

**Experiment Number:** 20320 - 03  
**Test Type:** CHRONIC  
**Route:** GAVAGE  
**Species/Strain:** RATS/Wistar Han

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

Tetrabromobisphenol A  
**CAS Number:** 79-94-7

**Date Report Requested:** 01/23/2013  
**Time Report Requested:** 15:06:23  
**First Dose M/F:** 07/25/07 / 07/26/07  
**Lab:** BAT

F1\_Rev.1\_RE

<b>NTP Study Number:</b>	C20320		
<b>Lock Date:</b>	03/24/2011		
<b>Cage Range:</b>	ALL		
<b>Date Range:</b>	ALL		
<b>Reasons For Removal:</b>	25021 TSAC	25020 NATD	25019 MSAC
	25018 DACC		
<b>Removal Date Range:</b>	ALL		
<b>Treatment Groups:</b>	Include ALL		
<b>Study Gender:</b>	Both		
<b>TDMSE Version:</b>	3.0.1.0_004		
<b>PWG Approval Date:</b>	NONE		

Note: Animals arranged according to days on test.

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WISTAR HAN RATS MALE	DAY ON TEST																								males (cont...)
	0 0 0 2	0 1 9 6	0 2 4 1	0 2 4 4	0 4 6 5	0 4 8 5	0 4 9 6	0 5 0 2	0 5 1 7	0 5 3 3	0 5 4 2	0 5 8 7	0 6 2 2	0 6 3 8	0 6 4 8	0 6 6 7	0 6 6 5	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7		
0 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1	1	2	4	3	5	5	3	0	2	4	1	0	0	0	1	3	0	0	1	2	2	2	3	
	2	6	3	0	7	5	6	5	9	1	5	0	7	8	3	9	2	4	6	8	6	7	8	0	

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum Hemangiosarcoma, Metastatic, Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesentery									+									+			+	
Pancreas Acinus, Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands Myoepithelioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

CARDIOVASCULAR SYSTEM

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

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

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Wistar Han Rats 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	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	1	2	2	4	4	4	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7	7	
	0	9	4	4	6	8	9	0	1	3	4	8	2	3	4	8	9	2	2	2	2	2	2	2	
	2	6	1	4	5	5	6	2	7	3	2	7	2	8	8	7	5	7	7	7	7	7	7	7	

Blood Vessel Adventitia, Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

ENDOCRINE SYSTEM

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal Medulla	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islets, Pancreatic Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+
Pituitary Gland Pars Distalis, Adenoma Pars Distalis, Adenoma, Multiple Pars Intermedia, Adenoma	+	+	+	+	+	X	X	X	X	X		X	X	X	X	X					X	X		X
Thyroid Gland C-cell, Adenoma C-cell, Adenoma, Multiple Follicular Cell, Adenoma	+	+	+	+	+	+	X	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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WISTAR HAN RATS MALE	DAY ON TEST																								males (cont...)
	0 0 0 2	0 1 9 6	0 2 4 1	0 2 4 4	0 4 6 5	0 4 8 5	0 4 9 6	0 5 0 2	0 5 1 7	0 5 3 3	0 5 4 2	0 5 8 7	0 6 2 2	0 6 3 8	0 6 4 8	0 6 6 7	0 6 7 5	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7		
0 mg/kg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	2	4	3	5	5	3	0	2	4	1	0	0	0	1	3	0	0	1	2	2	3		
	2	6	3	0	7	5	6	5	9	1	5	0	7	8	3	9	2	4	6	8	6	7	8		

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node Pancreatic, Hemangiosarcoma, Metastatic, Blood Vessel		+																					
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+
Lymph Node, Mesenteric Hemangioma Hemangiosarcoma Hemangiosarcoma, Metastatic, Blood Vessel	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+
Thymus Thymoma Benign	+	+	+	+	+	+	+	+	X	+	+	+	+	+	M	+	+	+	+	+	+	+	+

INTEGUMENTARY SYSTEM

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WISTAR HAN RATS MALE	DAY ON TEST																								ANIMAL ID	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 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	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	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	2	4	3	5	5	3	0	2	4	1	0	0	0	1	3	0	0	1	2	2	2	2	3	
	2	6	3	0	7	5	6	5	9	1	5	0	7	8	3	9	2	4	6	8	6	7	8	9	0	

Mammary Gland Fibroadenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	M	+	+	+	+
Skin Basal Cell Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skin Basal Cell Carcinoma																									X
Skin Keratoacanthoma																									X
Skin Squamous Cell Papilloma																									X
Skin Subcutaneous Tissue, Schwannoma Malignant						X						X													

MUSCULOSKELETAL SYSTEM																									
Bone Sarcoma, Metastatic, Skeletal Muscle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skeletal Muscle Sarcoma																									

NERVOUS SYSTEM																									
Brain Granular Cell Tumor Benign	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

RESPIRATORY SYSTEM																									
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

SPECIAL SENSES SYSTEM																									
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Wistar Han Rats 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	0	
	0	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	2	2	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7	
	0	9	4	4	6	8	9	0	1	3	4	8	2	3	4	8	9	2	2	2	2	2	2	2	
	2	6	1	4	5	5	6	2	7	3	2	7	2	8	8	7	5	7	7	7	7	7	7	7	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	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	2	4	3	5	5	3	0	2	4	1	0	0	0	1	3	0	0	1	2	2	2	3	
	2	6	3	0	7	5	6	5	9	1	5	0	7	8	3	9	2	4	6	8	6	7	8	9	

Eye +

Harderian Gland + + + + + + + + + + + M + + + + + + + + + + + + + +

URINARY SYSTEM

Kidney +

Urethra +

Urinary Bladder +  
 Transitional Epithelium, Papilloma X

SYSTEMIC LESIONS

Multiple Organ +  
 Leukemia Mononuclear X

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WISTAR HAN RATS MALE	DAY ON TEST																								* TOTALS
	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7		
0 mg/kg	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7		
	ANIMAL ID	0 0 3 1	0 0 3 3	0 0 3 4	0 0 3 4	0 0 4 4	0 0 4 4	0 0 4 4	0 0 4 4	0 0 4 1	0 0 4 2	0 0 3 4	0 0 4 5	0 0 5 5	0 0 5 5	0 0 5 5	0 0 5 5	0 0 1 1	0 0 1 1	0 0 2 4	0 0 4 4	0 0 5 4	0 0 4 0		

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hemangiosarcoma, Metastatic, Blood Vessel																								1
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Mesentery																								3
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Acinus, Adenoma																								1
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Myoepithelioma																								1
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

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WISTAR HAN RATS MALE	DAY ON TEST																				* TOTALS			
	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7		0 7		
0 mg/kg	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7			
	0 0 3 1	0 0 3 3	0 0 3 4	0 0 3 3	0 0 4 1	0 0 4 2	0 0 4 3	0 0 4 4	0 0 4 4	0 0 1 1	0 0 2 2	0 0 3 3	0 0 4 4	0 0 5 5	0 0 5 5	0 0 5 5	0 0 5 5	0 0 1 1	0 0 1 1	0 0 1 1	0 0 2 2	0 0 4 4	0 0 5 5	

Blood Vessel Adventitia, Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

**ENDOCRINE SYSTEM**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Islets, Pancreatic Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	50 1
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	M	+	M	+	+	+	+	M	45
Pituitary Gland Pars Distalis, Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Pars Distalis, Adenoma, Multiple		X			X	X	X	X				X				X						X		20
Pars Intermedia, Adenoma	X																				X			1 2
Thyroid Gland C-cell, Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
C-cell, Adenoma, Multiple																					X		X	4
Follicular Cell, Adenoma																X						X		1 3

**GENERAL BODY SYSTEM**

NONE																								
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**GENITAL SYSTEM**

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M .. Missing tissue  
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 BLANK .. Not examined microscopically



WISTAR HAN RATS MALE 0 mg/kg	DAY ON TEST																								* TOTALS
	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7		
ANIMAL ID	0 0 0 3 1	0 0 0 3 3	0 0 0 3 4	0 0 0 3 4	0 0 0 4 4	0 0 0 4 4	0 0 0 4 4	0 0 0 4 4	0 0 0 4 4	0 0 0 1 2	0 0 0 2 3	0 0 0 3 4	0 0 0 4 5	0 0 0 5 5	0 0 0 5 5	0 0 0 5 5	0 0 0 5 5	0 0 0 1 1	0 0 0 1 1	0 0 0 2 4	0 0 0 4 4	0 0 0 4 4	0 0 0 5 5	0 0 0 4 0	
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>HEMATOPOIETIC SYSTEM</b>																									
Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymph Node		+																						3	
Pancreatic, Hemangiosarcoma, Metastatic, Blood Vessel																								1	
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hemangioma																								1	
Hemangiosarcoma																								1	
Hemangiosarcoma, Metastatic, Blood Vessel																								1	
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hemangiosarcoma																								1	
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Thymoma Benign																								1	

**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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

WISTAR HAN RATS MALE 0 mg/kg	DAY ON TEST																								* TOTALS	
	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7	0 7 2 7			
ANIMAL ID	0 0 3 1	0 0 3 3	0 0 3 4	0 0 3 3	0 0 4 4	0 0 4 4	0 0 4 4	0 0 4 4	0 0 4 4	0 0 1 1	0 0 2 2	0 0 3 3	0 0 4 4	0 0 5 5	0 0 5 5	0 0 5 5	0 0 5 5	0 0 1 1	0 0 1 1	0 0 1 1	0 0 2 2	0 0 4 4	0 0 4 4	0 0 5 0		
Mammary Gland Fibroadenoma	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47 1	
Skin Basal Cell Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 2	
Basal Cell Carcinoma																									1	
Keratoacanthoma			X									X								X					4	
Squamous Cell Papilloma														X											1	
Subcutaneous Tissue, Schwannoma Malignant																									2	
<b>MUSCULOSKELETAL SYSTEM</b>																										
Bone Sarcoma, Metastatic, Skeletal Muscle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1	
Skeletal Muscle Sarcoma																									1 1	
<b>NERVOUS SYSTEM</b>																										
Brain Granular Cell Tumor Benign	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1	
<b>RESPIRATORY SYSTEM</b>																										
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>SPECIAL SENSES SYSTEM</b>																										

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

WISTAR HAN RATS MALE	DAY ON TEST																								* TOTALS	
	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7	0 7			
0 mg/kg	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 7	2 8	2 8	2 8	2 8	2 8	2 8	2 8	2 8	2 8	2 8	2 8	2 9	2 9	2 9	2 9		
	0 0 0 3 1	0 0 0 3 3	0 0 0 3 4	0 0 0 3 4	0 0 0 4 4	0 0 0 4 4	0 0 0 4 4	0 0 0 4 4	0 0 0 4 4	0 0 0 1 2	0 0 0 2 3	0 0 0 3 4	0 0 0 4 5	0 0 0 5 5	0 0 0 5 5	0 0 0 5 5	0 0 0 5 5	0 0 0 5 5	0 0 0 1 1	0 0 0 1 1	0 0 0 2 4	0 0 0 4 4	0 0 0 4 4	0 0 0 5 0		
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		
<b>URINARY SYSTEM</b>																										
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Urethra																								1		
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Transitional Epithelium, Papilloma																								1		
<b>SYSTEMIC LESIONS</b>																										
Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Leukemia Mononuclear																								1		

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
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M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

Wistar Han Rats Male 250 mg/kg	DAY ON TEST																							ANIMAL ID	males (cont...)
	0 3 5	0 3 7	0 4 7	0 5 0	0 5 1	0 5 4	0 5 9	0 6 5	0 6 8	0 6 2	0 6 5	0 6 6	0 6 7	0 6 7	0 6 8	0 6 8	0 6 9	0 7 0	0 7 1	0 7 3	0 7 7	0 7 7	0 7 7		
	0 0 8 6	0 0 0 9	0 0 0 6	0 0 0 8	0 0 0 8	0 0 0 7	0 0 0 8	0 0 0 9	0 0 0 0	0 0 0 1	0 0 0 2	0 0 0 4	0 0 0 5	0 0 0 4	0 0 0 9	0 0 0 6	0 0 0 7	0 0 0 0	0 0 0 8	0 0 0 9	0 0 0 5	0 0 0 1	0 0 0 6	0 0 0 7	

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Hepatocellular Adenoma	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesentery		+																							
Pancreas Acinus, Adenoma	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Forestomach Leiomyosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

CARDIOVASCULAR SYSTEM

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

Wistar Han Rats Male	DAY ON TEST																								males (cont...)
	0035	0037	0047	0050	0055	0056	0057	0066	0066	0066	0066	0066	0066	0067	0067	0067	0068	0068	0069	0070	0071	0072	0072	0077	
250 mg/kg	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	
ANIMAL ID	00086	00069	00088	00088	00077	00088	00090	00001	00002	00004	00005	00004	00009	00006	00007	00011	00008	00002	00008	00007	00005	00001	00006	00007	

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

ENDOCRINE SYSTEM

Adrenal Cortex Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal Medulla Pheochromocytoma Malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M
Pituitary Gland Pars Distalis, Adenoma Pars Intermedia, Adenoma	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+
Thyroid Gland C-cell, Adenoma C-cell, Carcinoma Follicular Cell, Adenoma Follicular Cell, Carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

GENERAL BODY SYSTEM

NONE

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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

WISTAR HAN RATS MALE	DAY ON TEST																								ANIMAL ID	males (cont...)
	0 3 5	0 3 7	0 4 7	0 5 0	0 5 1	0 5 4	0 5 9	0 5 6	0 6 0	0 6 1	0 6 2	0 6 2	0 6 4	0 6 5	0 6 7	0 6 3	0 6 4	0 6 8	0 6 0	0 6 9	0 7 4	0 7 1	0 7 3	0 7 7		
250 mg/kg	0 0 8 6	0 0 0 9	0 0 0 8	0 0 0 8	0 0 0 8	0 0 0 7	0 0 0 8	0 0 0 9	0 0 0 0	0 0 1 6	0 0 0 9	0 0 0 8	0 0 0 6	0 0 0 7	0 0 0 1	0 0 0 6	0 0 0 7	0 0 0 0	0 0 0 8	0 0 0 9	0 0 0 5	0 0 0 1	0 0 0 6	0 0 0 9	0 0 0 7	0 0 0 9

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prostate Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node, Mesenteric Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thymus Thymoma Benign	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

INTEGUMENTARY SYSTEM

Mammary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skin Basal Cell Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Subcutaneous Tissue, Fibroma																										
Subcutaneous Tissue, Fibrous Histiocytoma																										

\* .. 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: 20320 - 03

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Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

		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	0	
WISTAR HAN RATS MALE	250 mg/kg	0	3	4	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	
		3	9	9	0	1	4	9	0	1	2	2	4	5	7	7	7	8	8	9	0	0	2	2	2	2
		5	7	7	0	4	9	6	5	8	2	5	5	7	3	4	8	0	9	4	1	9	3	7	7	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	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	1	0	0	1	0	0	0	0	0	0	
		8	6	9	8	8	7	8	9	0	6	9	8	6	7	7	1	6	7	0	8	9	9	6	6	
		6	3	6	3	8	0	9	0	1	2	4	5	4	9	6	0	8	2	8	7	5	1	6	7	

Subcutaneous Tissue, Schwannoma Malignant

MUSCULOSKELETAL SYSTEM

Bone

+ +

NERVOUS SYSTEM

Brain

+ +

Meningioma Malignant

X

Peripheral Nerve

+ +

Spinal Cord

+ +

RESPIRATORY SYSTEM

Lung

+ +

Carcinoma, Metastatic, Thyroid Gland

X

Fibrous Histiocytoma, Metastatic, Skin

X

Nose

+ +

Trachea

+ +

SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland

+ +

URINARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>250 mg/kg | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID             | males<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|--------------------|
|                                   | 0<br>0<br>3<br>5 | 0<br>3<br>9<br>7 | 0<br>4<br>9<br>7 | 0<br>5<br>0<br>0 | 0<br>5<br>1<br>4 | 0<br>5<br>4<br>9 | 0<br>5<br>9<br>6 | 0<br>6<br>0<br>5 | 0<br>6<br>1<br>8 | 0<br>6<br>2<br>2 | 0<br>6<br>2<br>5 | 0<br>6<br>4<br>5 | 0<br>6<br>5<br>7 | 0<br>6<br>7<br>3 | 0<br>6<br>7<br>4 | 0<br>6<br>7<br>8 | 0<br>6<br>8<br>0 | 0<br>6<br>8<br>9 | 0<br>7<br>0<br>4 | 0<br>7<br>0<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>3 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 |                       |                    |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>8<br>6<br>3 | males<br>(cont...) |
| 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  
BLANK .. Not examined microscopically



Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                      | 07          | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   | 07   |          |
| 250 mg/kg            | 0073        | 0075 | 0077 | 0078 | 0081 | 0082 | 0087 | 0089 | 0090 | 0096 | 0098 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 50       |
|                      | 0073        | 0075 | 0077 | 0078 | 0081 | 0082 | 0087 | 0089 | 0090 | 0096 | 0098 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 1        |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Acinus, Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyosarcoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

CARDIOVASCULAR SYSTEM

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>250 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   | 07   |          |
| ANIMAL ID                         | 0073        | 0075 | 0077 | 0078 | 0081 | 0082 | 0087 | 0089 | 0090 | 0096 | 0097 | 0098 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 |          |

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

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------|
| Adrenal Cortex<br>Adenoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1                |
| Adrenal Medulla<br>Pheochromocytoma Malignant   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1                |
| Islets, Pancreatic  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50                     |
| Parathyroid Gland   | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48                     |
| Pituitary Gland<br>Pars Distalis, Adenoma<br>Pars Intermedia, Adenoma   | + | + | + | X | + | X | + | + | X | + | X | + | + | + | + | + | + | + | + | + | + | X | X | X | 49<br>24<br>1          |
| Thyroid Gland<br>C-cell, Adenoma<br>C-cell, Carcinoma<br>Follicular Cell, Adenoma<br>Follicular Cell, Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>8<br>1<br>1<br>1 |

**GENERAL BODY SYSTEM**

|      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NONE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>250 mg/kg         | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |         |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|---------|
|   | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |          | 077     |
| ANIMAL ID                                 | 00073       | 00075 | 00077 | 00078 | 00081 | 00082 | 00087 | 00089 | 00090 | 00096 | 00098 | 00101 | 00104 | 00105 | 00106 | 00108 | 00109 | 00113 | 00114 | 00118 | 00119    |         |
| Epididymis                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Preputial Gland                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Prostate Adenoma                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | X     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50<br>1 |
| Seminal Vesicle                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Testes                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| <b>HEMATOPOIETIC SYSTEM</b>               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |         |
| Bone Marrow                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Lymph Node, Mandibular                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Lymph Node, Mesenteric Hemangiosarcoma    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50<br>2 |
| Spleen                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Thymus Thymoma Benign                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 49<br>1 |
| <b>INTEGUMENTARY SYSTEM</b>               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |         |
| Mammary Gland                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Skin                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50      |
| Basal Cell Adenoma                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1       |
| Subcutaneous Tissue, Fibroma              |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          | 1       |
| Subcutaneous Tissue, Fibrous Histiocytoma |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |
|----------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|
|                      | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |
| 250 mg/kg            | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 1        |
|                      | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 50       |
|                      | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 50       |
|                      | 07          | 07 | 07 | 07 | 08 | 08 | 09 | 09 | 00 | 06 | 06 | 07 | 08 | 08 | 09 | 00 | 00 | 00 | 00 | 07 | 09 | 09 | 00 | 00 | 50       |
|                      | 35          | 77 | 77 | 78 | 81 | 82 | 82 | 87 | 86 | 81 | 85 | 84 | 80 | 84 | 83 | 82 | 83 | 84 | 85 | 87 | 81 | 88 | 89 | 89 | 50       |

Subcutaneous Tissue, Schwannoma Malignant

X

1

MUSCULOSKELETAL SYSTEM

Bone

+ 50

NERVOUS SYSTEM

Brain

+ 50

Meningioma Malignant

1

Peripheral Nerve

2

Spinal Cord

2

RESPIRATORY SYSTEM

Lung

+ 50

Carcinoma, Metastatic, Thyroid Gland

1

Fibrous Histiocytoma, Metastatic, Skin

1

Nose

+ 50

Trachea

+ 50

SPECIAL SENSES SYSTEM

Eye

+ 50

Harderian Gland

+ 50

URINARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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X .. Lesion present  
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|-------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
|                         | 077         | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 |          |
| 250 mg/kg               | 007         | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 |          |
|                         | 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 |          |
|                         | 007         | 007 | 007 | 007 | 008 | 008 | 009 | 009 | 000 | 006 | 006 | 007 | 008 | 008 | 009 | 000 | 000 | 000 | 000 | 007 | 009 | 009 | 000 | 000 |     |          |
|                         | 357         | 357 | 357 | 358 | 351 | 352 | 352 | 357 | 356 | 351 | 355 | 354 | 350 | 354 | 353 | 352 | 353 | 354 | 355 | 357 | 351 | 358 | 359 | 350 |     |          |
| Kidney                  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 50  |          |
| Urinary Bladder         | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 50  |          |
| <b>SYSTEMIC LESIONS</b> |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Multiple Organ          | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 50  |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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X .. Lesion present  
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First Dose M/F: 07/25/07 / 07/26/07

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| WISTAR HAN RATS MALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | males<br>(cont...) |
|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--------------------|
|                      | 0<br>3<br>9<br>3 | 0<br>5<br>1<br>1 | 0<br>5<br>6<br>7 | 0<br>5<br>7<br>4 | 0<br>6<br>1<br>5 | 0<br>6<br>1<br>8 | 0<br>6<br>2<br>6 | 0<br>6<br>4<br>0 | 0<br>6<br>4<br>3 | 0<br>6<br>5<br>4 | 0<br>6<br>7<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 |  |                    |
| 500 mg/kg            | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |                    |
| ANIMAL ID            | 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                    | 5                | 2                | 1                | 5                | 5                | 1                | 4                | 3                | 6                | 1                | 5                | 1                | 1                | 1                | 2                | 3                | 3                | 3                | 3                | 3                | 4                | 4                | 5                |  |                    |
| 6                    | 4                | 2                | 3                | 0                | 6                | 5                | 7                | 8                | 0                | 4                | 7                | 6                | 8                | 9                | 4                | 0                | 1                | 2                | 3                | 6                | 0                | 5                | 2                |  |                    |
|                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |                    |

ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Sublingual Gland, Adenoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Forestomach                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Glandular                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

CARDIOVASCULAR SYSTEM

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>500 mg/kg | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | males<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|--------------------|
|                                   | 0<br>3<br>9<br>3 | 0<br>5<br>1<br>1 | 0<br>5<br>6<br>7 | 0<br>5<br>7<br>4 | 0<br>6<br>1<br>5 | 0<br>6<br>1<br>8 | 0<br>6<br>2<br>6 | 0<br>6<br>4<br>0 | 0<br>6<br>4<br>3 | 0<br>6<br>5<br>4 | 0<br>6<br>7<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 |                       |           |                    |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>1<br>2<br>6 |           |                    |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Fibrous Histiocytoma, Metastatic, Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ENDOCRINE SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex  | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Benign  | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic<br>Adenoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland<br>Adenoma  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + |
| Pituitary Gland<br>Pars Distalis, Adenoma<br>Pars Distalis, Adenoma, Multiple<br>Pars Intermedia, Adenoma | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   | X |   |   | X | X |   |   |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   |   |
| Thyroid Gland<br>Bilateral, C-cell, Adenoma<br>C-cell, Adenoma<br>Follicular Cell, Adenoma                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |

GENERAL BODY SYSTEM

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

| WISTAR HAN RATS MALE<br><br>500 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 |  |
|                                       | 3           | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                    | 7 |  |
| 9                                     | 1           | 6 | 7 | 1 | 1 | 2 | 4 | 4 | 5 | 7 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                    |   |  |
| 3                                     | 1           | 7 | 4 | 5 | 8 | 6 | 0 | 3 | 4 | 3 | 3 | 7 | 7 | 7 | 7 | 7 | 7 | 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 |                    |   |  |
| 1                                     | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                    |   |  |
| 2                                     | 5           | 2 | 1 | 5 | 5 | 1 | 4 | 3 | 6 | 1 | 5 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 |                    |   |  |
| 6                                     | 4           | 2 | 3 | 0 | 6 | 5 | 7 | 8 | 0 | 4 | 7 | 6 | 8 | 9 | 4 | 0 | 1 | 2 | 3 | 6 |                    |   |  |

GENITAL SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bilateral, Interstitial Cell, Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                             |   |   | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                        |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                                 | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Schwannoma Malignant                   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |

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



| Wistar Han Rats Male<br>500 mg/kg         | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |  |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|--|
|   | 0393        | 0511 | 0517 | 0524 | 0601 | 0608 | 0615 | 0622 | 0629 | 0636 | 0643 | 0700 | 0707 | 0714 | 0721 | 0728 | 0735 | 0742 | 0749 | 0756 | 0803 | 0810 | 0817 | 0824 |                    |  |
| ANIMAL ID                                 | 001         | 002  | 003  | 004  | 005  | 006  | 007  | 008  | 009  | 010  | 011  | 012  | 013  | 014  | 015  | 016  | 017  | 018  | 019  | 020  | 021  | 022  | 023  | 024  | 025                |  |
| Mammary Gland                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| Skin                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| Fibroma                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Fibrous Histiocytoma                      | X           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Keratoacanthoma                           |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Squamous Cell Papilloma                   |             |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Subcutaneous Tissue, Schwannoma Malignant |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| <b>MUSCULOSKELETAL SYSTEM</b>             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Bone                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| <b>NERVOUS SYSTEM</b>                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Brain                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| Peripheral Nerve                          |             |      |      |      |      |      |      |      |      |      |      |      | +    |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Spinal Cord                               |             |      |      |      |      |      |      |      |      |      |      |      | +    |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| <b>RESPIRATORY SYSTEM</b>                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Lung                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| Fibrous Histiocytoma, Metastatic, Skin    | X           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Mediastinum, Lipoma                       |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Nose                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| Trachea                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |  |
| <b>SPECIAL SENSES SYSTEM</b>              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE    | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males<br>(cont...) |  |
|-------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|--|
|                         | 033         | 035 | 036 | 037 | 038 | 039 | 040 | 041 | 042 | 043 | 044 | 045 | 046 | 047 | 048 | 049 | 050 | 051 | 052 | 053 | 054 | 055 | 056 | 057 |           |                    |  |
| 500 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   | 001       |                    |  |
|                         | 0           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 002       |                    |  |
|                         | 1           | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 003       |                    |  |
|                         | 2           | 5   | 2   | 1   | 5   | 5   | 1   | 4   | 3   | 6   | 1   | 5   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | 3   | 3   | 4   | 4   | 5   | 5         | 004                |  |
|                         | 6           | 4   | 2   | 3   | 0   | 6   | 5   | 7   | 8   | 0   | 4   | 7   | 6   | 8   | 9   | 4   | 0   | 1   | 2   | 3   | 6   | 0   | 5   | 2   | 5         | 005                |  |
| Eye                     | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |  |
| Harderian Gland         | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |  |
| <b>URINARY SYSTEM</b>   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |  |
| Kidney                  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |  |
| Urinary Bladder         | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |  |
| <b>SYSTEMIC LESIONS</b> |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |  |
| Multiple Organ          | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |  |
| Histiocytic Sarcoma     |             |     | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>500 mg/kg | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |                       |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                   | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      |                       | 0<br>7<br>2<br>8      |                       |                       |
| ANIMAL ID                         | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>5<br>9 |

ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sublingual Gland, Adenoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Forestomach                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

CARDIOVASCULAR SYSTEM

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>500 mg/kg               | DAY ON TEST  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         | * TOTALS |
|---|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|----------|
|   | 078          | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078     |          |
| ANIMAL ID                                       | 00111        | 00111 | 00112 | 00122 | 00122 | 00122 | 00122 | 00122 | 00123 | 00123 | 00123 | 00124 | 00124 | 00124 | 00125 | 00125 | 00125 | 00126 | 00126 | 00126 | 00127 | 00127 | 00127 | 00128   |          |
|   | Blood Vessel | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +       | 50       |
| Heart<br>Fibrous Histiocytoma, Metastatic, Skin | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50<br>1 |          |
| <b>ENDOCRINE SYSTEM</b>                         |              |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |          |
| Adrenal Cortex                                  | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 49      |          |
| Adrenal Medulla<br>Pheochromocytoma Benign      | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | X     | +     | +     | +     | +     | +     | +     | 49<br>1 |          |
| Islets, Pancreatic<br>Adenoma                   | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | X     | +     | +     | +     | +     | X     | 50<br>2 |          |
| Parathyroid Gland<br>Adenoma                    | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | 47<br>1 |          |
| Pituitary Gland<br>Pars Distalis, Adenoma       | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50      |          |
| Pars Distalis, Adenoma, Multiple                |              |       | X     |       | X     | X     |       |       |       |       |       | X     |       |       |       | X     |       |       |       |       |       | X     | X     | 13      |          |
| Pars Intermedia, Adenoma                        |              | X     |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       | 1<br>3  |          |
| Thyroid Gland<br>Bilateral, C-cell, Adenoma     | +            | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50      |          |
| C-cell, Adenoma                                 |              |       |       |       | X     |       |       |       |       |       |       |       |       | X     | X     | X     |       |       |       |       |       |       | X     | 1       |          |
| Follicular Cell, Adenoma                        |              |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       | 7<br>3  |          |

**GENERAL BODY SYSTEM**

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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| 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>WISTAR HAN RATS MALE</b> |  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |
|                             |  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 |
| <b>500 mg/kg</b>            |  | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 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 |
| 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 |
|                             |  | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 2 | 3 | 4 | 4               | 5 |
|                             |  | 1 | 2 | 7 | 0 | 3 | 5 | 7 | 8 | 9 | 4 | 5 | 9 | 1 | 4 | 8 | 3 | 8 | 1 | 7 | 2 | 3               | 9 |
|                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bilateral, Interstitial Cell, Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mesenteric Hemangiosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymus                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**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: 20320 - 03

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Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>500 mg/kg         | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |   |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|---|
|   | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 |    |          |   |
| ANIMAL ID                                 | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0  |          |   |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0  |          |   |
|   | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1  |          |   |
|   | 1                | 1                | 1                | 2                | 2                | 2                | 2                | 2                | 2                | 3                | 3                | 3                | 4                | 4                | 4                | 5                | 5                | 2                | 3                | 4                | 4                | 4                | 4                | 5  |          | 5 |
| Mammary Gland                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| Skin                                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| Fibroma                                   |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | 2  |          |   |
| Fibrous Histiocytoma                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| Keratoacanthoma                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| Squamous Cell Papilloma                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| Subcutaneous Tissue, Schwannoma Malignant |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | 1  |          |   |
| <b>MUSCULOSKELETAL SYSTEM</b>             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |   |
| Bone                                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| <b>NERVOUS SYSTEM</b>                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |   |
| Brain                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| Peripheral Nerve                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| Spinal Cord                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| <b>RESPIRATORY SYSTEM</b>                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |   |
| Lung                                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| Fibrous Histiocytoma, Metastatic, Skin    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| Mediastinum, Lipoma                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |   |
| Nose                                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| Trachea                                   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |   |
| <b>SPECIAL SENSES SYSTEM</b>              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |   |

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE    | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|-------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                         | 078         | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   |          |
| 500 mg/kg               | 00111       | 00111 | 00112 | 00122 | 00122 | 00122 | 00122 | 00122 | 00122 | 00123 | 00123 | 00123 | 00124 | 00124 | 00124 | 00125 | 00125 | 00122 | 00123 | 00124 | 00124 | 00124 | 00125 | 00129 | 50       |
|                         | 00111       | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 50       |
| <b>URINARY SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Kidney                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |
| Urinary Bladder         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |
| <b>SYSTEMIC LESIONS</b> |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Multiple Organ          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |
| Histiocytic Sarcoma     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| Wistar Han Rats Male | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | males<br>(cont...) |    |    |  |
|----------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------------|----|----|--|
|                      | 03          | 04 | 05 | 05 | 05 | 05 | 05 | 06 | 06 | 06 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |                    | 07 |    |  |
| 1000 mg/kg           | 87          | 47 | 01 | 17 | 31 | 34 | 94 | 05 | 08 | 72 | 72 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27                 |    |    |  |
|                      | ANIMAL ID   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                    |    |    |  |
|                      | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00                 | 00 |    |  |
|                      | 11          | 21 | 11 | 12 | 22 | 22 | 11 | 11 | 12 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 22 | 22                 | 22 |    |  |
|                      | 70          | 09 | 66 | 00 | 00 | 17 | 88 | 66 | 16 | 66 | 66 | 77 | 77 | 88 | 99 | 99 | 99 | 00 | 00 | 00 | 11                 | 11 |    |  |
|                      | 99          | 97 | 79 | 79 | 70 | 44 | 66 | 11 | 22 | 88 | 11 | 66 | 88 | 22 | 88 | 22 | 22 | 55 | 66 | 22 | 33                 | 44 | 00 |  |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesentery                                       |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                                 | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |
| Stomach, Glandular                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

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

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| Wistar Han Rats Male<br>1000 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 | 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 |           |                    |
|                                    | 3           | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                    |
|                                    | 8           | 4 | 0 | 1 | 3 | 3 | 9 | 0 | 0 | 7 | 7 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0         |                    |
|                                    | 7           | 7 | 1 | 7 | 1 | 4 | 4 | 5 | 8 | 2 | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                    |
|                                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|                                    | 0           | 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           | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0         |                    |
|                                    | 7           | 0 | 9 | 6 | 0 | 0 | 1 | 7 | 8 | 6 | 1 | 6 | 6 | 6 | 7 | 7 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0         |                    |
|                                    | 9           | 9 | 7 | 9 | 7 | 0 | 4 | 6 | 1 | 2 | 8 | 1 | 6 | 8 | 2 | 8 | 2 | 2 | 5 | 6 | 2 | 3 | 4 | 0 | 0         |                    |

Heart  
Carcinoma, Metastatic, Kidney

+ +

ENDOCRINE SYSTEM

Adrenal Cortex  
Adenoma

+ +

Adrenal Medulla

+ +

Islets, Pancreatic  
Adenoma

+ +

Parathyroid Gland

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

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

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

Thyroid Gland  
C-cell, Adenoma  
Follicular Cell, Adenoma

+  
X X

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Epididymis

+ +

\* .. 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 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |
|----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
| WISTAR HAN RATS MALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 |
| 1000 mg/kg           |  | 3           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                  | 7 |
|                      |  | 8           | 4 | 0 | 1 | 3 | 3 | 9 | 0 | 0 | 7 | 7 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                  | 2 |
| ANIMAL ID            |  | 7           | 7 | 1 | 7 | 1 | 4 | 4 | 5 | 8 | 2 | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                  | 7 |
|                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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           | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2                  | 2 |
|                      |  | 7           | 0 | 9 | 6 | 0 | 0 | 1 | 7 | 8 | 6 | 1 | 6 | 6 | 6 | 7 | 7 | 8 | 9 | 9 | 9 | 0                  | 0 |
|                      |  | 9           | 9 | 7 | 9 | 7 | 0 | 4 | 6 | 1 | 2 | 8 | 1 | 6 | 8 | 2 | 8 | 2 | 2 | 5 | 6 | 2                  | 3 |

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

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                             |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                 | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymoma Benign                         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**INTEGUMENTARY SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Keratoacanthoma         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Schwannoma Malignant    |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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: 20320 - 03  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/23/2013  
 Time Report Requested: 15:06:23  
 First Dose M/F: 07/25/07 / 07/26/07  
 Lab: BAT

| WISTAR HAN RATS MALE<br>1000 mg/kg | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID  | males<br>(cont...) |
|------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--------------------|
|                                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                    |
|                                    | 3           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |                    |
|                                    | 8           | 4 | 0 | 1 | 3 | 3 | 9 | 0 | 0 | 7 | 7 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1<br>1<br>1<br>1<br>2<br>2<br>2<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                    |
|                                    | 7           | 7 | 1 | 7 | 1 | 4 | 4 | 5 | 8 | 2 | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 9<br>9<br>7<br>9<br>7<br>0<br>4<br>6<br>1<br>2<br>8<br>1<br>6<br>8<br>2<br>8<br>2<br>2<br>5<br>6<br>2<br>3<br>4<br>0<br>7      |                    |

Subcutaneous Tissue, Fibrous Histiocytoma X

**MUSCULOSKELETAL SYSTEM**

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

**NERVOUS SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**SPECIAL SENSES SYSTEM**

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

**URINARY SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Renal Tubule, Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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: 20320 - 03

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 01/23/2013

Test Type: CHRONIC

Tetrabromobisphenol A

Time Report Requested: 15:06:23

Route: GAVAGE

CAS Number: 79-94-7

First Dose M/F: 07/25/07 / 07/26/07

Species/Strain: RATS/Wistar Han

Lab: BAT

|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>males<br/>(cont...)</b> |
|                             |             | 3 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                            |
|                             |             | 8 | 4 | 0 | 1 | 3 | 3 | 9 | 0 | 0 | 7 | 7 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                            |
|                             |             | 7 | 7 | 1 | 7 | 1 | 4 | 4 | 5 | 8 | 2 | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                            |
| <b>1000 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 | <b>males<br/>(cont...)</b> |
|                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                             |             | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |                            |
|                             |             | 7 | 0 | 9 | 6 | 0 | 0 | 1 | 7 | 8 | 6 | 1 | 6 | 6 | 6 | 7 | 7 | 8 | 9 | 9 | 9 | 0 | 0 | 1 |                            |
|                             | 9           | 9 | 7 | 9 | 7 | 0 | 4 | 6 | 1 | 2 | 8 | 1 | 6 | 8 | 2 | 8 | 2 | 2 | 5 | 6 | 2 | 3 | 4 | 0 |                            |

Transitional Epithelium, Carcinoma

Urinary Bladder

+ +

SYSTEMIC LESIONS

Multiple Organ

Histiocytic Sarcoma

Lymphoma Malignant

+  
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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |
| 1000 mg/kg           | 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 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        |   |
|                      | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        |   |
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |   |
|                      | 0           | 0 | 0 | 0 | 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 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2        |   |
|                      | 6           | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 9 | 0 | 0 | 1 | 1 | 1 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 9 | 1        |   |
|                      | 5           | 0 | 4 | 5 | 7 | 4 | 8 | 9 | 9 | 1 | 6 | 5 | 6 | 9 | 4 | 7 | 1 | 3 | 0 | 5 | 7 | 3 | 1        |   |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 2  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |    |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>1000 mg/kg        | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |  |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|--|
|   | 078         | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   |          |  |
| ANIMAL ID                                 | 00165       | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 | 00165 |          |  |
| Heart<br>Carcinoma, Metastatic, Kidney    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50<br>1  |  |
| <b>ENDOCRINE SYSTEM</b>                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| Adrenal Cortex<br>Adenoma                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50<br>1  |  |
| Adrenal Medulla                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |
| Islets, Pancreatic<br>Adenoma             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50<br>2  |  |
| Parathyroid Gland                         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 49       |  |
| Pituitary Gland<br>Pars Distalis, Adenoma | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48<br>13 |  |
| Pars Distalis, Adenoma, Multiple          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3        |  |
| Pars Intermedia, Adenoma                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |  |
| Thyroid Gland<br>C-cell, Adenoma          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50<br>5  |  |
| Follicular Cell, Adenoma                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |  |
| <b>GENERAL BODY SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| NONE                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| <b>GENITAL SYSTEM</b>                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| Epididymis                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 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

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>1000 mg/kg | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|------------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                                    | 078         | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   |          |
| ANIMAL ID                          | 00165       | 00170 | 00174 | 00178 | 00182 | 00186 | 00190 | 00194 | 00198 | 00202 | 00206 | 00210 | 00214 | 00218 | 00222 | 00226 | 00230 | 00234 | 00238 | 00242 | 00246 | 00250 | 00254 | 00258 | 00262    |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Preputial Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 3  |

HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mesenteric                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymus                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymoma Benign                         |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

INTEGUMENTARY SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Keratoacanthoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Schwannoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Squamous Cell Papilloma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS MALE<br>1000 mg/kg | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | * TOTALS |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------|
|                                    | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 |  |          |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |          |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |          |
|                                    | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 2                | 2                | 2                | 2                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 2                |  |          |
|                                    | 6                | 7                | 7                | 7                | 7                | 8                | 8                | 8                | 9                | 0                | 0                | 1                | 1                | 1                | 6                | 6                | 7                | 7                | 8                | 8                | 8                | 9                | 1                |  |          |
|                                    | 5                | 0                | 4                | 5                | 7                | 4                | 8                | 9                | 9                | 1                | 6                | 5                | 6                | 9                | 4                | 7                | 1                | 3                | 0                | 5                | 7                | 3                | 2                |  |          |

Subcutaneous Tissue, Fibrous Histiocytoma

1

MUSCULOSKELETAL SYSTEM

Bone

+ 50

Skeletal Muscle

1

Rhabdomyosarcoma

1

NERVOUS SYSTEM

Brain

+ 50

Granular Cell Tumor Benign

1

RESPIRATORY SYSTEM

Lung

+ 50

Alveolar/Bronchiolar Adenoma

X 1

Carcinoma, Metastatic, Kidney

X 1

Nose

+ 50

Trachea

+ 50

SPECIAL SENSES SYSTEM

Eye

+ 50

Harderian Gland

+ 50

URINARY SYSTEM

Kidney

+ 50

Renal Tubule, Carcinoma

1

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

M .. Missing tissue  
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|------------------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
|                                    | 078         | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 | 078 |          |
| ANIMAL ID                          | 000         | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000      |
|                                    | 1           | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 2   | 2   | 2   | 2   | 2   | 2   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 2   | 2   | 2        |
|                                    | 6           | 7   | 7   | 7   | 7   | 8   | 8   | 8   | 9   | 0   | 0   | 1   | 1   | 1   | 6   | 6   | 7   | 7   | 8   | 8   | 8   | 9   | 1   | 1   | 1        |
|                                    | 5           | 0   | 4   | 5   | 7   | 4   | 8   | 9   | 9   | 1   | 6   | 5   | 6   | 9   | 4   | 7   | 1   | 3   | 0   | 5   | 7   | 3   | 1   | 2   | 3        |
| Transitional Epithelium, Carcinoma | X           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |
| Urinary Bladder                    | +           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 50       |
| <b>SYSTEMIC LESIONS</b>            |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Multiple Organ                     | +           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 50       |
| Histiocytic Sarcoma                |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |
| Lymphoma Malignant                 |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
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Lab: BAT

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

ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Leiomyosarcoma                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesentery  |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas<br>Granulosa Cell Tumor Malignant, Metastatic,<br>Ovary | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular<br>Leiomyosarcoma                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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

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

CARDIOVASCULAR SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Endocardium, Schwannoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ENDOCRINE SYSTEM

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Carcinoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Adrenal Medulla                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pheochromocytoma Benign             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Islets, Pancreatic                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Adenoma              |   | X |   | X | X | X |   | X |   | X | X | X | X |   | X |   |   |   | X |   |   |   |   |   |
| Pars Distalis, Adenoma, Multiple    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pars Intermedia, Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thyroid Gland                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Bilateral, C-cell, Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Bilateral, Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| C-cell, Adenoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |
| Follicular Cell, Adenoma            |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

GENERAL BODY SYSTEM

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|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                        | 0<br>3<br>6<br>4      | 0<br>3<br>6<br>4      | 0<br>3<br>6<br>4      | 0<br>4<br>6<br>4      | 0<br>5<br>4<br>5      | 0<br>5<br>4<br>5      | 0<br>5<br>4<br>6      | 0<br>5<br>4<br>8      | 0<br>6<br>5<br>4      | 0<br>6<br>5<br>5      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>8      | 0<br>7<br>1<br>3      | 0<br>7<br>2<br>5      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |                      |
| 0 mg/kg                | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>3<br>0 | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>8 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>4 | 0<br>0<br>2<br>3<br>5 |                      |

NONE

GENITAL SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granulosa Cell Tumor Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sex Cord Stromal Tumor, Benign, Mixed Cell |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma, Multiple                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyoma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymoma Benign         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

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

**INTEGUMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma, Multiple                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroadenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroadenoma, Multiple               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

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

**NERVOUS SYSTEM**

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

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma, Metastatic, Adrenal Cortex             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Olfactory Neuroblastoma, Metastatic, Nose         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Olfactory Neuroblastoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE                            | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|   | 0<br>3<br>6<br>4      | 0<br>3<br>6<br>4      | 0<br>3<br>6<br>4      | 0<br>4<br>6<br>5      | 0<br>5<br>4<br>5      | 0<br>5<br>4<br>6      | 0<br>5<br>4<br>8      | 0<br>5<br>4<br>5      | 0<br>6<br>8<br>4      | 0<br>6<br>5<br>5      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>2      | 0<br>6<br>6<br>8      | 0<br>7<br>1<br>3      | 0<br>7<br>2<br>5      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<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 mg/kg   | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|   | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>3<br>0 | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>8 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>8 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>5 | 0<br>0<br>2<br>2<br>5 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>4 | 0<br>0<br>2<br>3<br>5 |  |
| Trachea   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>SPECIAL SENSES SYSTEM</b>                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Eye   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Harderian Gland                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>URINARY SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Kidney  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Urinary Bladder                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Transitional Epithelium, Papilloma                |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| <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  
BLANK .. Not examined microscopically



| WISTAR HAN RATS FEMALE | 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 |  |          |
| 0 mg/kg                | 29          | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 |  |          |
| 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 |  |          |
|                        | 23          | 24 | 24 | 24 | 24 | 25 | 26 | 26 | 27 | 27 | 28 | 22 | 23 | 23 | 24 | 24 | 24 | 24 | 25 | 25 | 26 | 26 | 27 |  |          |
|                        | 65          | 65 | 66 | 67 | 69 | 65 | 64 | 67 | 62 | 66 | 60 | 65 | 68 | 69 | 60 | 63 | 64 | 68 | 66 | 68 | 60 | 61 | 65 |  |          |

**CARDIOVASCULAR SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Heart                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Endocardium, Schwannoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**ENDOCRINE SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Adrenal Cortex                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |
| Adenoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Carcinoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Adrenal Medulla                     | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 49 |    |
| Pheochromocytoma Benign             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 2  |    |
| Islets, Pancreatic                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Parathyroid Gland                   | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | 48 |    |
| Pituitary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Pars Distalis, Adenoma              |   |   | X |   |   |   |   | X | X | X |   |   | X |   |   |   |   |   |   | X | X | X | 20 |    |
| Pars Distalis, Adenoma, Multiple    |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Pars Intermedia, Adenoma            |   |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   | X |   |   |   |   |   | 4  |    |
| Thyroid Gland                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Bilateral, C-cell, Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Bilateral, Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |    |
| C-cell, Adenoma                     |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   | X |   |   | X |   |   | 6  |    |
| Follicular Cell, Adenoma            |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |    |

**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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
|------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 0 mg/kg                | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |  |
|                        | 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 | 2        |  |
|                        | 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        |  |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |  |
|                        | 0           | 0 | 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 | 2        |  |
|                        | 3           | 4 | 4 | 4 | 4 | 4 | 5 | 6 | 6 | 7 | 7 | 8 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 7        |  |
|                        | 6           | 5 | 6 | 7 | 9 | 5 | 4 | 7 | 2 | 6 | 0 | 5 | 8 | 9 | 0 | 3 | 4 | 8 | 6 | 8 | 0 | 1 | 5 | 8 | 5 |          |  |

NONE

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Ovary                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Granulosa Cell Tumor Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sex Cord Stromal Tumor, Benign, Mixed Cell |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Uterus                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 2  |
| Adenocarcinoma, Multiple                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Polyp Stromal                              |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Vagina                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leiomyoma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymoma Benign         |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

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

INTEGUMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adenoma                              |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 3  |
| Adenoma, Multiple                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibroadenoma                         |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 7  |
| Fibroadenoma, Multiple               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |
| Skin                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma, Metastatic, Adrenal Cortex             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Olfactory Neuroblastoma, Metastatic, Nose         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Olfactory Neuroblastoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20320 - 03

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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE                            | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 0 mg/kg   | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |  |
|   | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |  |
|   | 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 |          |  |
|   | 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 |          |  |
|   | 3           | 4 | 4 | 4 | 4 | 4 | 5 | 6 | 6 | 7 | 7 | 8 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 7 |          |  |
|   | 6           | 5 | 6 | 7 | 9 | 5 | 4 | 7 | 2 | 6 | 0 | 5 | 8 | 9 | 0 | 3 | 4 | 8 | 6 | 8 | 0 | 1 | 5 | 8 | 5        |  |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Trachea   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
| <b>SPECIAL SENSES SYSTEM</b>                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Eye   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
| Harderian Gland                                   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
| <b>URINARY SYSTEM</b>                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Kidney  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
| Urinary Bladder                                   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
| Transitional Epithelium, Papilloma                | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |
| <b>SYSTEMIC LESIONS</b>                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Multiple Organ                                    | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |  |

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

M .. Missing tissue  
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|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>WISTAR HAN RATS FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                               |             | 3 | 3 | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 5 | 8 | 9 | 2 | 4 | 8 | 1 | 2 | 3 | 5 | 5 | 5 | 6 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                               |             | 5 | 3 | 2 | 7 | 8 | 3 | 4 | 4 | 6 | 2 | 6 | 8 | 4 | 3 | 3 | 2 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| <b>250 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 | 0 | 0 |
|                               |             | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 |
|                               |             | 9 | 8 | 2 | 0 | 0 | 2 | 1 | 9 | 1 | 8 | 0 | 0 | 2 | 0 | 1 | 1 | 8 | 8 | 8 | 9 | 9 | 2 | 2 | 8 |
|                               | 0           | 9 | 0 | 7 | 2 | 3 | 3 | 1 | 7 | 6 | 4 | 8 | 8 | 3 | 6 | 9 | 1 | 3 | 8 | 8 | 9 | 1 | 4 | 2 | 4 |

females (cont...)

ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus  | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                                       | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon<br>Adenocarcinoma, Metastatic, Uterus | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Rectum                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small<br>Leiomyosarcoma, Metastatic, Uterus        |   |   |   | + |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                                       | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus          |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |
| Mesentery  |   |   |   |   | + | + | + |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma, Metastatic, Uterus                           |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma, Metastatic, Uterus                           |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus          |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                           |   |   |   |   |   |   | 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

| WISTAR HAN RATS FEMALE | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |
|------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|                        | 0<br>3      | 0<br>3 | 0<br>4 | 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 | 0<br>7 |                      |
| 250 mg/kg              | 5           | 8      | 9      | 2      | 4      | 8      | 1      | 2      | 3      | 5      | 5      | 5      | 6      | 9      | 1      | 2      | 2      | 8      | 8      | 8      | 8      | 8      | 8      |                      |
|                        | 5           | 3      | 2      | 7      | 8      | 3      | 4      | 4      | 6      | 2      | 6      | 8      | 4      | 3      | 3      | 2      | 8      | 8      | 8      | 8      | 8      | 8      | 8      |                      |
|                        | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 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      | 3      | 3      | 3      | 3      | 2      | 3      | 2      | 3      | 3      | 3      | 3      | 3      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 2      |                      |
|                        | 9           | 8      | 2      | 0      | 0      | 2      | 1      | 9      | 1      | 8      | 0      | 0      | 2      | 0      | 1      | 1      | 8      | 8      | 8      | 9      | 9      | 2      | 2      |                      |
|                        | 0           | 9      | 0      | 7      | 2      | 3      | 3      | 1      | 7      | 6      | 4      | 8      | 8      | 3      | 6      | 9      | 1      | 3      | 8      | 8      | 9      | 1      | 4      |                      |

Leiomyosarcoma, Metastatic, Uterus  
 Malignant Mixed Mullerian Tumor, Metastatic, Uterus

X  
 X X X

Salivary Glands

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

Stomach, Forestomach

+ +

Stomach, Glandular  
 Malignant Mixed Mullerian Tumor, Metastatic, Uterus

+  
 X

### CARDIOVASCULAR SYSTEM

Blood Vessel

+ +

Heart

+ +

### ENDOCRINE SYSTEM

Adrenal Cortex  
 Adenocarcinoma, Metastatic, Uterus

+  
 X

Adrenal Medulla

+ +

Islets, Pancreatic

+ +

Parathyroid Gland

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

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

+  
 X X X X X X X X X X X X  
 X 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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Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                        | 0<br>3<br>5<br>5      | 0<br>3<br>8<br>3      | 0<br>4<br>9<br>2      | 0<br>5<br>2<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>8<br>3      | 0<br>6<br>1<br>4      | 0<br>6<br>2<br>4      | 0<br>6<br>3<br>6      | 0<br>6<br>5<br>2      | 0<br>6<br>5<br>6      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>3      | 0<br>7<br>1<br>3      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |
| 250 mg/kg              | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>0<br>0 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>0<br>8 | 0<br>0<br>3<br>0<br>8 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>8<br>4 |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Thyroid Gland            | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Adenoma          |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary   | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                                      |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Leiomyosarcoma                                      |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor                     |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Sarcoma Stromal                                     |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cervix, Squamous Cell Carcinoma                     |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granular Cell Tumor Malignant                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | females<br>(cont...) |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------------------|
|                        | 0<br>3<br>5<br>5 | 0<br>3<br>8<br>3 | 0<br>4<br>9<br>2 | 0<br>5<br>2<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>8<br>3 | 0<br>6<br>1<br>4 | 0<br>6<br>2<br>4 | 0<br>6<br>3<br>6 | 0<br>6<br>5<br>2 | 0<br>6<br>5<br>6 | 0<br>6<br>6<br>4 | 0<br>6<br>6<br>3 | 0<br>7<br>1<br>3 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 |  |                      |
| 250 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                |  |                      |
|                        | 2                | 2                | 3                | 3                | 3                | 3                | 3                | 2                | 3                | 2                | 3                | 3                | 3                | 3                | 3                | 3                | 2                | 2                | 2                | 2                | 2                | 3                | 3                |  |                      |
|                        | 9                | 8                | 2                | 0                | 0                | 2                | 1                | 9                | 1                | 8                | 0                | 0                | 2                | 0                | 1                | 1                | 8                | 8                | 8                | 9                | 9                | 2                | 2                |  |                      |
|                        | 0                | 9                | 0                | 7                | 2                | 3                | 3                | 1                | 7                | 6                | 4                | 8                | 8                | 3                | 6                | 9                | 1                | 3                | 8                | 8                | 9                | 1                | 4                |  |                      |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Lymph Node  | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Lymph Node, Mandibular                              | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Lymph Node, Mesenteric                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Thymus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

INTEGUMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Adenoma  |   |   |   |   |   |   |   | X | X |   |   |   |   | X | X |   |   |   |   |   |   |   |  |
| Fibroadenoma   |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   | X |   |   |   |  |
| Fibroadenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skin   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basal Cell Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Basal Cell Carcinoma   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fibroma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |
| Squamous Cell Papilloma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Sarcoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |  |

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

|                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                      |
|------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------------------|
| WISTAR HAN RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | females<br>(cont...) |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                      |
|                        | 3           | 3 | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |                      |
|                        | 5           | 8 | 9 | 2 | 4 | 8 | 1 | 2 | 3 | 5 | 5 | 5 | 6 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |                      |
|                        | 5           | 3 | 2 | 7 | 8 | 3 | 4 | 4 | 6 | 2 | 6 | 8 | 4 | 3 | 3 | 2 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |  |                      |
| 250 mg/kg              | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | females<br>(cont...) |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 2 |  |                      |
|                        | 9           | 8 | 2 | 0 | 0 | 2 | 1 | 9 | 1 | 8 | 0 | 0 | 2 | 0 | 1 | 1 | 8 | 8 | 8 | 9 | 9 | 2 | 2 |  |                      |
| 0                      | 9           | 0 | 7 | 2 | 3 | 3 | 1 | 7 | 6 | 4 | 8 | 8 | 3 | 6 | 9 | 1 | 3 | 8 | 8 | 9 | 1 | 4 |   |  |                      |

MUSCULOSKELETAL SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                    |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Leiomyosarcoma, Metastatic, Uterus |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Peripheral Nerve           |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord                |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   | X | X |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea   | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

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

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

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



Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | 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 |           |                      |
| 250 mg/kg              | 3           | 3 | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                      |
|                        | 5           | 8 | 9 | 2 | 4 | 8 | 1 | 2 | 3 | 5 | 5 | 5 | 6 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0         |                      |
|                        | 5           | 3 | 2 | 7 | 8 | 3 | 4 | 4 | 6 | 2 | 6 | 8 | 4 | 3 | 3 | 2 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 0         |                      |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                      |
|                        | 0           | 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 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 0         |                      |
|                        | 9           | 8 | 2 | 0 | 0 | 2 | 1 | 9 | 1 | 8 | 0 | 0 | 2 | 0 | 1 | 1 | 8 | 8 | 8 | 9 | 9 | 2 | 2 | 8 | 0         |                      |
|                        | 0           | 9 | 0 | 7 | 2 | 3 | 3 | 1 | 7 | 6 | 4 | 8 | 8 | 3 | 6 | 9 | 1 | 3 | 8 | 8 | 9 | 1 | 4 | 2 | 0         |                      |

URINARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |

SYSTEMIC LESIONS

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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  
BLANK .. Not examined microscopically

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | 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 | 07 |          |
| 250 mg/kg              | 29          | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 49       |
|                        | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 50       |
|                        | 28          | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 49       |
|                        | 57          | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 50       |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Colon                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Rectum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leiomyosarcoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Duodenum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Jejunum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma                              | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesentery   |   |   |   | + |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   | + |   |   | 8  |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leiomyosarcoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE                              | 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 |
| 250 mg/kg   | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|   | 0085        | 0087 | 0094 | 0095 | 0097 | 0098 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 |          | 0099 |
| Leiomyosarcoma, Metastatic, Uterus                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 3    |
| Salivary Glands                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Stomach, Forestomach                                | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Stomach, Glandular                                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| <b>CARDIOVASCULAR SYSTEM</b>                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Blood Vessel  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Heart   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| <b>ENDOCRINE SYSTEM</b>                             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Adrenal Cortex                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Adenocarcinoma, Metastatic, Uterus                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| Adrenal Medulla                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Islets, Pancreatic                                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Parathyroid Gland                                   | +           | +    | +    | M    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | M        | 39   |
| Pituitary Gland                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |
| Pars Distalis, Adenoma                              |             | X    |      |      | X    | X    |      |      |      |      | X    | X    |      |      | X    | X    | X    |      |      | X    | X        | 25   |
| Pars Distalis, Adenoma, Multiple                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    |
| Pars Intermedia, Adenoma                            |             |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |          | 1    |

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

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Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

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Lab: BAT

| WISTAR HAN RATS FEMALE | 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   | 07   |          |
| 250 mg/kg              | 29          | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   | 29   |          |
| ANIMAL ID              | 0085        | 0087 | 0094 | 0095 | 0097 | 0098 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 |          |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| C-cell, Adenoma          |   | X |   |   | X | X |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Follicular Cell, Adenoma |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 3  |

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Ovary   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Leiomyosarcoma                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Malignant Mixed Mullerian Tumor                     |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Polyp Stromal                                       |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   |   | 4  |
| Sarcoma Stromal                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 2  |
| Cervix, Squamous Cell Carcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Vagina  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granular Cell Tumor Malignant                       |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

HEMATOPOIETIC SYSTEM

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

| Wistar Han Rats Female<br>250 mg/kg | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |
|-------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|
|                                     | 0729        | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 |          | 0729 | 0729 | 0729 | 0729 |
| ANIMAL ID                           | 0085        | 0087 | 0094 | 0095 | 0097 | 0098 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099     | 0099 | 0099 | 0099 | 0099 |
|                                     |             | 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    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 2        | 2    | 2    | 2    | 2    |
|                                     | 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    |
|                                     | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0    | 0    | 0    | 0    |
|                                     | 0           | 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    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 2    | 2    | 2    | 3    | 3    | 3    | 3    | 3        | 3    | 3    | 3    | 3    |
|                                     | 8           | 8    | 9    | 9    | 9    | 0    | 0    | 0    | 1    | 1    | 2    | 2    | 9    | 9    | 9    | 0    | 0    | 1    | 1    | 1    | 1        | 2    | 2    | 2    | 3    |
|                                     | 5           | 7    | 4    | 5    | 7    | 0    | 1    | 5    | 0    | 4    | 5    | 9    | 2    | 3    | 6    | 6    | 9    | 1    | 2    | 5    | 8        | 2    | 6    | 0    |      |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lymph Node  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**INTEGUMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 5  |
| Fibroadenoma   |   | X |   | X |   |   |   |   |   | X |   | X | X | X |   |   | X |   |   |   | X |   |   |   |   | 12 |
| Fibroadenoma, Multiple   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 3  |
| Skin   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Basal Cell Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Basal Cell Carcinoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibroma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Papilloma  |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Subcutaneous Tissue, Sarcoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

|                        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |   |   |   |
|------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|---|---|---|
|                        |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAY ON TEST            |  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| WISTAR HAN RATS FEMALE |  | 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 |   |
| 250 mg/kg              |  | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |   |
|                        |  | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 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 |   |
|                        |  | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 9 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2               | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |   |
|                        |  | 5 | 7 | 4 | 5 | 7 | 0 | 1 | 5 | 0 | 4 | 5 | 9 | 2 | 3 | 6 | 6 | 9 | 1 | 2 | 5 | 8 | 2 | 6 | 7 | 0 |   |   |                 |   |   |   |   |   |   |   |   |   |   |
|                        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Kidney  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |    |
| Urinary Bladder                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Adenocarcinoma, Metastatic, Uterus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |

**SYSTEMIC LESIONS**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

|                        |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|------------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
| WISTAR HAN RATS FEMALE | 500 mg/kg | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 |
|                        |           | 2           | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 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                    |   |
|                        | 3         | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |   |
|                        | 6         | 4           | 3 | 6 | 4 | 3 | 5 | 7 | 6 | 6 | 3 | 7 | 7 | 7 | 3 | 7 | 5 | 7 | 7 | 6 | 4 | 4                    |   |
|                        | 1         | 3           | 7 | 0 | 4 | 9 | 9 | 5 | 6 | 5 | 1 | 0 | 9 | 7 | 4 | 4 | 5 | 2 | 6 | 2 | 9 | 0                    |   |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Leiomyoma               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |
| Mesentery   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |
| Adenocarcinoma, Metastatic, Uterus                |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Leiomyosarcoma, Metastatic, Stomach,<br>Glandular |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Salivary Glands                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Stomach, Forestomach                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 20320 - 03

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE<br>500 mg/kg | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID             | females<br>(cont...) |  |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------------------|----------------------|--|
|                                     | 0<br>2<br>4<br>3 | 0<br>3<br>1<br>0 | 0<br>3<br>2<br>1 | 0<br>3<br>7<br>0 | 0<br>4<br>5<br>0 | 0<br>4<br>8<br>8 | 0<br>4<br>9<br>6 | 0<br>5<br>9<br>6 | 0<br>5<br>2<br>1 | 0<br>5<br>3<br>3 | 0<br>5<br>4<br>5 | 0<br>5<br>6<br>1 | 0<br>5<br>7<br>2 | 0<br>6<br>0<br>0 | 0<br>6<br>0<br>7 | 0<br>6<br>3<br>6 | 0<br>6<br>3<br>7 | 0<br>6<br>4<br>9 | 0<br>6<br>4<br>2 | 0<br>7<br>9<br>5 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>8      |                       |                      |  |
| Ovary                               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                     | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Adenocarcinoma, Metastatic, Uterus  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Uterus                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                     | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Adenocarcinoma                      |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Adenocarcinoma, Multiple            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Adenoma                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Polyp Stromal                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Cervix, Sarcoma Stromal             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Vagina                              |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| <b>HEMATOPOIETIC SYSTEM</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                       |                      |  |
| Bone Marrow                         | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                     | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Lymph Node                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Lymph Node, Mandibular              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>6<br>1 | females<br>(cont...)  |                      |  |
| Lymph Node, Mediastinal             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Adenocarcinoma, Metastatic, Uterus  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>3<br>6<br>1 | females<br>(cont...) |  |
| Lymph Node, Mesenteric              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>6<br>1 | females<br>(cont...)  |                      |  |
| Spleen                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>6<br>1 | females<br>(cont...)  |                      |  |
| Adenocarcinoma, Metastatic, Uterus  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0<br>0<br>3<br>6<br>1 | females<br>(cont...)  |                      |  |
| Thymus                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>6<br>1 | females<br>(cont...)  |                      |  |
| Thymoma Benign                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0<br>0<br>3<br>6<br>1 | females<br>(cont...)  |                      |  |
| <b>INTEGUMENTARY SYSTEM</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                       |                      |  |

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

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

Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | 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 |           |                      |  |
| 500 mg/kg              | 2           | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 0         |                      |  |
|                        | 4           | 1 | 2 | 7 | 5 | 8 | 9 | 2 | 3 | 3 | 4 | 6 | 7 | 0 | 0 | 3 | 3 | 3 | 4 | 9 | 0 | 2 | 2 | 2 | 2         | 0                    |  |
|                        | 3           | 0 | 1 | 7 | 0 | 8 | 6 | 9 | 1 | 3 | 5 | 1 | 2 | 0 | 7 | 6 | 7 | 9 | 2 | 7 | 5 | 8 | 8 | 8 | 8         | 0                    |  |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    |  |
|                        | 0           | 0 | 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 | 3         | 0                    |  |
|                        | 6           | 4 | 3 | 6 | 4 | 3 | 5 | 7 | 6 | 6 | 3 | 7 | 7 | 7 | 3 | 7 | 5 | 7 | 7 | 6 | 4 | 4 | 4 | 5 | 7         | 0                    |  |
|                        | 1           | 3 | 7 | 0 | 4 | 9 | 9 | 5 | 6 | 5 | 1 | 0 | 9 | 7 | 4 | 4 | 5 | 2 | 6 | 2 | 9 | 0 | 2 | 8 | 1         | 0                    |  |

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Adenoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fibroadenoma                | X |   |   |   |   |   | X |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fibroadenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skin                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Squamous Cell Papilloma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Lipoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

MUSCULOSKELETAL SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skeletal Muscle                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

NERVOUS SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Ependymoma Malignant         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Glioma Malignant, Mixed Cell |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

RESPIRATORY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Nose                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Trachea                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

SPECIAL SENSES 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE<br>500 mg/kg | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                     | 0<br>7<br>2<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>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |          |
|                                     | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                     | 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                |          |
|                                     | 7                | 3                | 3                | 3                | 4                | 5                | 5                | 5                | 6                | 6                | 6                | 7                | 8                | 3                | 3                | 4                | 4                | 4                | 4                | 5                | 5                | 5                | 5                | 6                |          |
|                                     | 8                | 2                | 3                | 6                | 1                | 2                | 6                | 7                | 3                | 4                | 9                | 3                | 0                | 5                | 8                | 5                | 6                | 7                | 8                | 0                | 1                | 3                | 4                | 7                |          |

Leiomyosarcoma

1

CARDIOVASCULAR SYSTEM

Blood Vessel

+ 50

Heart

+ 50

ENDOCRINE SYSTEM

Adrenal Cortex

+ 50

Adrenal Medulla

+ 50

Islets, Pancreatic  
Adenoma

+ 50  
1

Parathyroid Gland

+ M + + + + + + + + + + + M + + + + + + + + + + + + 48

Pituitary Gland  
Pars Distalis, Adenoma

+ 50  
X X X X X X X X X 18

Thyroid Gland  
C-cell, Adenoma  
Follicular Cell, Adenoma

+ 50  
X X X X X X X X X 5  
X X 2

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Clitoral Gland

+ 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

| WISTAR HAN RATS FEMALE<br>500 mg/kg | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |   |
|-------------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|---|
|                                     | 078         | 072   | 077   | 079   | 077   | 072   | 079   | 077   | 072   | 079   | 077   | 072   | 079   | 077   | 072   | 079   | 077   | 072   | 079   | 077   | 072   | 079   | 077   | 072   |          | 079   |       |   |
| ANIMAL ID                           | 00378       | 00033 | 00033 | 00033 | 00044 | 00055 | 00055 | 00066 | 00077 | 00033 | 00044 | 00055 | 00066 | 00077 | 00088 | 00033 | 00044 | 00055 | 00066 | 00077 | 00088 | 00033 | 00044 | 00055 | 00066    | 00077 | 00088 |   |
| Ovary                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 50    |   |
| Adenocarcinoma, Metastatic, Uterus  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |   |
| Uterus                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 50    |   |
| Adenocarcinoma                      |             |       |       | X     |       |       | X     |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       | X     |          |       | 7     |   |
| Adenocarcinoma, Multiple            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |   |
| Adenoma                             |             |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |       |       |       |       |       |       |       |       |       |          |       | 3     |   |
| Polyp Stromal                       |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       | X     |       | X     |       |       |       |       |       |          |       | 3     |   |
| Cervix, Sarcoma Stromal             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       | 1     |   |
| Vagina                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |   |
| <b>HEMATOPOIETIC SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |   |
| Bone Marrow                         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 50    |   |
| Lymph Node                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1 |
| Lymph Node, Mandibular              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 49    |   |
| Lymph Node, Mediastinal             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |   |
| Adenocarcinoma, Metastatic, Uterus  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |   |
| Lymph Node, Mesenteric              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 50    |   |
| Spleen                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 50    |   |
| Adenocarcinoma, Metastatic, Uterus  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |   |
| Thymus                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 49    |   |
| Thymoma Benign                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |          |       | X     | 2 |
| <b>INTEGUMENTARY SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |   |

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| WISTAR HAN RATS FEMALE<br>500 mg/kg | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |  |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|                                     | 0<br>7<br>2<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>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |                       |  |  |
| ANIMAL ID                           | 0<br>0<br>3<br>7<br>8 | 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>6 | 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>5 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 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>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>5 | 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 |  |  |
| Mammary Gland                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Adenoma                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |  |
| Fibroadenoma                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6                     |  |  |
| Fibroadenoma, Multiple              |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |  |
| Skin                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Squamous Cell Papilloma             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Subcutaneous Tissue, Lipoma         |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Bone                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Skeletal Muscle                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Adenocarcinoma, Metastatic, Uterus  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| <b>NERVOUS SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Brain                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Ependymoma Malignant                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Glioma Malignant, Mixed Cell        |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |  |  |
| <b>RESPIRATORY SYSTEM</b>           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Lung                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Adenocarcinoma, Metastatic, Uterus  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Nose                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Trachea                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| <b>SPECIAL SENSES SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |

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

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



Experiment Number: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE<br>500 mg/kg | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |  |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                                     | 0<br>7<br>2<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>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |                       |  |
| ANIMAL ID                           | 0<br>0<br>3<br>7<br>8 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>6 | 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>7 | 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>8 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 |  |
| Eye                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |                       |  |
| Harderian Gland                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |                       |  |
| <b>URINARY SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Kidney                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |  |
| Lipoma                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1                     |                       |  |
| Urinary Bladder                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |  |
| <b>SYSTEMIC LESIONS</b>             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Multiple Organ                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |  |
| Leukemia Mononuclear                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                        | 0<br>1<br>9<br>1      | 0<br>4<br>4<br>2      | 0<br>4<br>4<br>6      | 0<br>4<br>6<br>2      | 0<br>5<br>0<br>1      | 0<br>5<br>3<br>1      | 0<br>5<br>4<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>7      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>5      | 0<br>6<br>2<br>5      | 0<br>6<br>3<br>0      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>6      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>9      |                       |
| 1000 mg/kg             | 0<br>0<br>4<br>0<br>7 | 0<br>0<br>4<br>2<br>1 | 0<br>0<br>4<br>3<br>7 | 0<br>0<br>4<br>2<br>0 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>9<br>7 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>4<br>1<br>8 | 0<br>0<br>3<br>9<br>8 | 0<br>0<br>4<br>0<br>6 | 0<br>0<br>4<br>4<br>0 | 0<br>0<br>4<br>2<br>9 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>4<br>1<br>2 | 0<br>0<br>4<br>1<br>7 | 0<br>0<br>4<br>1<br>6 | 0<br>0<br>4<br>1<br>0 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>4<br>3<br>5 | 0<br>0<br>4<br>3<br>1 | 0<br>0<br>4<br>3<br>3 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>4<br>3<br>9 | 0<br>0<br>4<br>3<br>2 |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leiomyoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   | + |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                    | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | females<br>(cont...) |
|------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------------------|
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                      |
| 1000 mg/kg             | 1           | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |  |                      |
|                        | 9           | 4 | 4 | 6 | 0 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 3 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |  |                      |
|                        | 1           | 2 | 6 | 2 | 1 | 1 | 5 | 3 | 7 | 4 | 5 | 5 | 0 | 4 | 4 | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |  |                      |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 3 | 3 | 3 | 3 | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 |  |                      |
|                        | 0           | 2 | 3 | 2 | 9 | 8 | 9 | 9 | 1 | 9 | 0 | 4 | 2 | 9 | 1 | 1 | 1 | 0 | 1 | 1 | 3 | 3 | 3 |  |                      |
|                        | 7           | 1 | 7 | 0 | 0 | 5 | 7 | 3 | 8 | 8 | 6 | 0 | 9 | 4 | 2 | 7 | 6 | 0 | 1 | 5 | 1 | 3 | 4 |  |                      |

CARDIOVASCULAR SYSTEM

Blood Vessel

Heart

ENDOCRINE SYSTEM

Adrenal Cortex

Adenoma

Adrenal Medulla

Pheochromocytoma Malignant

Islets, Pancreatic

Parathyroid Gland

Pituitary Gland

Pars Distalis, Adenoma

Pars Distalis, Carcinoma

Pars Intermedia, Adenoma

Thyroid Gland

C-cell, Adenoma

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Clitoral 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  
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Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

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First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE<br>1000 mg/kg | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |  |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                                      | 0<br>1<br>9<br>1      | 0<br>4<br>4<br>2      | 0<br>4<br>4<br>6      | 0<br>4<br>6<br>2      | 0<br>5<br>0<br>1      | 0<br>5<br>3<br>1      | 0<br>5<br>4<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>7      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>5      | 0<br>6<br>2<br>5      | 0<br>6<br>3<br>0      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>6      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      |                       |  |
| ANIMAL ID                            | 0<br>0<br>4<br>0<br>7 | 0<br>0<br>4<br>2<br>1 | 0<br>0<br>4<br>3<br>7 | 0<br>0<br>4<br>2<br>0 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>9<br>7 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>4<br>1<br>8 | 0<br>0<br>3<br>9<br>8 | 0<br>0<br>4<br>0<br>8 | 0<br>0<br>4<br>4<br>6 | 0<br>0<br>4<br>2<br>0 | 0<br>0<br>3<br>9<br>4 | 0<br>0<br>4<br>1<br>2 | 0<br>0<br>4<br>1<br>7 | 0<br>0<br>4<br>1<br>6 | 0<br>0<br>4<br>1<br>0 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>4<br>3<br>5 | 0<br>0<br>4<br>3<br>1 | 0<br>0<br>4<br>3<br>3 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>4<br>3<br>9 | 0<br>0<br>4<br>3<br>2 |  |
| Fibroadenoma                         |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Skin                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>MUSCULOSKELETAL SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Bone                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Skeletal Muscle                      | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| <b>NERVOUS SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Brain                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>RESPIRATORY SYSTEM</b>            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Lung                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Adenocarcinoma, Metastatic, Uterus   |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Alveolar/Bronchiolar Adenoma         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |  |
| Nose                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Trachea                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>SPECIAL SENSES SYSTEM</b>         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Eye                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Harderian Gland                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>URINARY SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Kidney                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |

\* .. 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 1000 mg/kg             | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 50       |
|                        | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 50       |
|                        | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50       |
|                        | 3           | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 50       |
|                        | 8           | 8 | 8 | 8 | 8 | 9 | 0 | 0 | 0 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 50       |
|                        | 3           | 6 | 7 | 8 | 9 | 6 | 1 | 2 | 3 | 5 | 2 | 6 | 1 | 2 | 5 | 8 | 9 | 0 | 4 | 9 | 4 | 6 | 8 | 0 | 50       |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyoma                          |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 3  |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE<br>1000 mg/kg | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--------------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                                      | 0729        | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  |          |
| ANIMAL ID                            | 00383       | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383    |
|                                      | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |
|                                      | 0           | 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     | 4     | 4     | 4     | 4     | 4     | 4     | 3     | 3     | 3     | 4     | 4     | 4     | 4     | 4     | 4     | 4     | 4     | 4     | 4        |
|                                      | 8           | 8     | 8     | 8     | 8     | 9     | 0     | 0     | 0     | 2     | 3     | 3     | 9     | 9     | 9     | 0     | 0     | 1     | 1     | 1     | 2     | 2     | 2     | 3     | 3        |
|                                      | 3           | 6     | 7     | 8     | 9     | 6     | 1     | 2     | 3     | 5     | 2     | 6     | 1     | 2     | 5     | 8     | 9     | 0     | 4     | 9     | 4     | 6     | 8     | 0     | 5        |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ovary                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma, Metastatic, Uterus         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sex Cord Stromal Tumor, Benign, Mixed Cell |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                             |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |
| Adenoma                                    |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor            |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mandibular             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma |   |   |   |   |   |   |   |   |   | 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: 20320 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/23/2013

Time Report Requested: 15:06:23

First Dose M/F: 07/25/07 / 07/26/07

Lab: BAT

| WISTAR HAN RATS FEMALE<br>1000 mg/kg | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--------------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|                                      | 0729        | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  |          | 0729 |
| ANIMAL ID                            | 00383       | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383    |      |
| Fibroadenoma                         |             |       | X     |       |       | X     | X     | X     |       |       |       |       |       |       |       |       |       | X     |       |       |       |       | X     | X     | 11       |      |
| Skin                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |      |
| <b>MUSCULOSKELETAL SYSTEM</b>        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Bone                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |      |
| Skeletal Muscle                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |      |
| <b>NERVOUS SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |      |
| <b>RESPIRATORY SYSTEM</b>            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Lung                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |      |
| Adenocarcinoma, Metastatic, Uterus   |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | 4        |      |
| Alveolar/Bronchiolar Adenoma         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |      |
| Nose                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |      |
| Trachea                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |      |
| <b>SPECIAL SENSES SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Eye                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 49       |      |
| Harderian Gland                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 49       |      |
| <b>URINARY SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Kidney                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 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: 20320 - 03

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

Date Report Requested: 01/23/2013

Test Type: CHRONIC

Tetrabromobisphenol A

Time Report Requested: 15:06:23

Route: GAVAGE

CAS Number: 79-94-7

First Dose M/F: 07/25/07 / 07/26/07

Species/Strain: RATS/Wistar Han

Lab: BAT

| WISTAR HAN RATS FEMALE             | 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  |          |    |
| 1000 mg/kg                         | 00383       | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 00383 | 1        |    |
| Adenocarcinoma, Metastatic, Uterus |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1  |
| Urinary Bladder                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50 |
| <b>SYSTEMIC LESIONS</b>            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |
| Multiple Organ                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50 |

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

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

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