <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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

| B6C3F1 MICE MALE<br>100 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |                    | 5 |  |
| ANIMAL ID                     | 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 |   |                    |   |  |
|                               | 7           | 8 | 7 | 7 | 9 | 6 | 9 | 7 | 6 | 6 | 8 | 5 | 7 | 8 | 6 | 6 | 5 | 8 | 6 | 9 | 9 | 9 |   |                    |   |  |
| 1                             | 2           | 3 | 6 | 2 | 4 | 6 | 2 | 2 | 6 | 3 | 8 | 9 | 7 | 0 | 8 | 7 | 4 | 7 | 4 | 5 | 8 | 0 |   |                    |   |  |

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes          | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node             |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | M | + | + | + |
| Lymph Node, Mesenteric | + | + | + | M | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                 | + | + | + | A | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                 | + | + | M | M | + | + | + | I | + | + | + | + | M | + | M | + | M | + | M | M | + | + |

**INTEGUMENTARY SYSTEM**

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

**MUSCULOSKELETAL 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 - 04  
Test Type: CHRONIC  
Route: GAVAGE  
Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE<br>100 MG/KG               | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>0<br>0<br>3      | 0<br>0<br>0<br>3      | 0<br>4<br>4<br>2      | 0<br>4<br>5<br>1      | 0<br>4<br>5<br>1      | 0<br>4<br>7<br>7      | 0<br>4<br>7<br>7      | 0<br>4<br>8<br>0      | 0<br>4<br>9<br>2      | 0<br>5<br>0<br>0      | 0<br>5<br>0<br>1      | 0<br>5<br>0<br>3      | 0<br>5<br>1<br>5      | 0<br>5<br>2<br>7      | 0<br>5<br>2<br>8      | 0<br>5<br>3<br>0      | 0<br>5<br>3<br>0      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>5      |                       | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>6      | 0<br>5<br>3<br>7      |
| ANIMAL ID                                   | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>8<br>0 |
| Bone  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>NERVOUS SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain                                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>RESPIRATORY SYSTEM</b>                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Alveolar/Bronchiolar Adenoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Hepatocellular Carcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nose  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Trachea                                     | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>SPECIAL SENSES SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Harderian Gland                             | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>URINARY SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney                                      | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Urinary Bladder                             | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>SYSTEMIC LESIONS</b>                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ                              | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. 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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

|                         |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE 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 | 0 |
|                         |             | 5               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                         |             | 3               | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                         |             | 8               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| <b>100 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               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                         |             | 0               | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |   |
|                         |             | 0               | 1 | 2 | 3 | 4 | 5 | 1 | 3 | 5 | 9 | 0 | 4 | 5 | 7 | 8 | 1 | 5 | 6 | 8 | 9 | 0 | 1 |   |   |
|                         |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |           |
| Gallbladder                        | + | + | + | + | M | + | + | M | + | + | M | + | M | M | + | M | + | + | + | + | M | + | + | <b>31</b> |           |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |           |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |           |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |           |
| Intestine Small, Duodenum          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |           |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | +         | <b>43</b> |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |           |
| Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |           |
| Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |           |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |           |
| Hepatoblastoma                     |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>5</b>  |           |
| Hepatocellular Adenoma             |   |   |   | X |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>7</b>  |           |
| Hepatocellular Adenoma, Multiple   | X | X |   |   | X | X |   | X | X | X | X | X | X |   | X | X | X | X |   | X | X | X | X | <b>33</b> |           |
| Hepatocellular Carcinoma           |   |   | X | X | X |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | <b>10</b> |           |
| Hepatocellular Carcinoma, Multiple | X |   |   |   |   | X |   | X | X | X | X | X | X | X |   | X | X | X | X | X | X |   | X | <b>35</b> |           |
| Mesentery                          |   |   |   |   |   |   |   |   |   | + |   |   | + |   |   |   |   |   |   |   |   |   |   | <b>5</b>  |           |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |           |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</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

| B6C3F1 MICE MALE<br><b>100 MG/KG</b>            | DAY ON TEST | 0<br>5<br>3<br>8 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | 0<br>5<br>4<br>3 | * TOTALS |                  |
|---|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|------------------|
|   | ANIMAL ID   | 0<br>2<br>0<br>0 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>6 | 0<br>0<br>1<br>6 | 0<br>0<br>1<br>6 | 0<br>0<br>1<br>6 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>8 | 0<br>0<br>1<br>8 | 0<br>0<br>1<br>8 | 0<br>0<br>1<br>8 | 0<br>0<br>1<br>9 | 0<br>0<br>1<br>9 | 0<br>0<br>1<br>9 |          | 0<br>0<br>1<br>9 |
| Stomach, Forestomach<br>Squamous Cell Papilloma |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50<br>3          |
| Stomach, Glandular                              |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50               |
| Tongue  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1                |
| Tooth   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +        | 1                |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |                  |
| Blood Vessel                                    |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50               |
| Heart   |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50               |
| <b>ENDOCRINE SYSTEM</b>                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |                  |
| Adrenal Cortex                                  |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 48               |
| Adrenal Medulla                                 |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 48               |
| Islets, Pancreatic                              |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50               |
| Parathyroid Gland                               |             | +                | +                | +                | +                | +                | +                | M                | +                | +                | M                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +        | 44               |
| Pituitary Gland                                 |             | +                | I                | I                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 44               |
| Thyroid Gland                                   |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 49               |
| <b>GENERAL BODY SYSTEM</b>                      |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |                  |
| Tissue NOS                                      |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +        | 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 - 04  
**Test Type:** CHRONIC  
**Route:** GAVAGE  
**Species/Strain:** MICE/B6C3F1

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

**Date Report Requested:** 08/14/2014  
**Time Report Requested:** 07:47:55  
**First Dose M/F:** 02/25/08 / 02/25/08  
**Lab:** SRI

| B6C3F1 MICE MALE<br>100 MG/KG | 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 | 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 |
|                               |             | 5               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |   |
|                               |             | 3               | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |   |
|                               |             | 8               | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                               |             | 0               | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |   |
|                               |             | 0               | 1 | 2 | 3 | 4 | 5 | 1 | 3 | 5 | 9 | 0 | 4 | 5 | 7 | 8 | 1 | 5 | 6 | 8 | 9 | 0 | 1 | 3 |   |
|                               |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### GENITAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

### HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | 46 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | I | + | + | 39 |

### INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | M | M | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M | M | M | + | 4  |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

### MUSCULOSKELETAL 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE MALE<br>100 MG/KG               | 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 | * TOTALS |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|   | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| Bone  |             | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 49       |
| <b>NERVOUS SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Brain                                       |             | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 50       |
| <b>RESPIRATORY SYSTEM</b>                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Lung  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |
| Alveolar/Bronchiolar Adenoma                |             |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Hepatocellular Carcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 4        |
| Nose  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |
| Trachea                                     |             | 0 | 0 | M | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47       |
| <b>SPECIAL SENSES SYSTEM</b>                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Eye   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46       |
| Harderian Gland                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |
| <b>URINARY SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Kidney                                      |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |
| Urinary Bladder                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48       |
| <b>SYSTEMIC LESIONS</b>                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Multiple Organ                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

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

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\* .. 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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

| B6C3F1 MICE FEMALE | DAY ON TEST | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |                  |                  |
|--------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|------------------|------------------|
|                    |             | 0<br>0<br>0<br>4 | 0<br>3<br>4<br>0 | 0<br>4<br>3<br>8 | 0<br>5<br>7<br>9 | 0<br>5<br>8<br>7 | 0<br>5<br>8<br>9 | 0<br>5<br>9<br>3 | 0<br>6<br>0<br>1 | 0<br>6<br>3<br>2 | 0<br>6<br>5<br>6 | 0<br>6<br>8<br>0 | 0<br>6<br>8<br>3 | 0<br>6<br>8<br>4 | 0<br>6<br>8<br>4 | 0<br>6<br>9<br>6 | 0<br>6<br>9<br>7 | 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 MG/KG            |             | 0<br>2<br>0<br>2 | 0<br>0<br>1<br>2 | 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>3<br>6 | 0<br>0<br>4<br>1 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>2<br>2 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>2 | 0<br>0<br>0<br>7 | 0<br>0<br>2<br>3 | 0<br>0<br>3<br>8 | 0<br>0<br>4<br>9 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>3 | 0<br>0<br>4<br>4     | 0<br>0<br>4<br>5 | 0<br>0<br>0<br>6 |

### ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                            | M | + | + | A | A | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                 | + | + | + | A | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum              | + | + | + | A | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                 | + | + | + | A | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum               | + | + | + | A | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Carcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Serosa, Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                              |   |   |   |   |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + |
| Fibrosarcoma, Metastatic, Skin         |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin         |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin         |   |   |   |   |   |   | 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 - 04  
Test Type: CHRONIC  
Route: GAVAGE  
Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
Time Report Requested: 07:47:55  
First Dose M/F: 02/25/08 / 02/25/08  
Lab: SRI

| B6C3F1 MICE FEMALE<br>0 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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           | 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 | 6 | 6 | 6 | 7 | 7 | 7 | 7         | 7                    |
|                               | 4           | 3 | 7 | 8 | 8 | 9 | 0 | 3 | 5 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3         | 3                    |
|                               | 4           | 8 | 9 | 7 | 9 | 3 | 1 | 2 | 6 | 0 | 3 | 4 | 4 | 6 | 7 | 8 | 1 | 1 | 1 | 1 | 1         | 1                    |
|                               | 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                    |
|                               | 0           | 1 | 1 | 0 | 1 | 1 | 3 | 4 | 2 | 2 | 0 | 3 | 2 | 4 | 4 | 0 | 2 | 3 | 3 | 3 | 4         | 4                    |
|                               | 2           | 2 | 7 | 9 | 6 | 3 | 6 | 1 | 1 | 3 | 4 | 2 | 4 | 2 | 7 | 3 | 2 | 7 | 8 | 9 | 0         | 3                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |

**CARDIOVASCULAR SYSTEM**

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

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla                             | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Parathyroid Gland                           | M | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | M |
| Pituitary Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |
| Thyroid Gland                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Adenoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Follicular Cell, Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**GENERAL BODY 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE | DAY ON TEST | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females (cont...) |      |
|--------------------|-------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------------|------|
|                    |             | 0004      | 0030 | 0043 | 0057 | 0058 | 0059 | 0060 | 0061 | 0062 | 0063 | 0064 | 0065 | 0066 | 0067 | 0068 | 0069 | 0070 | 0071 | 0072 | 0073 |                   | 0074 |
| 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    | 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                 |      |
|                    |             | 0         | 1    | 1    | 0    | 1    | 1    | 3    | 4    | 2    | 2    | 0    | 3    | 2    | 4    | 4    | 0    | 2    | 3    | 3    | 3    | 4                 |      |

Tissue NOS +

GENITAL SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + |
| Cystadenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemangioma                  |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                   | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | I | + | + | + | + | + | + | + |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                                    |   |   |   |   |   |   |   | + |   | + |   |   |   |   |   |   | + | + |   | + |   |   |   |
| Lymph Node, Mandibular                        | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Capsule, Fibrosarcoma, Metastatic, Skin       |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |

INTEGUMENTARY 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                               | 0<br>0<br>0<br>4      | 0<br>3<br>4<br>0      | 0<br>4<br>3<br>8      | 0<br>5<br>7<br>9      | 0<br>5<br>8<br>7      | 0<br>5<br>8<br>9      | 0<br>5<br>9<br>3      | 0<br>6<br>0<br>1      | 0<br>6<br>3<br>2      | 0<br>6<br>5<br>6      | 0<br>6<br>8<br>0      | 0<br>6<br>8<br>3      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>4      | 0<br>6<br>9<br>6      | 0<br>6<br>9<br>7      | 0<br>6<br>9<br>8      | 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      |                       |
| ANIMAL ID                     | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>1<br>6 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>3<br>6 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>0<br>4 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>4<br>3 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>3<br>8 | 0<br>0<br>2<br>3<br>9 | 0<br>0<br>2<br>4<br>0 | 0<br>0<br>2<br>4<br>3 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>4<br>6 |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland<br>Carcinoma                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin<br>Subcutaneous Tissue, Fibrosarcoma | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**MUSCULOSKELETAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone<br>Maxilla, Rhabdomyosarcoma, Metastatic,<br>Skeletal Muscle | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | I | + | + | + | + | + | + | + | + |
| Skeletal Muscle<br>Rhabdomyosarcoma                               |   |   |   |   |   |   |   |   |   | + | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung<br>Alveolar/Bronchiolar Adenoma<br>Fibrosarcoma, Metastatic, Skin<br>Hepatocellular Carcinoma, Metastatic, Liver<br>Mediastinum, Fibrosarcoma, Metastatic, Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Nose   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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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Experiment Number: 20209 - 04

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Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>0 MG/KG | 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 | ANIMAL ID |   | females<br>(cont...) |   |   |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|---|----------------------|---|---|
|                               |             | 0 | 3 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |           |   |                      | 7 | 7 |
|                               |             | 0 | 4 | 3 | 7 | 8 | 8 | 9 | 0 | 3 | 5 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |                      |   |   |
|                               |             | 4 | 0 | 8 | 9 | 7 | 9 | 3 | 1 | 2 | 6 | 0 | 3 | 4 | 4 | 6 | 7 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 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 |                      |   |   |
|                               |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2         | 2 |                      |   |   |
|                               |             | 0 | 1 | 1 | 0 | 1 | 1 | 3 | 4 | 2 | 2 | 0 | 3 | 2 | 4 | 4 | 0 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 4         | 0 |                      |   |   |
|                               |             | 2 | 2 | 7 | 9 | 6 | 3 | 6 | 1 | 1 | 3 | 4 | 2 | 4 | 2 | 7 | 3 | 2 | 7 | 8 | 9 | 0 | 3 | 4 | 5         | 6 | 2                    |   |   |
| Trachea                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   |                      |   |   |
| <b>SPECIAL SENSES SYSTEM</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                      |   |   |
| Eye                           |             | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | +         |   |                      |   |   |
| Harderian Gland               |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   |                      |   |   |
| Adenoma                       |             |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X         |   |                      |   |   |
| Carcinoma                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                      |   |   |
| <b>URINARY SYSTEM</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                      |   |   |
| Kidney                        |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   |                      |   |   |
| Urinary Bladder               |             | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   |                      |   |   |
| <b>SYSTEMIC LESIONS</b>       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                      |   |   |
| Multiple Organ                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   |                      |   |   |
| Histiocytic Sarcoma           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                      |   |   |
| Lymphoma Malignant            |             |   |   |   |   |   | X |   |   |   | X |   |   |   | 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 - 04

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

Date Report Requested: 08/14/2014

Test Type: CHRONIC

Pentabromodiphenyl oxide (technical) (DE 71)

Time Report Requested: 07:47:55

Route: GAVAGE

CAS Number: 32534-81-9

First Dose M/F: 02/25/08 / 02/25/08

Species/Strain: MICE/B6C3F1

Lab: SRI

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>B6C3F1 MICE 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 | <b>* TOTALS</b> |
|                           |             | 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 |                 |
| <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 | <b>* TOTALS</b> |
|                           | 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 |   |                 |
|                           |             | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 0 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 | 4 |                 |
|                           |             | 7 | 8 | 0 | 1 | 4 | 5 | 5 | 1 | 3 | 4 | 5 | 1 | 5 | 8 | 9 | 0 | 6 | 7 | 8 | 9 | 0 | 0 |                 |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Gallbladder                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Hepatocellular Adenoma                 |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X | X |   |   |   |   | X |   | <b>5</b>  |
| Hepatocellular Carcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   | <b>4</b>  |
| Serosa, Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Mesentery                              | + |   | + |   | + |   |   |   |   |   | + | + |   |   |   |   |   | + |   |   |   |   | + | <b>11</b> |
| Fibrosarcoma, Metastatic, Skin         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Fibrosarcoma, Metastatic, Skin         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Salivary Glands                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Fibrosarcoma, Metastatic, Skin         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>0 MG/KG               | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|--|
|   | 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 | 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 | 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 | 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 | 0<br>7<br>3<br>2 |          |  |
|   | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
|   | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 |          |  |
| Stomach, Forestomach                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| Stomach, Glandular                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |  |
| <b>CARDIOVASCULAR SYSTEM</b>                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Blood Vessel                                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | M                | +                | +                | 47       |  |
| Heart                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| <b>ENDOCRINE SYSTEM</b>                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Adrenal Cortex                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| Fibrosarcoma, Metastatic, Skin              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |
| Adrenal Medulla                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |  |
| Islets, Pancreatic                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| Adenoma                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |
| Hepatocellular Carcinoma, Metastatic, Liver |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |
| Parathyroid Gland                           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | 44       |  |
| Pituitary Gland                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| Pars Distalis, Adenoma                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5        |  |
| Thyroid Gland                               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| C-cell, Adenoma                             |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |
| Follicular Cell, Adenoma                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |
| <b>GENERAL BODY 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

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>B6C3F1 MICE 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 | <b>* TOTALS</b> |
|                           |             | 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 |                 |
| <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 | <b>* TOTALS</b> |
|                           |             | 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 |                 |
|                           |             | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 0 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 | 4 | <b>* TOTALS</b> |
|                           |             | 7 | 8 | 0 | 1 | 4 | 5 | 5 | 1 | 3 | 4 | 5 | 1 | 5 | 8 | 9 | 0 | 6 | 7 | 8 | 9 | 0 |   |                 |
|                           |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 4 |                 |

Tissue NOS 1

**GENITAL SYSTEM**

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Clitoral Gland              | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Ovary                       | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Cystadenoma                 |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   | <b>2</b>  |
| Granulosa Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Uterus                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Adenoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | <b>1</b>  |
| Hemangioma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node                                    |   |   | + | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   | <b>9</b>  |
| Lymph Node, Mandibular                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Lymph Node, Mesenteric                        | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | M | + | + | + | + | + | <b>48</b> |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Capsule, Fibrosarcoma, Metastatic, Skin       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Thymus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | <b>48</b> |

**INTEGUMENTARY 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 - 04

Test Type: CHRONIC

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

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First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>0 MG/KG  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|--|
|  | 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      | 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      | 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      | 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>2<br>0<br>7 | 0<br>0<br>2<br>0<br>8 | 0<br>0<br>2<br>1<br>0 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>5 | 0<br>0<br>2<br>2<br>5 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 |          |  |  |
| Mammary Gland<br>Carcinoma   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1  |  |  |
| Skin<br>Subcutaneous Tissue, Fibrosarcoma  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1  |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |  |
| Bone<br>Maxilla, Rhabdomyosarcoma, Metastatic,<br>Skeletal Muscle                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49<br>1  |  |  |
| Skeletal Muscle<br>Rhabdomyosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2<br>1   |  |  |
| <b>NERVOUS SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |  |
| Brain  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |  |
| Peripheral Nerve   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |  |
| Spinal Cord  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |  |
| <b>RESPIRATORY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |  |
| Lung<br>Alveolar/Bronchiolar Adenoma   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1  |  |  |
| Fibrosarcoma, Metastatic, Skin   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1        |  |  |
| Hepatocellular Carcinoma, Metastatic, Liver<br>Mediastinum, Fibrosarcoma, Metastatic, Skin |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2<br>1   |  |  |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 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  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>0 MG/KG | 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 |    |          |  |
|                               | 7           | 7 | 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 | 3 | 3 |    |          |  |
|                               | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 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 |    |          |  |
| Trachea                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |  |
| <b>SPECIAL SENSES SYSTEM</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |  |
| Eye                           | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |  |
| Harderian Gland               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |  |
| Adenoma                       | X           |   |   |   |   | X |   | X | X |   |   |   |   | X |   |   |   |   | X |   |   |   | X | 9 |    |          |  |
| Carcinoma                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1 |    |          |  |
| <b>URINARY SYSTEM</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |  |
| Kidney                        | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |  |
| Urinary Bladder               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |          |  |
| <b>SYSTEMIC LESIONS</b>       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |  |
| Multiple Organ                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |          |  |
| Histiocytic Sarcoma           |             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |    |          |  |
| Lymphoma Malignant            |             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   | 7 |    |          |  |

\* .. 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>3 MG/KG | 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 | 0 | 0 | ANIMAL ID | females<br>(cont...) |  |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|--|
|                               |             | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |  |
|                               |             | 2 | 7 | 2 | 6 | 7 | 9 | 1 | 3 | 4 | 7 | 8 | 8 | 9 | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |  |
|                               |             | 1 | 3 | 2 | 8 | 5 | 0 | 8 | 4 | 7 | 4 | 4 | 7 | 0 | 2 | 5 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 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         |                      |  |
|                               |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2         |                      |  |
|                               |             | 8 | 9 | 8 | 5 | 8 | 7 | 8 | 5 | 8 | 7 | 6 | 7 | 8 | 7 | 0 | 6 | 6 | 6 | 6 | 7 | 9 | 9 | 9 | 9 | 5 | 5         |                      |  |
|                               |             | 1 | 5 | 0 | 7 | 2 | 2 | 5 | 5 | 9 | 4 | 6 | 0 | 8 | 9 | 0 | 9 | 7 | 8 | 7 | 6 | 7 | 8 | 9 | 1 | 2 |           |                      |  |

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |
| Ovary<br>Cystadenoma              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |   |   |
| Uterus<br>Polyp Stromal           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |   |   |
| Vagina<br>Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |  |
| Lymph Node             | + |   |   | + |   |   |   |   |   |   | A |   |   |   |   |   |   |   | + | + |   |   |   |   |   | + |  |  |  |  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |  |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |  |
| Spleen                 | + | + | + | + | + | + | + | + | A | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |  |
| Thymus                 | + | + | A | + | + | + | + | + | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |  |

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| Mammary Gland   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |  |
| Skin<br>Subcutaneous Tissue, Fibrosarcoma<br>Subcutaneous Tissue, Fibrous Histiocytoma,<br>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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

| B6C3F1 MICE FEMALE<br>3 MG/KG | DAY ON TEST | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | * TOTALS |
|-------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                               | ANIMAL ID   | 0053 | 0054 | 0056 | 0052 | 0053 | 0054 | 0055 | 0051 | 0053 | 0055 | 0053 | 0054 | 0056 | 0057 | 0050 | 0051 | 0052 | 0053 | 0054 | 0055 | 0056 | 0058 |          |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Hemangioma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   | X |   |   | X | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   | 5  |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 2  |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          | + |   | + |   | + | + | + | + |   | + |   |   | + |   | + |   | + |   |   | + |   | + |   |   | 26 |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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  
 BLANK .. Not examined microscopically



Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>3 MG/KG                   | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |  |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|--|
|   | 0732        | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 | 0732 | 0733 |          |  |
| ANIMAL ID                                       | 0053        | 0054 | 0056 | 0056 | 0056 | 0056 | 0057 | 0057 | 0057 | 0058 | 0058 | 0058 | 0058 | 0059 | 0059 | 0059 | 0059 | 0059 | 0059 | 0059 | 0059 | 0059 | 0059 | 0059 |          |  |
| Stomach, Forestomach<br>Squamous Cell Papilloma | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50<br>3  |  |
| Stomach, Glandular                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |  |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |
| Blood Vessel                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |  |
| Heart   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |
| <b>ENDOCRINE SYSTEM</b>                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |
| Adrenal Cortex                                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |
| Adrenal Medulla                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |
| Islets, Pancreatic                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |  |
| Parathyroid Gland                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48   |          |  |
| Pituitary Gland                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |  |
| Pars Distalis, Adenoma                          |             |      |      |      |      |      |      |      |      |      |      |      |      | X    | X    | X    |      |      |      |      |      |      |      | 5    |          |  |
| Pars Intermedia, Adenoma                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |          |  |
| Thyroid Gland                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49   |          |  |
| Follicular Cell, Carcinoma                      |             |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |  |
| <b>GENERAL BODY SYSTEM</b>                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |
| Tissue NOS                                      |             |      |      |      |      | +    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        |  |

**GENITAL 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>3 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        | * TOTALS |
|-------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|----------|
|                               | 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 | 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 | 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 | 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                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0      |          |
|                               | 0                | 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                | 2      |          |
|                               | 5<br>3           | 5<br>4           | 6<br>1           | 6<br>2           | 6<br>3           | 6<br>4           | 6<br>5           | 7<br>1           | 7<br>3           | 7<br>5           | 7<br>3           | 8<br>4           | 8<br>6           | 8<br>7           | 8<br>0           | 9<br>1           | 9<br>2           | 9<br>3           | 9<br>4           | 9<br>6           | 9<br>8           | 5<br>5           | 5<br>6           | 5<br>7           | 6<br>8 |          |

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Ovary                   | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Cystadenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Polyp Stromal           |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   | 2  |
| Vagina                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node             |   | + | + |   | + |   | + |   | + | + |   |   |   | + | + | + |   |   | + |   |   |   |   | + | 17 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mesenteric | + | + | + | + | + | I | + | I | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | 45 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thymus                 | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | 45 |

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Fibrosarcoma                   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Fibrous Histiocytoma, 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  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE | 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 | 0 | * TOTALS |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                    |             | 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 |   |          |
| 2                  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |          |
| 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 |   |          |
| 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 |   |          |
|                    |             | 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 | 2 |   |          |
| 5                  | 5           | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 5 | 5 | 5 | 6 | 7 |          |
| 3                  | 4           | 1 | 2 | 3 | 4 | 5 | 1 | 3 | 5 | 3 | 4 | 6 | 7 | 0 | 1 | 2 | 3 | 4 | 6 | 8 | 9 | 0 | 6 | 8 |   |          |

MUSCULOSKELETAL SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Rhabdomyosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

NERVOUS SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   | 5  |
| Alveolar/Bronchiolar Carcinoma              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| 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  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>3 MG/KG | DAY ON TEST | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | * TOTALS |
|-------------------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|
|                               | ANIMAL ID   | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |          |
|                               | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |
|                               | 33          | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 |          |
|                               | 22          | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |          |
|                               | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |          |
|                               | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |          |
|                               | 22          | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |          |
|                               | 55          | 55 | 66 | 66 | 66 | 66 | 66 | 77 | 77 | 77 | 88 | 88 | 88 | 88 | 99 | 99 | 99 | 99 | 99 | 55 | 55 | 55 | 66 | 77 |          |
|                               | 34          | 41 | 52 | 63 | 74 | 85 | 91 | 33 | 55 | 33 | 44 | 66 | 77 | 00 | 11 | 22 | 33 | 44 | 66 | 88 | 99 | 00 | 66 | 88 |          |

URINARY SYSTEM

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

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Lymphoma Malignant  |   |   |   | X | X |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |    | 6 |

\* .. 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



| B6C3F1 MICE FEMALE<br>30 MG/KG | 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 | ANIMAL ID | females<br>(cont...) |   |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|---|
|                                |             | 0 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      | 7 |
|                                |             | 0 | 3 | 6 | 7 | 9 | 5 | 7 | 8 | 8 | 8 | 9 | 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3         | 003328               |   |
|                                |             | 0 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 003328               |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                              | + | A | + | + | + | + | + | + | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |

**CARDIOVASCULAR SYSTEM**

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

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex<br>Adenoma<br>Capsule, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Benign    | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic<br>Adenoma                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                             | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma     | + | M | + | + | I | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland                                 | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + |

\* .. 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 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
| <b>B6C3F1 MICE 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 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 | 7 |
|                           |             | 0 | 3 | 6 | 7 | 9 | 5 | 7 | 8 | 8 | 8 | 9 | 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 3 | 3 |
|                           |             | 3 | 5 | 3 | 5 | 8 | 6 | 7 | 8 | 8 | 8 | 9 | 5 | 5 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9                    | 1 | 1 |
| <b>30 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 |
|                           |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 | 3 |
|                           |             | 2 | 3 | 1 | 0 | 4 | 1 | 1 | 3 | 4 | 2 | 3 | 4 | 2 | 1 | 1 | 2 | 3 | 3 | 3 | 4 | 4                    | 4 | 5 |
| 8                         | 1           | 8 | 5 | 8 | 6 | 4 | 6 | 5 | 3 | 5 | 0 | 2 | 7 | 9 | 0 | 2 | 3 | 4 | 6 | 7 | 9 | 0                    |   |   |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland

+ +

Ovary  
Cystadenoma

+ +

Uterus  
Polyp Stromal  
Bilateral, Polyp Stromal

+  
X  
X

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ +

Lymph Node

+ + + + + + + + + + A

Lymph Node, Mandibular

+ +

Lymph Node, Mesenteric

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

Spleen

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

Thymus

+ + + + + + + + + + + + I + + + + + M + + + + + +

**INTEGUMENTARY SYSTEM**

Mammary Gland

+ +

\* .. 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 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

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

Date Report Requested: 08/14/2014  
 Time Report Requested: 07:47:55  
 First Dose M/F: 02/25/08 / 02/25/08  
 Lab: SRI

| B6C3F1 MICE FEMALE<br>30 MG/KG                                     | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|  | 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      | 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      | 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      | 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>3<br>0<br>3 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>9 | 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>8 | 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>4 | 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>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 |  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Skin   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Subcutaneous Tissue, Rhabdomyosarcoma, Metastatic, Skeletal Muscle |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Bone   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Skeletal Muscle  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |  |
| Rhabdomyosarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |
| <b>NERVOUS SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Brain  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Peripheral Nerve   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Spinal Cord  |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |  |
| <b>RESPIRATORY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Lung   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Alveolar/Bronchiolar Adenoma                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |  |
| Alveolar/Bronchiolar Carcinoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Pleura   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 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  
 BLANK .. Not examined microscopically

















Experiment Number: 20209 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

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

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/14/2014

Time Report Requested: 07:47:55

First Dose M/F: 02/25/08 / 02/25/08

Lab: SRI

| B6C3F1 MICE FEMALE<br>100 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|
|                                 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>2 | 0<br>5<br>4<br>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                | 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                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3 |          |
|                                 | 6                | 6                | 7                | 7                | 7                | 7                | 7                | 7                | 7                | 7                | 8                | 8                | 8                | 8                | 8                | 8                | 8                | 8                | 9                | 9                | 9                | 9                | 9                | 9 |          |
|                                 | 8                | 9                | 0                | 1                | 3                | 4                | 5                | 6                | 7                | 9                | 0                | 1                | 4                | 5                | 6                | 7                | 8                | 9                | 0                | 1                | 2                | 5                | 8                | 9 |          |
| Squamous Cell Papilloma         |                  |                  |                  | X                | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 2        |
| Stomach, Glandular              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 48       |
| <b>CARDIOVASCULAR SYSTEM</b>    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Blood Vessel                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49       |
| Heart                           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49       |
| <b>ENDOCRINE SYSTEM</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Adrenal Cortex                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 47       |
| Adrenal Medulla                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 48       |
| Pheochromocytoma Malignant      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Islets, Pancreatic              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Parathyroid Gland               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 47       |
| Pituitary Gland                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 45       |
| Thyroid Gland                   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 47       |
| <b>GENERAL BODY SYSTEM</b>      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Peritoneum                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Tissue NOS                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 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





