

**Experiment Number:** 96014 - 05  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

**CAS Number:** 71133-14-7

**Date Report Requested:** 03/05/2013

**Time Report Requested:** 08:02:51

**First Dose M/F:** 10/26/06 / 10/27/06

**Lab:** BAT

F1\_RD\_Rev. 1

<b>NTP Study Number:</b>	C96014B		
<b>Lock Date:</b>	11/17/2009		
<b>Cage Range:</b>	ALL		
<b>Date Range:</b>	ALL		
<b>Reasons For Removal:</b>	25021 TSAC	25020 NATD	25019 MSAC
<b>Removal Date Range:</b>	ALL		
<b>Treatment Groups:</b>	Include ALL		
<b>Study Gender:</b>	Both		
<b>TDMSE Version:</b>	3.0.1.1_001		
<b>PWG Approval Date:</b>	NONE		

Note: Animals arranged according to days on test.







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 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

FISCHER 344-TACONIC 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 mg/L	3	4	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	0		
	8	7	3	4	6	6	7	8	8	8	9	0	0	0	1	1	3	4	5	6	6	6	0	
	3	7	7	4	1	8	9	0	8	9	3	2	7	8	0	7	8	4	7	4	4	4	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2	1	1	4	5	0	1	6	0	3	4	6	4	1	4	0	2	3	1	3	4	6	0	
	5	7	6	1	2	9	0	2	3	7	0	5	4	4	8	5	9	2	1	6	2	0	0	

Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+

**INTEGUMENTARY SYSTEM**

Mammary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Keratoacanthoma				X														X		X	X	X	
Squamous Cell Papilloma																							
Pinna, Squamous Cell Papilloma																							
Subcutaneous Tissue, Fibroma																		X					X
Subcutaneous Tissue, Fibrosarcoma																				X			
Subcutaneous Tissue, Fibrous Histiocytoma																							
Subcutaneous Tissue, Lipoma																							

**MUSCULOSKELETAL SYSTEM**

Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Osteoma																							X
Skeletal Muscle																							
Fibrous Histiocytoma																							

**NERVOUS SYSTEM**

Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrous Histiocytoma																							
Meninges, Granular Cell Tumor Benign																							

**RESPIRATORY SYSTEM**

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

M .. Missing tissue  
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 BLANK .. Not examined microscopically









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Lab: BAT

FISCHER 344-TACONIC RATS MALE	DAY ON TEST																								* TOTALS		
	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678			
0 mg/L	ANIMAL ID																								* TOTALS		
	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045		0045	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Tongue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Tooth																									1		
<b>CARDIOVASCULAR SYSTEM</b>																											
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Adenoma									X											X					2		
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Pheochromocytoma Benign			X	X							X	X					X	X							8		
Bilateral, Pheochromocytoma Benign									X																2		
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Pars Distalis, Adenoma	X	X	X	X	X		X	X			X	X		X	X	X		X	X			X	X		26		
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Bilateral, C-cell, Adenoma			X																						2		
C-cell, Adenoma												X				X		X							5		
C-cell, Carcinoma																									1		

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	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678	0678			
0 mg/L	ANIMAL ID																								* TOTALS		
	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045	0045		0045	
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Thymus	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48		
<b>INTEGUMENTARY SYSTEM</b>																											
Mammary Gland	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Keratoacanthoma				X									X											7			
Squamous Cell Papilloma		X					X							X										2			
Pinna, Squamous Cell Papilloma													X											1			
Subcutaneous Tissue, Fibroma									X						X									4			
Subcutaneous Tissue, Fibrosarcoma																								1			
Subcutaneous Tissue, Fibrous Histiocytoma						X																		1			
Subcutaneous Tissue, Lipoma																				X				1			
<b>MUSCULOSKELETAL SYSTEM</b>																											
Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Osteoma																									1		
Skeletal Muscle							+								+	+					+			4			
Fibrous Histiocytoma							X																	1			
<b>NERVOUS SYSTEM</b>																											
Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Fibrous Histiocytoma							X																	1			
Meninges, Granular Cell Tumor Benign	X						X																	2			
<b>RESPIRATORY SYSTEM</b>																											

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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Water disinfection byproducts (Bromodichloroacetic acid)

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Lab: BAT

FISCHER 344-TACONIC RATS MALE	DAY ON TEST																								* TOTALS	
	0678	0668	0668	0668	0668	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671	0671		
0 mg/L	ANIMAL ID																									
	0045	0044	0053	0006	0008	0003	0001	0002	0007	0008	0003	0005	0009	0008	0006	0007	0008	0000	0001	0003	0003	0004	0004	0006	0007	
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Alveolar/Bronchiolar Adenoma											X									X						3
Carcinoma, Metastatic, Harderian Gland	X																									1
Fibrous Histiocytoma							X																			1
Squamous Cell Carcinoma																						X				1
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>SPECIAL SENSES SYSTEM</b>																										
Ear																										
Neural Crest Tumor																							X			1
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Carcinoma	X																									1
Zymbal's Gland																										1
Carcinoma																										1
<b>URINARY SYSTEM</b>																										
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lipoma																X										1
Renal Tubule, Adenoma	X																									1
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>SYSTEMIC LESIONS</b>																										

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Lab: BAT

FISCHER 344-TACONIC 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
250 mg/L	1	3	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	0	0
	1	0	0	1	2	3	3	5	9	9	0	0	0	2	3	3	4	6	7	8	8	0	0
	7	9	9	6	6	0	3	8	5	7	3	7	9	9	5	8	4	7	4	0	5	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0
	3	3	2	5	3	3	1	4	0	3	5	4	4	6	0	0	2	2	2	5	2	0	0
	2	7	1	2	4	1	6	0	3	6	5	6	1	2	5	4	3	7	0	1	4	0	0

NONE

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																							
Bilateral, Carcinoma																							
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																							
Osteosarcoma																							
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bilateral, Interstitial Cell, Adenoma																							
Interstitial Cell, Adenoma																							

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node																							
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

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FISCHER 344-TACONIC 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		
250 mg/L	1	3	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	0	
	1	0	0	1	2	3	3	5	9	9	0	0	0	2	3	3	4	6	7	8	8	8	8	9	0	
	7	9	9	6	6	0	3	8	5	7	3	7	9	9	5	8	4	7	4	0	5	7	8	1	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	
	3	3	2	5	3	3	1	4	0	3	5	4	4	6	0	0	2	2	2	5	2	6	1	4	0	
	2	7	1	2	4	1	6	0	3	6	5	6	1	2	5	4	3	7	0	1	4	3	8	8	0	

Thymus + + + + + + + + M + + + + M + + + M + + + + + + +

**INTEGUMENTARY SYSTEM**

Mammary Gland Fibroadenoma +

Skin  
 Keratoacanthoma +  
 Squamous Cell Carcinoma  
 Squamous Cell Papilloma  
 Sebaceous Gland, Adenoma X  
 Subcutaneous Tissue, Fibroma X  
 Subcutaneous Tissue, Fibroma, Multiple X  
 Subcutaneous Tissue, Schwannoma Malignant X

**MUSCULOSKELETAL SYSTEM**

Bone +

**NERVOUS SYSTEM**

Brain Glioma +  
 Peripheral Nerve +  
 Spinal Cord +

**RESPIRATORY SYSTEM**

Lung Alveolar/Bronchiolar Adenoma +

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
250 mg/L	1	3	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6		
	1	0	0	1	2	3	3	5	9	9	0	0	0	2	3	3	4	6	7	8	8	8	8		
	7	9	9	6	6	0	3	8	5	7	3	7	9	9	5	8	4	7	4	0	5	7	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	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
	3	3	2	5	3	3	1	4	0	3	5	4	4	6	0	0	2	2	2	5	2	6	1		
	2	7	1	2	4	1	6	0	3	6	5	6	1	2	5	4	3	7	0	1	4	3	8		

Carcinoma, Metastatic, Thyroid Gland

X

Nose

+ +

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

Harderian Gland  
Adenoma

+ +

Zymbal's Gland  
Carcinoma

+  
X

**URINARY SYSTEM**

Kidney

+ +

Urinary Bladder

+ +

**SYSTEMIC LESIONS**

Multiple Organ  
Leukemia Mononuclear  
Mesothelioma Malignant

+  
 X  
 X

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| FISCHER 344-TACONIC RATS MALE | 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 |  |          |
| 250 mg/L                      | 0<br>2      | 0<br>6 | 0<br>9 | 0<br>2 | 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>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>0      | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 |  |          |
|                               | 1<br>4      | 1<br>2 | 1<br>1 | 1<br>6 | 1<br>2 | 1<br>2 | 1<br>2 | 1<br>3 | 1<br>3 | 1<br>3 | 1<br>4 | 1<br>5 | 1<br>5 | 1<br>5 | 1<br>0 | 1<br>6 | 1<br>3 | 1<br>4 | 1<br>5 | 1<br>9 | 1<br>2 | 1<br>3 | 1<br>5 |  |          |
|                               | 2<br>8      | 7      | 7      | 1      | 5      | 6      | 9      | 0      | 3      | 5      | 9      | 0      | 3      | 4      | 6      | 3      | 4      | 5      | 9      | 2      | 8      | 9      | 6      |  |          |

**CARDIOVASCULAR SYSTEM**

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

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                                       |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adrenal Medulla                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pheochromocytoma Benign                         |   |   |   | X |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   | X | X | 7  |
| Pheochromocytoma Malignant                      |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |
| Bilateral, Carcinoma, Metastatic, Thyroid Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bilateral, Pheochromocytoma Benign              |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma   |   |   | X |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   | 3  |
| Parathyroid Gland                               | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Pituitary Gland                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Pars Distalis, Adenoma                          | X | X |   | X | X |   | X | X |   | X | X | X |   |   |   | X | X |   | X |   | X | X | 29 |
| Pars Distalis, Carcinoma                        |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thyroid Gland                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| C-cell, Adenoma                                 |   |   |   |   |   |   |   |   | X | X |   | X |   |   |   | X |   |   |   |   | X | X | 9  |
| C-cell, Carcinoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Follicular Cell, Adenoma                        | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

**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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>250 mg/L | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|   | 0<br>7<br>0<br>2      | 0<br>7<br>0<br>6      | 0<br>7<br>1<br>9      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |                       |  |
| ANIMAL ID                                 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>6<br>0 |  |
| Thymus                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |  |
| <b>INTEGUMENTARY SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Mammary Gland                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Fibroadenoma                              |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |
| Skin                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Keratoacanthoma                           |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |  |
| Squamous Cell Carcinoma                   |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Squamous Cell Papilloma                   |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Sebaceous Gland, Adenoma                  |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |
| Subcutaneous Tissue, Fibroma              |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 5                     |  |
| Subcutaneous Tissue, Fibroma, Multiple    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Subcutaneous Tissue, Schwannoma Malignant |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| <b>MUSCULOSKELETAL SYSTEM</b>             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Bone                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| <b>NERVOUS SYSTEM</b>                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Brain                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Glioma                                    |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Peripheral Nerve                          |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |
| Spinal Cord                               |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |
| <b>RESPIRATORY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Lung                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Alveolar/Bronchiolar Adenoma              |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |  |

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

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

Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>250 mg/L | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|   | 0<br>7<br>0<br>2      | 0<br>7<br>0<br>6      | 0<br>7<br>1<br>6      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |  |  |
| ANIMAL ID                                 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>6<br>0 |  |  |
| Carcinoma, Metastatic, Thyroid Gland      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Nose                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Trachea                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| <b>SPECIAL SENSES SYSTEM</b>              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Eye                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Harderian Gland<br>Adenoma                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1               |  |  |
| Zymbal's Gland<br>Carcinoma               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2<br>2                |  |  |
| <b>URINARY SYSTEM</b>                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Kidney                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Urinary Bladder                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| <b>SYSTEMIC LESIONS</b>                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Multiple Organ                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Leukemia Mononuclear                      |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       | X                     |                       |                       | X                     | X                     |                       | X                     |                       |                       |                       |                       | 11                    |                       |  |  |
| Mesothelioma Malignant                    | X                     |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     | 12                    |                       |  |  |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS MALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID             | males<br>(cont...)    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                               | 0<br>4<br>4<br>2 | 0<br>4<br>5<br>3 | 0<br>4<br>9<br>3 | 0<br>5<br>1<br>3 | 0<br>5<br>8<br>5 | 0<br>5<br>8<br>7 | 0<br>5<br>8<br>7 | 0<br>6<br>0<br>5 | 0<br>6<br>1<br>1 | 0<br>6<br>1<br>8 | 0<br>6<br>2<br>1 | 0<br>6<br>3<br>5 | 0<br>6<br>4<br>6 | 0<br>6<br>5<br>7 | 0<br>6<br>6<br>7 | 0<br>6<br>7<br>4 | 0<br>6<br>8<br>5 | 0<br>6<br>8<br>8 | 0<br>6<br>9<br>9 | 0<br>7<br>0<br>2 | 0<br>7<br>0<br>2 | 0<br>7<br>1<br>2 | 0<br>7<br>2<br>4 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 500 mg/L                      | 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>2<br>4<br>6 | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>3<br>9 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>0<br>8 | 0<br>0<br>2<br>3<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>0<br>5 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>4<br>9 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>3<br>0 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>4<br>4 |

Squamous Cell Papilloma

X

Stomach, Glandular

+ +

Tongue

+ +

Squamous Cell Carcinoma

X

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ +

Adenoma

X

X

Adrenal Medulla

+ +

Pheochromocytoma Benign

X

X

X

Pheochromocytoma Malignant

X

Bilateral, Pheochromocytoma Benign

X

Islets, Pancreatic

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

Adenoma

Parathyroid Gland

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

Pituitary Gland

+ +

Pars Distalis, Adenoma

X

X

X

X

X

X

X

X

X

X

X

Thyroid Gland

+ +

Bilateral, C-cell, Adenoma

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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...) |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|                               | 0<br>4<br>4<br>2      | 0<br>4<br>5<br>3      | 0<br>4<br>9<br>3      | 0<br>5<br>1<br>3      | 0<br>5<br>8<br>5      | 0<br>5<br>8<br>7      | 0<br>5<br>8<br>7      | 0<br>6<br>0<br>5      | 0<br>6<br>1<br>1      | 0<br>6<br>1<br>8      | 0<br>6<br>2<br>1      | 0<br>6<br>3<br>5      | 0<br>6<br>4<br>6      | 0<br>6<br>5<br>7      | 0<br>6<br>6<br>4      | 0<br>6<br>7<br>5      | 0<br>6<br>8<br>8      | 0<br>6<br>8<br>5      | 0<br>6<br>8<br>8      | 0<br>6<br>9<br>9      | 0<br>7<br>0<br>2      | 0<br>7<br>0<br>2      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>4      |                       |                    |
| 500 mg/L                      | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>4<br>7 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>2<br>9 | 0<br>0<br>0<br>2<br>5 | 0<br>0<br>0<br>2<br>3 | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>4<br>5 | 0<br>0<br>0<br>4<br>8 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>4<br>4 |                    |

C-cell, Adenoma

X

X

X

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

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

**HEMATOPOIETIC SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node<br>Renal, Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   | + | + |   |   |   |
| Lymph Node, Mandibular               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric               | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                               | + | + | + | + | + | + | + | + | + | + | + | 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>500 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | males<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|--------------------|
|   | 0<br>4<br>4<br>2 | 0<br>4<br>5<br>3 | 0<br>4<br>9<br>3 | 0<br>5<br>1<br>3 | 0<br>5<br>8<br>5 | 0<br>5<br>8<br>7 | 0<br>5<br>8<br>7 | 0<br>6<br>0<br>5 | 0<br>6<br>1<br>1 | 0<br>6<br>1<br>8 | 0<br>6<br>2<br>1 | 0<br>6<br>3<br>5 | 0<br>6<br>4<br>6 | 0<br>6<br>5<br>7 | 0<br>6<br>6<br>7 | 0<br>6<br>7<br>4 | 0<br>6<br>7<br>4 | 0<br>6<br>8<br>5 | 0<br>6<br>8<br>8 | 0<br>6<br>8<br>9 | 0<br>7<br>0<br>2 | 0<br>7<br>0<br>2 | 0<br>7<br>1<br>2 | 0<br>7<br>2<br>4      |           |                    |
|   | 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>2<br>4<br>6 |           |                    |

Hemangiosarcoma

Thymus + + + + + + + M + + + + + + + M + + + + + + + +

**INTEGUMENTARY SYSTEM**

Mammary Gland + + + + + + + M + + + + + + + + + + + + + +  
 Fibroadenoma X

Skin +  
 Basal Cell Adenoma X  
 Keratoacanthoma X  
 Squamous Cell Carcinoma X  
 Sebaceous Gland, Adenoma X  
 Subcutaneous Tissue, Fibroma X  
 Subcutaneous Tissue, Fibrosarcoma X  
 Subcutaneous Tissue, Lipoma X

**MUSCULOSKELETAL SYSTEM**

Bone +  
 Skeletal Muscle +  
 Fibroma

**NERVOUS SYSTEM**

Brain +  
 Glioma X  
 Oligodendroglioma Nos X

**RESPIRATORY 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>500 mg/L                        | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|  | 0<br>4<br>4<br>2      | 0<br>4<br>5<br>3      | 0<br>4<br>9<br>3      | 0<br>5<br>1<br>3      | 0<br>5<br>8<br>5      | 0<br>5<br>8<br>7      | 0<br>5<br>8<br>7      | 0<br>6<br>0<br>5      | 0<br>6<br>1<br>8      | 0<br>6<br>1<br>5      | 0<br>6<br>2<br>6      | 0<br>6<br>3<br>4      | 0<br>6<br>4<br>5      | 0<br>6<br>6<br>7      | 0<br>6<br>7<br>4      | 0<br>6<br>7<br>4      | 0<br>6<br>8<br>5      | 0<br>6<br>8<br>8      | 0<br>6<br>9<br>9      | 0<br>7<br>0<br>2      | 0<br>7<br>0<br>2      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>4      |                       |                    |
| ANIMAL ID  | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>9 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>0<br>8 | 0<br>0<br>2<br>3<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>0<br>5 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>4<br>0 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>3<br>5 | 0<br>0<br>2<br>4<br>8 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>4 |                    |
| Lung<br>Carcinoma, Metastatic, Harderian Gland                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>SPECIAL SENSES SYSTEM</b>                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Harderian Gland<br>Carcinoma                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>URINARY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Kidney<br>Mesenchymal Tumor Malignant<br>Renal Tubule, Adenoma   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Urinary Bladder  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>SYSTEMIC LESIONS</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Multiple Organ<br>Leukemia Mononuclear<br>Mesothelioma Malignant | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
|  |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     | X                     | X                     | 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

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

Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>500 mg/L | DAY ON TEST          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | * TOTALS             |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|   | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             |                      |
| ANIMAL ID                                 | 00<br>20<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |              |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50           |
| Intestine Large, Cecum<br>Adenoma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>1      |
| Intestine Large, Colon<br>Adenoma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1      |
| Intestine Large, Rectum                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50           |
| Intestine Small, Duodenum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Intestine Small, Ileum                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Intestine Small, Jejunum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Liver<br>Cholangiocarcinoma<br>Hepatocellular Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1<br>2 |
| Mesentery   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9            |
| Oral Mucosa<br>Squamous Cell Papilloma                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2      |
| Pancreas<br>Acinus, Adenoma                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>2      |
| Salivary Glands                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50           |
| Stomach, Forestomach                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>500 mg/L  | DAY ON TEST          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | * TOTALS |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------|
|  | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             |                      |          |
| ANIMAL ID  | 00<br>20<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 | 00<br>00<br>00<br>22 |          |
| Squamous Cell Papilloma  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | 1                    |          |
| Stomach, Glandular   | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50                   |          |
| Tongue<br>Squamous Cell Carcinoma  | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50<br>1              |          |
| <b>CARDIOVASCULAR SYSTEM</b>   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          |
| Blood Vessel   | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50                   |          |
| Heart  | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50                   |          |
| <b>ENDOCRINE SYSTEM</b>  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          |
| Adrenal Cortex<br>Adenoma  | +                    | +                    | +                    | +                    | +                    |                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50<br>4              |          |
| Adrenal Medulla<br>Pheochromocytoma Benign<br>Pheochromocytoma Malignant<br>Bilateral, Pheochromocytoma Benign | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50<br>8<br>2<br>1    |          |
| Islets, Pancreatic<br>Adenoma  | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 49<br>2              |          |
| Parathyroid Gland  | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 46                   |          |
| Pituitary Gland<br>Pars Distalis, Adenoma  | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 49<br>26             |          |
| Thyroid Gland<br>Bilateral, C-cell, Adenoma  | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50<br>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: 96014 - 05  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>500 mg/L | DAY ON TEST          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   | * TOTALS |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------|
|   | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             | 07<br>26             |   |          |
| ANIMAL ID                                 | 00<br>20<br>00<br>22 | 00<br>00<br>00<br>23 | 00<br>00<br>00<br>07 | 00<br>00<br>00<br>09 | 00<br>00<br>04<br>11 | 00<br>00<br>04<br>22 | 00<br>00<br>05<br>22 | 00<br>00<br>05<br>26 | 00<br>00<br>06<br>11 | 00<br>00<br>06<br>22 | 00<br>00<br>06<br>24 | 00<br>00<br>06<br>25 | 00<br>00<br>06<br>26 | 00<br>00<br>06<br>27 | 00<br>00<br>06<br>28 | 00<br>00<br>06<br>29 | 00<br>00<br>06<br>30 | 00<br>00<br>06<br>31 | 00<br>00<br>06<br>32 | 00<br>00<br>06<br>33 | 00<br>00<br>06<br>34 | 00<br>00<br>06<br>35 | 00<br>00<br>06<br>36 |   |          |
| C-cell, Adenoma                           |                      | X                    |                      |                      |                      |                      | X                    | X                    |                      |                      |                      |                      | X                    |                      |                      |                      |                      |                      | X                    |                      |                      |                      |                      | 8 |          |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland<br>Adenoma            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | X | 5  |
| Prostate                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Bilateral, Interstitial Cell, Adenoma | X | X |   | X | X | X | X |   | X | X |   |   |   |   |   |   | X | X | X |   |   | X | X | 19 |
| Interstitial Cell, Adenoma            |   |   |   | X |   |   |   | X | X | X |   |   |   |   |   |   |   |   | X | X |   |   |   | 12 |

**HEMATOPOIETIC SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node<br>Renal, Hemangiosarcoma |   |   |   |   | + | + |   | + |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   | 8  |
|                                      |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mesenteric               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Spleen                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. 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: 96014 - 05  
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 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>500 mg/L | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  | * TOTALS |
|---|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----------|
|   | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |  |          |
| ANIMAL ID                                 | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |          |
|   | 26          | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 |  |          |
|   | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |          |
|   | 20          | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |  |          |
|   | 00          | 00 | 00 | 04 | 04 | 05 | 05 | 06 | 06 | 06 | 06 | 00 | 00 | 01 | 01 | 01 | 01 | 01 | 02 | 03 | 03 | 04 | 04 |  |          |
|   | 22          | 23 | 27 | 29 | 31 | 32 | 32 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 |  |          |
| Hemangiosarcoma                           |             |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Thymus                                    | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |          |
| <b>INTEGUMENTARY SYSTEM</b>               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Mammary Gland                             | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |          |
| Fibroadenoma                              |             |    | X  |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Skin                                      | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |          |
| Basal Cell Adenoma                        |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |  |          |
| Keratoacanthoma                           |             |    |    | X  |    |    |    | X  |    | X  |    | X  |    |    |    |    |    |    |    | X  |    |    |    |  |          |
| Squamous Cell Carcinoma                   |             |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Sebaceous Gland, Adenoma                  |             |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Subcutaneous Tissue, Fibroma              | X           |    |    |    |    |    | X  |    | X  |    | X  | X  |    | X  |    |    |    |    | X  |    |    |    |    |  |          |
| Subcutaneous Tissue, Fibrosarcoma         |             |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Subcutaneous Tissue, Lipoma               |             | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| <b>MUSCULOSKELETAL SYSTEM</b>             |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Bone                                      | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |          |
| Skeletal Muscle                           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | +  |    |    |    |  |          |
| Fibroma                                   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |  |          |
| <b>NERVOUS SYSTEM</b>                     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Brain                                     | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |          |
| Glioma                                    |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| Oligodendroglioma Nos                     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |
| <b>RESPIRATORY SYSTEM</b>                 |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |          |

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|--|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------|--|
|  | 07<br>26    | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 | 07<br>26 |                |  |
| ANIMAL ID  | 0020        | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000     | 0000           |  |
| Lung<br>Carcinoma, Metastatic, Harderian Gland                   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50<br>1        |  |
| Nose   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50             |  |
| Trachea  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50             |  |
| <b>SPECIAL SENSES SYSTEM</b>                                     |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                |  |
| Eye  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50             |  |
| Harderian Gland<br>Carcinoma                                     | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50<br>1        |  |
| <b>URINARY SYSTEM</b>  |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                |  |
| Kidney<br>Mesenchymal Tumor Malignant<br>Renal Tubule, Adenoma   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50<br>1<br>1   |  |
| Urinary Bladder  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50             |  |
| <b>SYSTEMIC LESIONS</b>  |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |                |  |
| Multiple Organ<br>Leukemia Mononuclear<br>Mesothelioma Malignant | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50<br>15<br>18 |  |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                               | 0<br>3<br>8<br>9      | 0<br>4<br>3<br>6      | 0<br>4<br>6<br>7      | 0<br>4<br>8<br>1      | 0<br>4<br>9<br>9      | 0<br>5<br>4<br>8      | 0<br>5<br>6<br>1      | 0<br>5<br>7<br>3      | 0<br>5<br>7<br>5      | 0<br>5<br>8<br>6      | 0<br>5<br>8<br>7      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>4      | 0<br>6<br>4<br>4      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>7      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>4      | 0<br>6<br>7<br>4      | 0<br>6<br>7<br>8      |                       |                       |
| 1000 mg/L                     | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>6<br>5 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>5<br>0 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon<br>Adenoma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum<br>Adenoma                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hemangioma<br>Osteosarcoma, Metastatic, Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesentery   |   |   |   |   |   |   |   |   | + |   |   |   |   | + |   |   |   |   |   |   | + |   |   |   | + |
| Oral Mucosa<br>Squamous Cell Papilloma                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pancreas<br>Adenoma, Mixed Cell<br>Acinus, Adenoma    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                       |                       |                       |                       |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                               | 0<br>3<br>8<br>9      | 0<br>4<br>3<br>6      | 0<br>4<br>6<br>7      | 0<br>4<br>8<br>1      | 0<br>4<br>9<br>9      | 0<br>5<br>4<br>8      | 0<br>5<br>6<br>1      | 0<br>5<br>7<br>3      | 0<br>5<br>7<br>5      | 0<br>5<br>8<br>6      | 0<br>5<br>8<br>7      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>0      | 0<br>6<br>2<br>1      | 0<br>6<br>2<br>9      | 0<br>6<br>4<br>2      | 0<br>6<br>4<br>6      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>7      | 0<br>6<br>6<br>4      |                       | 0<br>6<br>6<br>4      | 0<br>6<br>7<br>4      | 0<br>6<br>7<br>8      |                       |
| 1000 mg/L                     | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>6<br>5 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>0<br>9 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>1<br>0 | 0<br>0<br>3<br>4<br>0 |
| ANIMAL ID                     | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>6<br>5 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>0<br>9 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>1<br>0 | 0<br>0<br>3<br>4<br>0 |                       |

Stomach, Forestomach

+ +

Stomach, Glandular

+ +

Tongue  
Squamous Cell Carcinoma  
Squamous Cell Papilloma

+  
X

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart  
Atrium, Endocardium, Schwannoma Malignant

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex  
Osteosarcoma, Metastatic, Bone

+ +

Adrenal Medulla  
Pheochromocytoma Benign  
Pheochromocytoma Malignant

+  
X X X X

Islets, Pancreatic

+ +

Parathyroid Gland

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

Pituitary Gland  
Pars Distalis, Adenoma

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

Thyroid Gland  
C-cell, Adenoma

+  
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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

|                               |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |
|-------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
| FISCHER 344-TACONIC 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/L                     |  | 3           | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                    | 6 |
| ANIMAL ID                     |  | 8           | 3 | 6 | 8 | 9 | 4 | 6 | 7 | 7 | 8 | 8 | 0 | 1 | 2 | 2 | 2 | 4 | 4 | 5 | 5 | 6                  |   |
|                               |  | 9           | 6 | 7 | 1 | 9 | 8 | 1 | 3 | 5 | 6 | 7 | 2 | 0 | 1 | 9 | 9 | 2 | 4 | 3 | 7 | 4                  |   |
|                               |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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                  |   |
|                               |  | 5           | 2 | 4 | 1 | 6 | 2 | 1 | 3 | 6 | 2 | 1 | 2 | 4 | 4 | 2 | 6 | 1 | 1 | 0 | 0 | 1                  |   |
|                               |  | 1           | 3 | 5 | 3 | 1 | 8 | 1 | 0 | 5 | 2 | 6 | 9 | 3 | 2 | 0 | 6 | 4 | 9 | 6 | 5 | 8                  |   |

Follicular Cell, Adenoma  
 Follicular Cell, Carcinoma

X X

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

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

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   | + |   |   |   |   |   |   |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 96014 - 05  
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 Lab: BAT

| FISCHER 344-TACONIC RATS MALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |                  |                  |                  |
|-------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|------------------|------------------|------------------|
|                               | 0<br>3<br>8<br>9 | 0<br>4<br>3<br>6 | 0<br>4<br>6<br>7 | 0<br>4<br>8<br>1 | 0<br>4<br>9<br>9 | 0<br>5<br>4<br>8 | 0<br>5<br>6<br>1 | 0<br>5<br>7<br>3 | 0<br>5<br>7<br>5 | 0<br>5<br>8<br>6 | 0<br>5<br>8<br>7 | 0<br>6<br>0<br>2 | 0<br>6<br>1<br>0 | 0<br>6<br>2<br>1 | 0<br>6<br>2<br>9 | 0<br>6<br>4<br>2 | 0<br>6<br>4<br>4 | 0<br>6<br>5<br>3 | 0<br>6<br>5<br>7 | 0<br>6<br>6<br>4 |                    | 0<br>6<br>6<br>4 | 0<br>6<br>7<br>4 | 0<br>6<br>7<br>8 |
| 1000 mg/L                     | 0<br>3<br>5<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>4 | 0<br>0<br>2<br>6 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4   | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>0 |
| ANIMAL ID                     | 0<br>3<br>5<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>4 | 0<br>0<br>2<br>6 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4   | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>0 |

Hemangiosarcoma  
 Osteosarcoma, Metastatic, Bone

X

Thymus  
 Thymoma Benign

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

**INTEGUMENTARY SYSTEM**

Mammary Gland  
 Fibroadenoma

+ +

Skin  
 Basal Cell Adenoma  
 Basal Cell Carcinoma  
 Keratoacanthoma  
 Keratoacanthoma, Multiple  
 Squamous Cell Papilloma  
 Sebaceous Gland, Adenoma  
 Subcutaneous Tissue, Fibroma  
 Subcutaneous Tissue, Fibroma, Multiple  
 Subcutaneous Tissue, Fibrosarcoma  
 Subcutaneous Tissue, Fibrosarcoma, Multiple

+  
 X  
 X X  
 X X  
 X  
 X X X  
 X X X  
 X  
 X

**MUSCULOSKELETAL SYSTEM**

Bone  
 Osteoma  
 Osteosarcoma  
 Tendon, Fibrosarcoma

+ +

**NERVOUS SYSTEM**

Brain

+ +

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

| FISCHER 344-TACONIC RATS MALE | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |    | * TOTALS |
|-------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----|----------|
|                               | 0678        | 0678   | 0705   | 0705   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   | 0707   |    |          |
| 1000 mg/L                     | 003557      | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 003557 | 50 |          |

**ALIMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Colon Adenoma       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | 50<br>1 |
| Intestine Large, Rectum Adenoma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | 50<br>1 |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Liver Hemangioma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Liver Osteosarcoma, Metastatic, Bone | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Mesentery                            | + | + |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 10      |
| Oral Mucosa Squamous Cell Papilloma  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Pancreas Adenoma, Mixed Cell         | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Pancreas Acinus, Adenoma             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Salivary Glands                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |

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

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



Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>1000 mg/L | DAY ON TEST          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | * TOTALS             |    |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----|
|  | 06777777777777777777 | 06777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 |                      |    |
| ANIMAL ID                                  | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 | 00000000000000000000 |    |
| Stomach, Forestomach                       | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Stomach, Glandular                         | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Tongue                                     | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Squamous Cell Carcinoma                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | 1  |
| Squamous Cell Papilloma                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | X                    |                      |                      |                      |                      | 1  |
| <b>CARDIOVASCULAR SYSTEM</b>               |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |
| Blood Vessel                               | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Heart                                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Atrium, Endocardium, Schwannoma Malignant  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | X                    |                      |                      |                      |                      | 1  |
| <b>ENDOCRINE SYSTEM</b>                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |    |
| Adrenal Cortex                             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Osteosarcoma, Metastatic, Bone             | X                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | 1  |
| Adrenal Medulla                            | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Pheochromocytoma Benign                    |                      |                      |                      |                      |                      | X                    | X                    | X                    |                      |                      |                      | X                    | X                    |                      | X                    |                      |                      |                      |                      |                      | X                    | 11 |
| Pheochromocytoma Malignant                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | X                    |                      |                      |                      |                      |                      |                      | 1  |
| Islets, Pancreatic                         | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| Parathyroid Gland                          | +                    | +                    | +                    | +                    | +                    | +                    | M                    | +                    | M                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 44 |
| Pituitary Gland                            | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 48 |
| Pars Distalis, Adenoma                     |                      |                      | X                    |                      | X                    | X                    |                      |                      | X                    | X                    |                      |                      |                      | X                    |                      | X                    |                      | X                    | X                    | X                    | X                    | 20 |
| Thyroid Gland                              | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 50 |
| C-cell, Adenoma                            | X                    |                      |                      | X                    |                      |                      |                      |                      | X                    | X                    |                      |                      |                      | X                    |                      |                      |                      |                      |                      |                      | X                    | 8  |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS MALE<br>1000 mg/L  | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|
|   | 0678        | 0678 | 0705 | 0705 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 |          | 0707 |      |
| ANIMAL ID                                   | 0035        | 0035 | 0031 | 0032 | 0035 | 0034 | 0035 | 0037 | 0033 | 0034 | 0036 | 0039 | 0030 | 0038 | 0039 | 0030 | 0032 | 0034 | 0034 | 0031 | 0034     | 0039 | 0034 |
| Hemangiosarcoma                             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Osteosarcoma, Metastatic, Bone              | X           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Thymus                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 49   |
| Thymoma Benign                              |             |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        |      | 2    |
| <b>INTEGUMENTARY SYSTEM</b>                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Mammary Gland                               | +           | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 49   |
| Fibroadenoma                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |          |      | 1    |
| Skin  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50   |
| Basal Cell Adenoma                          |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      | X    |      |      |      |          | X    | 4    |
| Basal Cell Carcinoma                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Keratoacanthoma                             |             | X    |      |      |      | X    |      |      | X    |      |      |      |      | X    |      |      | X    |      | X    |      |          | X    | 12   |
| Keratoacanthoma, Multiple                   |             |      |      |      | X    |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |          |      | 3    |
| Squamous Cell Papilloma                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Sebaceous Gland, Adenoma                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 2    |
| Subcutaneous Tissue, Fibroma                |             |      |      |      |      | X    |      | X    |      | X    | X    |      | X    |      |      |      |      |      | X    |      |          |      | 13   |
| Subcutaneous Tissue, Fibroma, Multiple      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    | 2    |
| Subcutaneous Tissue, Fibrosarcoma           |             |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Bone  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50   |
| Osteoma                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |          |      | 1    |
| Osteosarcoma                                | X           |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |          |      | 2    |
| Tendon, Fibrosarcoma                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |          |      | 1    |
| <b>NERVOUS SYSTEM</b>                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Brain                                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>0 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                       |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|-----------------------|------------------|
|  | 0<br>3<br>3<br>0 | 0<br>4<br>3<br>2 | 0<br>5<br>5<br>1 | 0<br>6<br>0<br>8 | 0<br>6<br>3<br>5 | 0<br>6<br>3<br>5 | 0<br>6<br>3<br>5 | 0<br>6<br>4<br>1 | 0<br>6<br>4<br>5 | 0<br>6<br>7<br>3 | 0<br>6<br>8<br>0 | 0<br>6<br>9<br>9 | 0<br>6<br>9<br>0 | 0<br>6<br>9<br>4 | 0<br>7<br>0<br>1 | 0<br>7<br>2<br>2 | 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>4<br>5<br>4 |                  |

**CARDIOVASCULAR SYSTEM**

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

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pheochromocytoma Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pheochromocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland          | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Adenoma     |   |   | X |   | X | X |   | X | X |   | X | X |   | X | X |   | X | X |   |   |   | X |   |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Adenoma            |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | X | X |   |   | X |   |   |   |

**GENERAL BODY SYSTEM**

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

**GENITAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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M .. Missing tissue  
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Experiment Number: 96014 - 05  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
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 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>0 mg/L            | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID             | females<br>(cont...) |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|----------------------|--|
|   | 0<br>3<br>3<br>0 | 0<br>4<br>3<br>2 | 0<br>5<br>5<br>1 | 0<br>6<br>0<br>8 | 0<br>6<br>3<br>5 | 0<br>6<br>3<br>5 | 0<br>6<br>4<br>1 | 0<br>6<br>3<br>5 | 0<br>6<br>4<br>1 | 0<br>6<br>7<br>3 | 0<br>6<br>8<br>0 | 0<br>6<br>8<br>9 | 0<br>6<br>9<br>0 | 0<br>6<br>9<br>4 | 0<br>7<br>0<br>9 | 0<br>7<br>1<br>4 | 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 |                       |                      |  |
| Mammary Gland   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Adenoma   |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Fibroadenoma  |                  |                  | X                |                  | X                | X                | X                |                  |                  |                  |                  | X                |                  | X                | X                | X                |                  |                  |                  | X                | X                | X                |                  |                  | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Fibroadenoma, Multiple                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  | X                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Skin  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Subcutaneous Tissue, Fibroma                            |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Subcutaneous Tissue, Lipoma                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                      |  |
| Bone  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| <b>NERVOUS SYSTEM</b>                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                      |  |
| Brain   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Glioma  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| <b>RESPIRATORY SYSTEM</b>                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                      |  |
| Lung  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Pheochromocytoma Malignant, Metastatic, Adrenal Medulla |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Nose  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| Trachea   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |
| <b>SPECIAL SENSES SYSTEM</b>                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                      |  |
| Eye   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>4<br>5<br>4 | females<br>(cont...) |  |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>0 mg/L            | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |  |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|--|--|
|   | 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<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<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 |          |  |  |
| ANIMAL ID   | 0<br>4<br>4<br>6 | 0<br>4<br>4<br>7 | 0<br>4<br>5<br>0 | 0<br>4<br>6<br>4 | 0<br>4<br>6<br>5 | 0<br>4<br>6<br>6 | 0<br>4<br>2<br>6 | 0<br>4<br>2<br>7 | 0<br>4<br>2<br>8 | 0<br>4<br>2<br>8 | 0<br>4<br>2<br>9 | 0<br>4<br>3<br>2 | 0<br>4<br>3<br>3 | 0<br>4<br>4<br>1 | 0<br>4<br>4<br>2 | 0<br>4<br>4<br>3 | 0<br>4<br>4<br>4 | 0<br>4<br>5<br>5 | 0<br>4<br>5<br>3 | 0<br>4<br>5<br>5 | 0<br>4<br>5<br>7 | 0<br>4<br>5<br>8 | 0<br>4<br>5<br>9 | 0<br>4<br>6<br>0 |          |  |  |
| Mammary Gland   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| Adenoma   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |  |
| Fibroadenoma  | X                | X                | X                |                  |                  |                  |                  |                  |                  | X                | X                | X                |                  |                  |                  | X                |                  |                  | X                | X                | X                |                  |                  |                  | 22       |  |  |
| Fibroadenoma, Multiple                                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  | 6        |  |  |
| Skin  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| Subcutaneous Tissue, Fibroma                            |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |  |  |
| Subcutaneous Tissue, Lipoma                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |  |
| Bone  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| <b>NERVOUS SYSTEM</b>                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |  |
| Brain   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| Glioma  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |  |
| <b>RESPIRATORY SYSTEM</b>                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |  |
| Lung  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| Pheochromocytoma Malignant, Metastatic, Adrenal Medulla |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |  |  |
| Nose  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| Trachea   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |  |
| <b>SPECIAL SENSES SYSTEM</b>                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |  |
| Eye   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

|   |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |  |
|---|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|--|
| <b>FISCHER 344-TACONIC RATS<br/>FEMALE<br/>250 mg/L</b> |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |  |
|   |           | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |  |
|   |           | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 |  |
|   |           | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 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 |  |
|   | ANIMAL ID | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5               |   |  |
|   |           | 1           | 1 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 0 | 0 | 0 | 2 | 2 | 3 | 3 | 3 | 4               |   |  |
|   |           | 6           | 9 | 4 | 5 | 3 | 4 | 4 | 5 | 7 | 0 | 2 | 3 | 5 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9               |   |  |
|   |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |  |

**CARDIOVASCULAR SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Pheochromocytoma Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Pheochromocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Carcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Parathyroid Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | <b>46</b> |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Pars Distalis, Adenoma     |   |   | X | X | X | X |   |   |   |   | X |   |   | X |   |   | X | X | X | X | X |   | X | <b>20</b> |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| C-cell, Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | <b>10</b> |

**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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>500 mg/L | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | females<br>(cont...) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  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    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     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|  | 034         | 038 | 042 | 044 | 049 | 053 | 055 | 056 | 058 | 059 | 061 | 063 | 064 | 066 | 067 | 068 | 069 | 070 | 071 | 072 | 073 | 074 | 075 | 076 |           |                      | 077 | 078 | 079 | 080 | 081 | 082 | 083 | 084 | 085 | 086 | 087 | 088 | 089 | 090 | 091 | 092 | 093 | 094 | 095 | 096 | 097 | 098 | 099 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 851 | 852 | 853 | 854 | 855 | 856 | 857 | 858 | 859 | 860 | 861 | 862 | 863 | 864 | 865 | 866 | 867 | 868 | 869 | 870 | 871 | 872 | 873 | 874 | 875 | 876 | 877 | 878 | 879 | 880 | 881 | 882 | 883 | 884 | 885 | 886 | 887 | 888 | 889 | 890 | 891 | 892 | 893 | 894 | 895 | 896 | 897 | 898 | 899 | 900 | 901 | 902 | 903 | 904 | 905 | 906 | 907 | 908 | 909 | 910 | 911 | 912 | 913 | 914 | 915 | 916 | 917 | 918 | 919 | 920 | 921 | 922 | 923 | 924 | 925 | 926 | 927 | 928 | 929 | 930 | 931 | 932 | 933 | 934 | 935 | 936 | 937 | 938 | 939 | 940 | 941 | 942 | 943 | 944 | 945 | 946 | 947 | 948 | 949 | 950 | 951 | 952 | 953 | 954 | 955 | 956 | 957 | 958 | 959 | 960 | 961 | 962 | 963 | 964 | 965 | 966 | 967 | 968 | 969 | 970 | 971 | 972 | 973 | 974 | 975 | 976 | 977 | 978 | 979 | 980 | 981 | 982 | 983 | 984 | 985 | 986 | 987 | 988 | 989 | 990 | 991 | 992 | 993 | 994 | 995 | 996 | 997 | 998 | 999 | 1000 | 1001 | 1002 | 1003 | 1004 | 1005 | 1006 | 1007 | 1008 | 1009 | 1010 | 1011 | 1012 | 1013 | 1014 | 1015 | 1016 | 1017 | 1018 | 1019 | 1020 | 1021 | 1022 | 1023 | 1024 | 1025 | 1026 | 1027 | 1028 | 1029 | 1030 | 1031 | 1032 | 1033 | 1034 | 1035 | 1036 | 1037 | 1038 | 1039 | 1040 | 1041 | 1042 | 1043 | 1044 | 1045 | 1046 | 1047 | 1048 | 1049 | 1050 | 1051 | 1052 | 1053 | 1054 | 1055 | 1056 | 1057 | 1058 | 1059 | 1060 | 1061 | 1062 | 1063 | 1064 | 1065 | 1066 | 1067 | 1068 | 1069 | 1070 | 1071 | 1072 | 1073 | 1074 | 1075 | 1076 | 1077 | 1078 | 1079 | 1080 | 1081 | 1082 | 1083 | 1084 | 1085 | 1086 | 1087 | 1088 | 1089 | 1090 | 1091 | 1092 | 1093 | 1094 | 1095 | 1096 | 1097 | 1098 | 1099 | 1100 | 1101 | 1102 | 1103 | 1104 | 1105 | 1106 | 1107 | 1108 | 1109 | 1110 | 1111 | 1112 | 1113 | 1114 | 1115 | 1116 | 1117 | 1118 | 1119 | 1120 | 1121 | 1122 | 1123 | 1124 | 1125 | 1126 | 1127 | 1128 | 1129 | 1130 | 1131 | 1132 | 1133 | 1134 | 1135 | 1136 | 1137 | 1138 | 1139 | 1140 | 1141 | 1142 | 1143 | 1144 | 1145 | 1146 | 1147 | 1148 | 1149 | 1150 | 1151 | 1152 | 1153 | 1154 | 1155 | 1156 | 1157 | 1158 | 1159 | 1160 | 1161 | 1162 | 1163 | 1164 | 1165 | 1166 | 1167 | 1168 | 1169 | 1170 | 1171 | 1172 | 1173 | 1174 | 1175 | 1176 | 1177 | 1178 | 1179 | 1180 | 1181 | 1182 | 1183 | 1184 | 1185 | 1186 | 1187 | 1188 | 1189 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1200 | 1201 | 1202 | 1203 | 1204 | 1205 | 1206 | 1207 | 1208 | 1209 | 1210 | 1211 | 1212 | 1213 | 1214 | 1215 | 1216 | 1217 | 1218 | 1219 | 1220 | 1221 | 1222 | 1223 | 1224 | 1225 | 1226 | 1227 | 1228 | 1229 | 1230 | 1231 | 1232 | 1233 | 1234 | 1235 | 1236 | 1237 | 1238 | 1239 | 1240 | 1241 | 1242 | 1243 | 1244 | 1245 | 1246 | 1247 | 1248 | 1249 | 1250 | 1251 | 1252 | 1253 | 1254 | 1255 | 1256 | 1257 | 1258 | 1259 | 1260 | 1261 | 1262 | 1263 | 1264 | 1265 | 1266 | 1267 | 1268 | 1269 | 1270 | 1271 | 1272 | 1273 | 1274 | 1275 | 1276 | 1277 | 1278 | 1279 | 1280 | 1281 | 1282 | 1283 | 1284 | 1285 | 1286 | 1287 | 1288 | 1289 | 1290 | 1291 | 1292 | 1293 | 1294 | 1295 | 1296 | 1297 | 1298 | 1299 | 1300 | 1301 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | 1323 | 1324 | 1325 | 1326 | 1327 | 1328 | 1329 | 1330 | 1331 | 1332 | 1333 | 1334 | 1335 | 1336 | 1337 | 1338 | 1339 | 1340 | 1341 | 1342 | 1343 | 1344 | 1345 | 1346 | 1347 | 1348 | 1349 | 1350 | 1351 | 1352 | 1353 | 1354 | 1355 | 1356 | 1357 | 1358 | 1359 | 1360 | 1361 | 1362 | 1363 | 1364 | 1365 | 1366 | 1367 | 1368 | 1369 | 1370 | 1371 | 1372 | 1373 | 1374 | 1375 | 1376 | 1377 | 1378 | 1379 | 1380 | 1381 | 1382 | 1383 | 1384 | 1385 | 1386 | 1387 | 1388 | 1389 | 1390 | 1391 | 1392 | 1393 | 1394 | 1395 | 1396 | 1397 | 1398 | 1399 | 1400 | 1401 | 1402 | 1403 | 1404 | 1405 | 1406 | 1407 | 1408 | 1409 | 1410 | 1411 | 1412 | 1413 | 1414 | 1415 | 1416 | 1417 | 1418 | 1419 | 1420 | 1421 | 1422 | 1423 | 1424 | 1425 | 1426 | 1427 | 1428 | 1429 | 1430 | 1431 | 1432 | 1433 | 1434 | 1435 | 1436 | 1437 | 1438 | 1439 | 1440 | 1441 | 1442 | 1443 | 1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 | 1465 | 1466 | 1467 | 1468 | 1469 | 1470 | 1471 | 1472 | 1473 | 1474 | 1475 | 1476 | 1477 | 1478 | 1479 | 1480 | 1481 | 1482 | 1483 | 1484 |



Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>500 mg/L | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | females<br>(cont...) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  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    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    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  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   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|  | 034         | 038 | 042 | 044 | 049 | 053 | 055 | 056 | 057 | 058 | 059 | 060 | 061 | 062 | 063 | 064 | 065 | 066 | 067 | 068 |           |                      | 069 | 070 | 071 | 072 | 073 | 074 | 075 | 076 | 077 | 078 | 079 | 080 | 081 | 082 | 083 | 084 | 085 | 086 | 087 | 088 | 089 | 090 | 091 | 092 | 093 | 094 | 095 | 096 | 097 | 098 | 099 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 851 | 852 | 853 | 854 | 855 | 856 | 857 | 858 | 859 | 860 | 861 | 862 | 863 | 864 | 865 | 866 | 867 | 868 | 869 | 870 | 871 | 872 | 873 | 874 | 875 | 876 | 877 | 878 | 879 | 880 | 881 | 882 | 883 | 884 | 885 | 886 | 887 | 888 | 889 | 890 | 891 | 892 | 893 | 894 | 895 | 896 | 897 | 898 | 899 | 900 | 901 | 902 | 903 | 904 | 905 | 906 | 907 | 908 | 909 | 910 | 911 | 912 | 913 | 914 | 915 | 916 | 917 | 918 | 919 | 920 | 921 | 922 | 923 | 924 | 925 | 926 | 927 | 928 | 929 | 930 | 931 | 932 | 933 | 934 | 935 | 936 | 937 | 938 | 939 | 940 | 941 | 942 | 943 | 944 | 945 | 946 | 947 | 948 | 949 | 950 | 951 | 952 | 953 | 954 | 955 | 956 | 957 | 958 | 959 | 960 | 961 | 962 | 963 | 964 | 965 | 966 | 967 | 968 | 969 | 970 | 971 | 972 | 973 | 974 | 975 | 976 | 977 | 978 | 979 | 980 | 981 | 982 | 983 | 984 | 985 | 986 | 987 | 988 | 989 | 990 | 991 | 992 | 993 | 994 | 995 | 996 | 997 | 998 | 999 | 1000 | 1001 | 1002 | 1003 | 1004 | 1005 | 1006 | 1007 | 1008 | 1009 | 1010 | 1011 | 1012 | 1013 | 1014 | 1015 | 1016 | 1017 | 1018 | 1019 | 1020 | 1021 | 1022 | 1023 | 1024 | 1025 | 1026 | 1027 | 1028 | 1029 | 1030 | 1031 | 1032 | 1033 | 1034 | 1035 | 1036 | 1037 | 1038 | 1039 | 1040 | 1041 | 1042 | 1043 | 1044 | 1045 | 1046 | 1047 | 1048 | 1049 | 1050 | 1051 | 1052 | 1053 | 1054 | 1055 | 1056 | 1057 | 1058 | 1059 | 1060 | 1061 | 1062 | 1063 | 1064 | 1065 | 1066 | 1067 | 1068 | 1069 | 1070 | 1071 | 1072 | 1073 | 1074 | 1075 | 1076 | 1077 | 1078 | 1079 | 1080 | 1081 | 1082 | 1083 | 1084 | 1085 | 1086 | 1087 | 1088 | 1089 | 1090 | 1091 | 1092 | 1093 | 1094 | 1095 | 1096 | 1097 | 1098 | 1099 | 1100 | 1101 | 1102 | 1103 | 1104 | 1105 | 1106 | 1107 | 1108 | 1109 | 1110 | 1111 | 1112 | 1113 | 1114 | 1115 | 1116 | 1117 | 1118 | 1119 | 1120 | 1121 | 1122 | 1123 | 1124 | 1125 | 1126 | 1127 | 1128 | 1129 | 1130 | 1131 | 1132 | 1133 | 1134 | 1135 | 1136 | 1137 | 1138 | 1139 | 1140 | 1141 | 1142 | 1143 | 1144 | 1145 | 1146 | 1147 | 1148 | 1149 | 1150 | 1151 | 1152 | 1153 | 1154 | 1155 | 1156 | 1157 | 1158 | 1159 | 1160 | 1161 | 1162 | 1163 | 1164 | 1165 | 1166 | 1167 | 1168 | 1169 | 1170 | 1171 | 1172 | 1173 | 1174 | 1175 | 1176 | 1177 | 1178 | 1179 | 1180 | 1181 | 1182 | 1183 | 1184 | 1185 | 1186 | 1187 | 1188 | 1189 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1200 | 1201 | 1202 | 1203 | 1204 | 1205 | 1206 | 1207 | 1208 | 1209 | 1210 | 1211 | 1212 | 1213 | 1214 | 1215 | 1216 | 1217 | 1218 | 1219 | 1220 | 1221 | 1222 | 1223 | 1224 | 1225 | 1226 | 1227 | 1228 | 1229 | 1230 | 1231 | 1232 | 1233 | 1234 | 1235 | 1236 | 1237 | 1238 | 1239 | 1240 | 1241 | 1242 | 1243 | 1244 | 1245 | 1246 | 1247 | 1248 | 1249 | 1250 | 1251 | 1252 | 1253 | 1254 | 1255 | 1256 | 1257 | 1258 | 1259 | 1260 | 1261 | 1262 | 1263 | 1264 | 1265 | 1266 | 1267 | 1268 | 1269 | 1270 | 1271 | 1272 | 1273 | 1274 | 1275 | 1276 | 1277 | 1278 | 1279 | 1280 | 1281 | 1282 | 1283 | 1284 | 1285 | 1286 | 1287 | 1288 | 1289 | 1290 | 1291 | 1292 | 1293 | 1294 | 1295 | 1296 | 1297 | 1298 | 1299 | 1300 | 1301 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | 1323 | 1324 | 1325 | 1326 | 1327 | 1328 | 1329 | 1330 | 1331 | 1332 | 1333 | 1334 | 1335 | 1336 | 1337 | 1338 | 1339 | 1340 | 1341 | 1342 | 1343 | 1344 | 1345 | 1346 | 1347 | 1348 | 1349 | 1350 | 1351 | 1352 | 1353 | 1354 | 1355 | 1356 | 1357 | 1358 | 1359 | 1360 | 1361 | 1362 | 1363 | 1364 | 1365 | 1366 | 1367 | 1368 | 1369 | 1370 | 1371 | 1372 | 1373 | 1374 | 1375 | 1376 | 1377 | 1378 | 1379 | 1380 | 1381 | 1382 | 1383 | 1384 | 1385 | 1386 | 1387 | 1388 | 1389 | 1390 | 1391 | 1392 | 1393 | 1394 | 1395 | 1396 | 1397 | 1398 | 1399 | 1400 | 1401 | 1402 | 1403 | 1404 | 1405 | 1406 | 1407 | 1408 | 1409 | 1410 | 1411 | 1412 | 1413 | 1414 | 1415 | 1416 | 1417 | 1418 | 1419 | 1420 | 1421 | 1422 | 1423 | 1424 | 1425 | 1426 | 1427 | 1428 | 1429 | 1430 | 1431 | 1432 | 1433 | 1434 | 1435 | 1436 | 1437 | 1438 | 1439 | 1440 | 1441 | 1442 | 1443 | 1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 |

Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>500 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|
|  | 0<br>3<br>3<br>4 | 0<br>3<br>8<br>6 | 0<br>4<br>2<br>9 | 0<br>4<br>4<br>9 | 0<br>4<br>9<br>4 | 0<br>4<br>9<br>8 | 0<br>5<br>3<br>1 | 0<br>5<br>6<br>1 | 0<br>5<br>6<br>1 | 0<br>5<br>6<br>4 | 0<br>5<br>6<br>8 | 0<br>5<br>7<br>4 | 0<br>5<br>7<br>4 | 0<br>5<br>8<br>8 | 0<br>5<br>8<br>8 | 0<br>6<br>9<br>4 | 0<br>6<br>0<br>1 | 0<br>6<br>0<br>9 | 0<br>6<br>2<br>0 | 0<br>6<br>2<br>3 |           |                      | 0<br>6<br>2<br>8 | 0<br>6<br>3<br>1 | 0<br>6<br>3<br>1 |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                    | 0                |                  |                  |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                    | 0                |                  |                  |
|  | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6         | 6                    | 6                |                  |                  |
|  | 1                | 5                | 1                | 5                | 0                | 6                | 4                | 5                | 5                | 6                | 5                | 4                | 5                | 2                | 4                | 1                | 4                | 6                | 3                | 1                | 0         | 1                    | 3                |                  |                  |
|  | 8                | 9                | 7                | 7                | 8                | 0                | 9                | 2                | 3                | 5                | 8                | 0                | 1                | 6                | 8                | 5                | 0                | 6                | 4                | 6                | 6         | 9                    | 6                |                  |                  |

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| Fibroadenoma, Multiple       |   |   |   |   |   |   |   | X | X |   | X | X |   |   | X |   | X | X | X | X | X | X | X | X | X | X |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibroma |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
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**NERVOUS SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Brain                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Glioma                |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Oligodendroglioma Nos |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord           | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma, Metastatic, Mammary Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

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

**URINARY 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>500 mg/L | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | females<br>(cont...) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      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|  | 034         | 036 | 038 | 039 | 044 | 049 | 053 | 056 | 058 | 061 | 063 | 064 | 068 | 074 | 078 | 084 | 088 | 094 | 099 | 103 | 106 | 108 | 111 | 113 |           |                      | 114 | 118 | 124 | 128 | 134 | 138 | 144 | 149 | 153 | 156 | 158 | 161 | 163 | 164 | 168 | 174 | 178 | 184 | 188 | 194 | 199 | 203 | 206 | 208 | 211 | 213 | 214 | 218 | 224 | 228 | 234 | 238 | 244 | 249 | 253 | 256 | 258 | 261 | 263 | 264 | 268 | 274 | 278 | 284 | 288 | 294 | 299 | 303 | 306 | 308 | 311 | 313 | 314 | 318 | 324 | 328 | 334 | 338 | 344 | 349 | 353 | 356 | 358 | 361 | 363 | 364 | 368 | 374 | 378 | 384 | 388 | 394 | 399 | 403 | 406 | 408 | 411 | 413 | 414 | 418 | 424 | 428 | 434 | 438 | 444 | 449 | 453 | 456 | 458 | 461 | 463 | 464 | 468 | 474 | 478 | 484 | 488 | 494 | 499 | 503 | 506 | 508 | 511 | 513 | 514 | 518 | 524 | 528 | 534 | 538 | 544 | 549 | 553 | 556 | 558 | 561 | 563 | 564 | 568 | 574 | 578 | 584 | 588 | 594 | 599 | 603 | 606 | 608 | 611 | 613 | 614 | 618 | 624 | 628 | 634 | 638 | 644 | 649 | 653 | 656 | 658 | 661 | 663 | 664 | 668 | 674 | 678 | 684 | 688 | 694 | 699 | 703 | 706 | 708 | 711 | 713 | 714 | 718 | 724 | 728 | 734 | 738 | 744 | 749 | 753 | 756 | 758 | 761 | 763 | 764 | 768 | 774 | 778 | 784 | 788 | 794 | 799 | 803 | 806 | 808 | 811 | 813 | 814 | 818 | 824 | 828 | 834 | 838 | 844 | 849 | 853 | 856 | 858 | 861 | 863 | 864 | 868 | 874 | 878 | 884 | 888 | 894 | 899 | 903 | 906 | 908 | 911 | 913 | 914 | 918 | 924 | 928 | 934 | 938 | 944 | 949 | 953 | 956 | 958 | 961 | 963 | 964 | 968 | 974 | 978 | 984 | 988 | 994 | 999 | 1003 | 1006 | 1008 | 1011 | 1013 | 1014 | 1018 | 1024 | 1028 | 1034 | 1038 | 1044 | 1049 | 1053 | 1056 | 1058 | 1061 | 1063 | 1064 | 1068 | 1074 | 1078 | 1084 | 1088 | 1094 | 1099 | 1103 | 1106 | 1108 | 1111 | 1113 | 1114 | 1118 | 1124 | 1128 | 1134 | 1138 | 1144 | 1149 | 1153 | 1156 | 1158 | 1161 | 1163 | 1164 | 1168 | 1174 | 1178 | 1184 | 1188 | 1194 | 1199 | 1203 | 1206 | 1208 | 1211 | 1213 | 1214 | 1218 | 1224 | 1228 | 1234 | 1238 | 1244 | 1249 | 1253 | 1256 | 1258 | 1261 | 1263 | 1264 | 1268 | 1274 | 1278 | 1284 | 1288 | 1294 | 1299 | 1303 | 1306 | 1308 | 1311 | 1313 | 1314 | 1318 | 1324 | 1328 | 1334 | 1338 | 1344 | 1349 | 1353 | 1356 | 1358 | 1361 | 1363 | 1364 | 1368 | 1374 | 1378 | 1384 | 1388 | 1394 | 1399 | 1403 | 1406 | 1408 | 1411 | 1413 | 1414 | 1418 | 1424 | 1428 | 1434 | 1438 | 1444 | 1449 | 1453 | 1456 | 1458 | 1461 | 1463 | 1464 | 1468 | 1474 | 1478 | 1484 | 1488 | 1494 | 1499 | 1503 | 1506 | 1508 | 1511 | 1513 | 1514 | 1518 | 1524 | 1528 | 1534 | 1538 | 1544 | 1549 | 1553 | 1556 | 1558 | 1561 | 1563 | 1564 | 1568 | 1574 | 1578 | 1584 | 1588 | 1594 | 1599 | 1603 | 1606 | 1608 | 1611 | 1613 | 1614 | 1618 | 1624 | 1628 | 1634 | 1638 | 1644 | 1649 | 1653 | 1656 | 1658 | 1661 | 1663 | 1664 | 1668 | 1674 | 1678 | 1684 | 1688 | 1694 | 1699 | 1703 | 1706 | 1708 | 1711 | 1713 | 1714 | 1718 | 1724 | 1728 | 1734 | 1738 | 1744 | 1749 | 1753 | 1756 | 1758 | 1761 | 1763 | 1764 | 1768 | 1774 | 1778 | 1784 | 1788 | 1794 | 1799 | 1803 | 1806 | 1808 | 1811 | 1813 | 1814 | 1818 | 1824 | 1828 | 1834 | 1838 | 1844 | 1849 | 1853 | 1856 | 1858 | 1861 | 1863 | 1864 | 1868 | 1874 | 1878 | 1884 | 1888 | 1894 | 1899 | 1903 | 1906 | 1908 | 1911 | 1913 | 1914 | 1918 | 1924 | 1928 | 1934 | 1938 | 1944 | 1949 | 1953 | 1956 | 1958 | 1961 | 1963 | 1964 | 1968 | 1974 | 1978 | 1984 | 1988 | 1994 | 1999 | 2003 | 2006 | 2008 | 2011 | 2013 | 2014 | 2018 | 2024 | 2028 | 2034 | 2038 | 2044 | 2049 | 2053 | 2056 | 2058 | 2061 | 2063 | 2064 | 2068 | 2074 | 2078 | 2084 | 2088 | 2094 | 2099 | 2103 | 2106 | 2108 | 2111 | 2113 | 2114 | 2118 | 2124 | 2128 | 2134 | 2138 | 2144 | 2149 | 2153 | 2156 | 2158 | 2161 | 2163 | 2164 | 2168 | 2174 | 2178 | 2184 | 2188 | 2194 | 2199 | 2203 | 2206 | 2208 | 2211 | 2213 | 2214 | 2218 | 2224 | 2228 | 2234 | 2238 | 2244 | 2249 | 2253 | 2256 | 2258 | 2261 | 2263 | 2264 | 2268 | 2274 | 2278 | 2284 | 2288 | 2294 | 2299 | 2303 | 2306 | 2308 | 2311 | 2313 | 2314 | 2318 | 2324 | 2328 | 2334 | 2338 | 2344 | 2349 | 2353 | 2356 | 2358 | 2361 | 2363 | 2364 | 2368 | 2374 | 2378 | 2384 | 2388 | 2394 | 2399 | 2403 | 2406 | 2408 | 2411 | 2413 | 2414 | 2418 | 2424 | 2428 | 2434 | 2438 | 2444 | 2449 | 2453 | 2456 | 2458 | 2461 | 2463 | 2464 | 2468 | 2474 | 2478 | 2484 | 2488 | 2494 | 2499 | 2503 | 2506 | 2508 | 2511 | 2513 | 2514 | 2518 | 2524 | 2528 | 2534 | 2538 | 2544 | 2549 | 2553 | 2556 | 2558 | 2561 | 2563 | 2564 | 2568 | 2574 | 2578 | 2584 | 2588 | 2594 | 2599 | 2603 | 2606 | 2608 | 2611 | 2613 | 2614 | 2618 | 2624 | 2628 | 2634 | 2638 | 2644 | 2649 | 2653 | 2656 | 2658 | 2661 | 2663 | 2664 | 2668 | 2674 | 2678 | 2684 | 2688 | 2694 | 2699 | 2703 | 2706 | 2708 | 2711 | 2713 | 2714 | 2718 | 2724 | 2728 | 2734 | 2738 | 2744 | 2749 | 2753 | 2756 | 2758 | 2761 | 2763 | 2764 | 2768 | 2774 | 2778 | 2784 | 2788 | 2794 | 2799 | 2803 | 2806 | 2808 | 2811 | 2813 | 2814 | 2818 | 2824 | 2828 | 2834 | 2838 | 2844 | 2849 | 2853 | 2856 | 2858 | 2861 | 2863 | 2864 | 2868 | 2874 | 2878 | 2884 | 2888 | 2894 | 2899 | 2903 | 2906 | 2908 | 2911 | 2913 | 2914 | 2918 | 2924 | 2928 | 2934 | 2938 | 2944 | 2949 | 2953 | 2956 | 2958 | 2961 | 2963 | 2964 | 2968 | 2974 | 2978 | 2984 | 2988 | 2994 | 2999 | 3003 | 3006 | 3008 | 3011 | 3013 | 3014 | 3018 | 3024 | 3028 | 3034 | 3038 | 3044 | 3049 | 3053 | 3056 | 3058 | 3061 | 3063 | 3064 | 3068 | 3074 | 3078 | 3084 | 3088 | 3094 | 3099 | 3103 | 3106 | 3108 | 3111 | 3113 | 3114 | 3118 | 3124 | 3128 | 3134 | 3138 | 3144 | 3149 | 3153 | 3156 | 3158 | 3161 | 3163 | 3164 | 3168 | 3174 | 3178 | 3184 | 3188 | 3194 | 3199 | 3203 | 3206 | 3208 | 3211 | 3213 | 3214 | 3218 | 3224 | 3228 | 3234 | 3238 | 3244 | 3249 | 3253 | 3256 | 3258 | 3261 | 3263 | 3264 | 3268 | 3274 | 3278 | 3284 | 3288 | 3294 | 3299 | 3303 | 3306 | 3308 | 3311 | 3313 | 3314 | 3318 | 3324 | 3328 | 3334 | 3338 | 3344 | 3349 | 3353 | 3356 | 3358 | 3361 | 3363 | 3364 | 3368 | 3374 | 3378 | 3384 | 3388 | 3394 | 3399 | 3403 | 3406 | 3408 | 3411 | 3413 | 3414 | 3418 | 3424 | 3428 | 3434 | 3438 | 3444 | 3449 | 3453 | 3456 | 3458 | 3461 | 3463 | 3464 | 3468 | 3474 | 3478 | 3484 | 3488 | 3494 | 3499 | 3503 | 3506 | 3508 | 3511 | 3513 | 3514 | 3518 | 3524 | 3528 | 3534 | 3538 | 3544 | 3549 | 3553 | 3556 | 3558 | 3561 | 3563 | 3564 | 3568 | 3574 | 3578 | 3584 | 3588 | 3594 | 3599 | 3603 | 3606 | 3608 | 3611 | 3613 | 3614 | 3618 | 3624 | 3628 | 3634 | 3638 | 3644 | 3649 | 3653 | 3656 | 3658 | 3661 | 3663 | 3664 | 3668 | 3674 | 3678 | 3684 | 3688 | 3694 | 3699 | 3703 | 3706 | 3708 | 3711 | 3713 | 3714 | 3718 | 3724 | 3728 | 3734 | 3738 | 3744 | 3749 | 3753 | 3756 | 3758 | 3761 | 3763 | 3764 | 3768 | 3774 | 3778 | 3784 | 3788 | 3794 | 3799 | 3803 | 3806 | 3808 | 3811 | 3813 | 3814 | 3818 | 3824 | 3828 | 3834 | 3838 | 3844 | 3849 | 3853 | 3856 | 3858 | 3861 | 3863 | 3864 | 3868 | 3874 | 3878 | 3884 | 3888 | 3894 | 3899 | 3903 | 3906 | 3908 | 3911 | 3913 | 3914 | 3918 | 3924 | 3928 | 3934 | 3938 | 3944 | 3949 | 3953 | 3956 | 3958 | 3961 | 3963 | 3964 | 3968 | 3974 | 3978 | 3984 | 3988 | 3994 | 3999 | 4003 | 4006 | 4008 | 4011 | 4013 | 4014 | 4018 | 4024 | 4028 | 4034 | 4038 | 4044 | 4049 | 4053 | 4056 | 4058 | 4061 | 4063 | 4064 | 4068 | 4074 | 4078 | 4084 | 4088 | 4094 | 4099 | 4103 | 4106 | 4108 | 4111 | 4113 | 4114 | 4118 | 4124 | 4128 | 4134 | 4138 | 4144 | 4149 | 4153 | 4156 | 4158 | 4161 | 4163 | 4164 | 4168 | 4174 | 4178 | 4184 | 4188 | 4194 | 4199 | 4203 | 4206 | 4208 | 4211 | 4213 | 4214 | 4218 | 4224 | 4228 | 4234 | 4238 | 4244 | 4249 | 4253 | 4256 | 4258 | 4261 | 4263 | 4264 | 4268 | 4274 | 4278 | 4284 | 4288 | 4294 | 4299 | 4303 | 4306 | 4308 | 4311 | 4313 | 4314 | 4318 | 4324 | 4328 | 4334 | 4338 | 4344 | 4349 | 4353 | 4356 | 4358 | 4361 | 4363 | 4364 | 4368 | 4374 | 4378 | 4384 | 4388 | 4394 | 4399 | 4403 | 4406 | 4408 | 4411 | 4413 | 4414 | 4418 | 4424 | 4428 | 4434 | 4438 | 4444 | 4449 | 4453 | 4456 | 4458 | 4461 | 4463 | 4464 | 4468 | 4474 | 4478 | 4484 | 4488 | 4494 | 4499 | 4503 | 4506 | 4508 | 4511 | 4513 | 4514 | 4518 | 4524 | 4528 | 4534 | 4538 | 4544 | 4549 | 4553 | 4556 | 4558 | 4561 | 4563 | 4564 | 4568 | 4574 | 4578 | 4584 | 4588 | 4594 | 4599 | 4603 | 4606 | 4608 | 4611 | 4613 | 4614 | 4618 | 4624 | 4628 | 4634 | 4638 | 4644 | 4649 | 4653 | 4656 | 4658 | 4661 | 4663 | 4664 | 4668 | 4674 | 4678 | 4684 | 4688 | 4694 | 4699 | 4703 | 4706 | 4708 | 4711 | 4713 | 4714 | 4718 | 4724 | 4728 | 4734 | 4738 | 4744 | 4749 | 4753 | 4756 | 4758 | 4761 | 4763 | 4764 | 4768 | 4774 | 4778 | 4784 | 4788 | 4794 | 4799 | 4803 | 4806 | 4808 | 4811 | 4813 | 4814 | 4818 | 4824 | 4828 | 4834 | 4838 | 4844 | 4849 | 4853 | 4856 | 4858 | 4861 | 4863 | 4864 | 4868 | 4874 | 4878 | 4884 | 4888 | 4894 | 4899 | 4903 | 4906 | 4908 | 4911 | 4913 | 4914 | 4918 | 4924 | 4928 | 4934 | 4938 | 4944 | 4949 | 4953 | 4956 | 4958 | 4961 | 4963 | 4964 | 4968 | 4974 | 4978 | 4984 | 4988 | 4994 | 4999 | 5003 | 5006 | 5008 | 5011 | 5013 | 5014 | 5018 | 5024 | 5028 | 5034 | 5038 | 5044 | 5049 | 5053 | 5056 | 5058 | 5061 | 5063 | 5064 | 5068 | 5074 | 5078 | 5084 | 5088 | 5094 | 5099 | 5103 | 5106 | 5108 | 5111 | 5113 | 5114 | 5118 | 5124 | 5128 | 5134 | 5138 | 5144 | 5149 | 5153 | 5156 | 5158 | 5161 | 5163 | 5164 |











Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>500 mg/L | DAY ON TEST |      | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |    |  |  |
|--|-------------|------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|----|--|--|
|  | 0635        | 0635 | 0635      | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 | 0635 |          | 0635 |    |  |  |
| Kidney   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50 |  |  |
| Urinary Bladder                                | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50 |  |  |
| <b>SYSTEMIC LESIONS</b>                        |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |    |  |  |
| Multiple Organ                                 | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50 |  |  |
| Leukemia Mononuclear                           |             |      |           |      |      |      | X    | X    | X    |      |      |      | X    |      |      | X    |      | X    |      | X    |      |      |          |      | 8  |  |  |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>1000 mg/L | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|   | 0<br>2<br>4<br>7      | 0<br>4<br>1<br>1      | 0<br>4<br>1<br>4      | 0<br>4<br>8<br>8      | 0<br>4<br>9<br>4      | 0<br>5<br>0<br>9      | 0<br>5<br>1<br>9      | 0<br>5<br>1<br>9      | 0<br>5<br>1<br>9      | 0<br>5<br>2<br>9      | 0<br>5<br>4<br>4      | 0<br>5<br>4<br>4      | 0<br>5<br>5<br>1      | 0<br>5<br>5<br>4      | 0<br>5<br>6<br>1      | 0<br>5<br>6<br>8      | 0<br>5<br>7<br>2      | 0<br>5<br>8<br>5      | 0<br>5<br>8<br>6      | 0<br>5<br>8<br>7      | 0<br>5<br>9<br>4      | 0<br>5<br>9<br>4      | 0<br>5<br>9<br>4      | 0<br>5<br>9<br>6      | 0<br>6<br>0<br>1      |                       |                      |
|   | 0<br>0<br>7<br>0<br>1 | 0<br>0<br>7<br>1<br>6 | 0<br>0<br>7<br>2<br>4 | 0<br>0<br>7<br>5<br>5 | 0<br>0<br>7<br>2<br>3 | 0<br>0<br>7<br>0<br>8 | 0<br>0<br>7<br>0<br>2 | 0<br>0<br>7<br>0<br>6 | 0<br>0<br>7<br>0<br>6 | 0<br>0<br>7<br>1<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>1<br>2 | 0<br>0<br>7<br>1<br>2 | 0<br>0<br>7<br>2<br>1 | 0<br>0<br>7<br>2<br>1 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>9 | 0<br>0<br>7<br>7<br>9 | 0<br>0<br>7<br>7<br>9 | 0<br>0<br>7<br>7<br>9 | 0<br>0<br>7<br>7<br>9 | 0<br>0<br>7<br>7<br>9 |                      |

Stomach, Glandular

+ +

Tongue  
Squamous Cell Papilloma

+  
 X

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ +

Adrenal Medulla  
 Pheochromocytoma Benign  
 Pheochromocytoma Benign, Multiple  
 Pheochromocytoma Malignant

+  
 X  
 X

Islets, Pancreatic

+ +

Parathyroid Gland

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

Pituitary Gland  
 Pars Distalis, Adenoma

+  
 X X X

Thyroid Gland  
 C-cell, Adenoma  
 Follicular Cell, Adenoma

+  
 X X

**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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

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

Water disinfection byproducts (Bromodichloroacetic acid)

CAS Number: 71133-14-7

Date Report Requested: 03/05/2013

Time Report Requested: 08:02:51

First Dose M/F: 10/26/06 / 10/27/06

Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>1000 mg/L         | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |                  |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|------------------|------------------|
|   | 0<br>2<br>4<br>7 | 0<br>4<br>1<br>1 | 0<br>4<br>1<br>4 | 0<br>4<br>8<br>8 | 0<br>4<br>9<br>4 | 0<br>5<br>0<br>9 | 0<br>5<br>1<br>9 | 0<br>5<br>1<br>9 | 0<br>5<br>1<br>9 | 0<br>5<br>2<br>9 | 0<br>5<br>4<br>4 | 0<br>5<br>4<br>4 | 0<br>5<br>1<br>1 | 0<br>5<br>5<br>4 | 0<br>5<br>5<br>6 | 0<br>5<br>6<br>6 | 0<br>5<br>7<br>2 | 0<br>5<br>8<br>5 | 0<br>5<br>8<br>6 | 0<br>5<br>8<br>7 |           |                      | 0<br>5<br>9<br>4 | 0<br>5<br>9<br>4 | 0<br>5<br>9<br>4 | 0<br>5<br>9<br>6 | 0<br>6<br>0<br>1 |
| Mammary Gland   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                |                  |
| Adenoma   |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Carcinoma   |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  | X         |                      |                  |                  |                  |                  |                  |
| Fibroadenoma  |                  |                  | X                |                  | X                |                  | X                | X                |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |           |                      |                  |                  | X                |                  |                  |
| Fibroadenoma, Multiple                                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                | X                |                  | X                |                  |                  | X                |                  |                  | X                | X                | X         |                      |                  |                  | X                |                  |                  |
| Skin  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                |                  |
| Basal Cell Adenoma                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Subcutaneous Tissue, Fibroma                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |           |                      | X                |                  |                  |                  |                  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Bone  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                | +                |
| <b>NERVOUS SYSTEM</b>                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Brain   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                | +                |
| Oligodendroglioma Nos                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| <b>RESPIRATORY SYSTEM</b>                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Lung  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                | +                |
| Pheochromocytoma Malignant, Metastatic, Adrenal Medulla |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Nose  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                | +                |
| Trachea   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                | +                |
| <b>SPECIAL SENSES SYSTEM</b>                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |                  |
| Eye   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                | +                | +                | +                |

\* .. 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>1000 mg/L | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|   | 0620        | 0622 | 0623 | 0624 | 0625 | 0626 | 0627 | 0628 | 0628 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 | 0629 |          | 0629 |
| ANIMAL ID                                       | 0704        | 0703 | 0703 | 0709 | 0703 | 0704 | 0705 | 0702 | 0703 | 0704 | 0705 | 0706 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707     |      |
| Stomach, Glandular                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Tongue<br>Squamous Cell Papilloma               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50<br>1  |      |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Blood Vessel                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Heart   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| <b>ENDOCRINE SYSTEM</b>                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Adrenal Cortex                                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Adrenal Medulla                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Pheochromocytoma Benign                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    | 1    |          |      |
| Pheochromocytoma Benign, Multiple               |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |      |
| Pheochromocytoma Malignant                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |      |
| Islets, Pancreatic                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Parathyroid Gland                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |      |
| Pituitary Gland                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Pars Distalis, Adenoma                          |             |      | X    |      |      | X    |      |      | X    | X    |      |      |      |      | X    |      |      |      | X    |      | X    | X    |      | 11   |          |      |
| Thyroid Gland                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| C-cell, Adenoma                                 |             | X    |      |      |      | X    |      |      | X    |      |      | X    |      |      |      |      |      |      |      |      |      |      | X    | 7    |          |      |
| Follicular Cell, Adenoma                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      | 1    |          |      |

**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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>1000 mg/L | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|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|   | 0620        | 0622 | 0623 | 0624 | 0625 | 0626 | 0627 | 0628 | 0629 | 0630 | 0631 | 0632 | 0633 | 0634 | 0635 | 0636 | 0637 | 0638 | 0639 | 0640 |          | 0641 | 0642 | 0643 | 0644 | 0645 | 0646 | 0647 | 0648 | 0649 | 0650 | 0651 | 0652 | 0653 | 0654 | 0655 | 0656 | 0657 | 0658 | 0659 | 0660 | 0661 | 0662 | 0663 | 0664 | 0665 | 0666 | 0667 | 0668 | 0669 | 0670 | 0671 | 0672 | 0673 | 0674 | 0675 | 0676 | 0677 | 0678 | 0679 | 0680 | 0681 | 0682 | 0683 | 0684 | 0685 | 0686 | 0687 | 0688 | 0689 | 0690 | 0691 | 0692 | 0693 | 0694 | 0695 | 0696 | 0697 | 0698 | 0699 | 0700 | 0701 | 0702 | 0703 | 0704 | 0705 | 0706 | 0707 | 0708 | 0709 | 0710 | 0711 | 0712 | 0713 | 0714 | 0715 | 0716 | 0717 | 0718 | 0719 | 0720 | 0721 | 0722 | 0723 | 0724 | 0725 | 0726 | 0727 | 0728 | 0729 | 0730 | 0731 | 0732 | 0733 | 0734 | 0735 | 0736 | 0737 | 0738 | 0739 | 0740 | 0741 | 0742 | 0743 | 0744 | 0745 | 0746 | 0747 | 0748 | 0749 | 0750 | 0751 | 0752 | 0753 | 0754 | 0755 | 0756 | 0757 | 0758 | 0759 | 0760 | 0761 | 0762 | 0763 | 0764 | 0765 | 0766 | 0767 | 0768 | 0769 | 0770 | 0771 | 0772 | 0773 | 0774 | 0775 | 0776 | 0777 | 0778 | 0779 | 0780 | 0781 | 0782 | 0783 | 0784 | 0785 | 0786 | 0787 | 0788 | 0789 | 0790 | 0791 | 0792 | 0793 | 0794 | 0795 | 0796 | 0797 | 0798 | 0799 | 0800 | 0801 | 0802 | 0803 | 0804 | 0805 | 0806 | 0807 | 0808 | 0809 | 0810 | 0811 | 0812 | 0813 | 0814 | 0815 | 0816 | 0817 | 0818 | 0819 | 0820 | 0821 | 0822 | 0823 | 0824 | 0825 | 0826 | 0827 | 0828 | 0829 | 0830 | 0831 | 0832 | 0833 | 0834 | 0835 | 0836 | 0837 | 0838 | 0839 | 0840 | 0841 | 0842 | 0843 | 0844 | 0845 | 0846 | 0847 | 0848 | 0849 | 0850 | 0851 | 0852 | 0853 | 0854 | 0855 | 0856 | 0857 | 0858 | 0859 | 0860 | 0861 | 0862 | 0863 | 0864 | 0865 | 0866 | 0867 | 0868 | 0869 | 0870 | 0871 | 0872 | 0873 | 0874 | 0875 | 0876 | 0877 | 0878 | 0879 | 0880 | 0881 | 0882 | 0883 | 0884 | 0885 | 0886 | 0887 | 0888 | 0889 | 0890 | 0891 | 0892 | 0893 | 0894 | 0895 | 0896 | 0897 | 0898 | 0899 | 0900 | 0901 | 0902 | 0903 | 0904 | 0905 | 0906 | 0907 | 0908 | 0909 | 0910 | 0911 | 0912 | 0913 | 0914 | 0915 | 0916 | 0917 | 0918 | 0919 | 0920 | 0921 | 0922 | 0923 | 0924 | 0925 | 0926 | 0927 | 0928 | 0929 | 0930 | 0931 | 0932 | 0933 | 0934 | 0935 | 0936 | 0937 | 0938 | 0939 | 0940 | 0941 | 0942 | 0943 | 0944 | 0945 | 0946 | 0947 | 0948 | 0949 | 0950 | 0951 | 0952 | 0953 | 0954 | 0955 | 0956 | 0957 | 0958 | 0959 | 0960 | 0961 | 0962 | 0963 | 0964 | 0965 | 0966 | 0967 | 0968 | 0969 | 0970 | 0971 | 0972 | 0973 | 0974 | 0975 | 0976 | 0977 | 0978 | 0979 | 0980 | 0981 | 0982 | 0983 | 0984 | 0985 | 0986 | 0987 | 0988 | 0989 | 0990 | 0991 | 0992 | 0993 | 0994 | 0995 | 0996 | 0997 | 0998 | 0999 | 1000 | 1001 | 1002 | 1003 | 1004 | 1005 | 1006 | 1007 | 1008 | 1009 | 1010 | 1011 | 1012 | 1013 | 1014 | 1015 | 1016 | 1017 | 1018 | 1019 | 1020 | 1021 | 1022 | 1023 | 1024 | 1025 | 1026 | 1027 | 1028 | 1029 | 1030 | 1031 | 1032 | 1033 | 1034 | 1035 | 1036 | 1037 | 1038 | 1039 | 1040 | 1041 | 1042 | 1043 | 1044 | 1045 | 1046 | 1047 | 1048 | 1049 | 1050 | 1051 | 1052 | 1053 | 1054 | 1055 | 1056 | 1057 | 1058 | 1059 | 1060 | 1061 | 1062 | 1063 | 1064 | 1065 | 1066 | 1067 | 1068 | 1069 | 1070 | 1071 | 1072 | 1073 | 1074 | 1075 | 1076 | 1077 | 1078 | 1079 | 1080 | 1081 | 1082 | 1083 | 1084 | 1085 | 1086 | 1087 | 1088 | 1089 | 1090 | 1091 | 1092 | 1093 | 1094 | 1095 | 1096 | 1097 | 1098 | 1099 | 1100 | 1101 | 1102 | 1103 | 1104 | 1105 | 1106 | 1107 | 1108 | 1109 | 1110 | 1111 | 1112 | 1113 | 1114 | 1115 | 1116 | 1117 | 1118 | 1119 | 1120 | 1121 | 1122 | 1123 | 1124 | 1125 | 1126 | 1127 | 1128 | 1129 | 1130 | 1131 | 1132 | 1133 | 1134 | 1135 | 1136 | 1137 | 1138 | 1139 | 1140 | 1141 | 1142 | 1143 | 1144 | 1145 | 1146 | 1147 | 1148 | 1149 | 1150 | 1151 | 1152 | 1153 | 1154 | 1155 | 1156 | 1157 | 1158 | 1159 | 1160 | 1161 | 1162 | 1163 | 1164 | 1165 | 1166 | 1167 | 1168 | 1169 | 1170 | 1171 | 1172 | 1173 | 1174 | 1175 | 1176 | 1177 | 1178 | 1179 | 1180 | 1181 | 1182 | 1183 | 1184 | 1185 | 1186 | 1187 | 1188 | 1189 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1200 | 1201 | 1202 | 1203 | 1204 | 1205 | 1206 | 1207 | 1208 | 1209 | 1210 | 1211 | 1212 | 1213 | 1214 | 1215 | 1216 | 1217 | 1218 | 1219 | 1220 | 1221 | 1222 | 1223 | 1224 | 1225 | 1226 | 1227 | 1228 | 1229 | 1230 | 1231 | 1232 | 1233 | 1234 | 1235 | 1236 | 1237 | 1238 | 1239 | 1240 | 1241 | 1242 | 1243 | 1244 | 1245 | 1246 | 1247 | 1248 | 1249 | 1250 | 1251 | 1252 | 1253 | 1254 | 1255 | 1256 | 1257 | 1258 | 1259 | 1260 | 1261 | 1262 | 1263 | 1264 | 1265 | 1266 | 1267 | 1268 | 1269 | 1270 | 1271 | 1272 | 1273 | 1274 | 1275 | 1276 | 1277 | 1278 | 1279 | 1280 | 1281 | 1282 | 1283 | 1284 | 1285 | 1286 | 1287 | 1288 | 1289 | 1290 | 1291 | 1292 | 1293 | 1294 | 1295 | 1296 | 1297 | 1298 | 1299 | 1300 | 1301 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | 1323 | 1324 | 1325 | 1326 | 1327 | 1328 | 1329 | 1330 | 1331 | 1332 | 1333 | 1334 | 1335 | 1336 | 1337 | 1338 | 1339 | 1340 | 1341 | 1342 | 1343 | 1344 | 1345 | 1346 | 1347 | 1348 | 1349 | 1350 | 1351 | 1352 | 1353 | 1354 | 1355 | 1356 | 1357 | 1358 | 1359 | 1360 | 1361 | 1362 | 1363 | 1364 | 1365 | 1366 | 1367 | 1368 | 1369 | 1370 | 1371 | 1372 | 1373 | 1374 | 1375 | 1376 | 1377 | 1378 | 1379 | 1380 | 1381 | 1382 | 1383 | 1384 | 1385 | 1386 | 1387 | 1388 | 1389 | 1390 | 1391 | 1392 | 1393 | 1394 | 1395 | 1396 | 1397 | 1398 | 1399 | 1400 | 1401 | 1402 | 1403 | 1404 | 1405 | 1406 | 1407 | 1408 | 1409 | 1410 | 1411 | 1412 | 1413 | 1414 | 1415 | 1416 | 1417 | 1418 | 1419 | 1420 | 1421 | 1422 | 1423 | 1424 | 1425 | 1426 | 1427 | 1428 | 1429 | 1430 | 1431 | 1432 | 1433 | 1434 | 1435 | 1436 | 1437 | 1438 | 1439 | 1440 | 1441 | 1442 | 1443 | 1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 | 1465 | 1466 | 1467 | 1468 | 1469 | 1470 | 1471 | 1472 | 1473 | 1474 | 1475 | 1476 | 1477 | 1478 | 1479 | 1480 | 1481 | 1482 | 1483 | 1484 | 1485 | 1486 | 1487 | 1488 | 1489 | 1490 | 1491 | 1492 | 1493 | 1494 | 1495 | 1496 | 1497 | 1498 | 1499 | 1500 | 1501 | 1502 | 1503 | 1504 | 1505 | 1506 | 1507 | 1508 | 1509 | 1510 | 1511 | 1512 | 1513 | 1514 | 1515 | 1516 | 1517 | 1518 | 1519 | 1520 | 1521 | 1522 | 1523 | 1524 | 1525 | 1526 | 1527 | 1528 | 1529 | 1530 | 1531 | 1532 | 1533 | 1534 | 1535 | 1536 | 1537 | 1538 | 1539 | 1540 | 1541 | 1542 | 1543 | 1544 | 1545 | 1546 | 1547 | 1548 | 1549 | 1550 | 1551 | 1552 | 1553 | 1554 | 1555 | 1556 | 1557 | 1558 | 1559 | 1560 | 1561 | 1562 | 1563 | 1564 | 1565 | 1566 | 1567 | 1568 | 1569 | 1570 | 1571 | 1572 | 1573 | 1574 | 1575 | 1576 | 1577 | 1578 | 1579 | 1580 | 1581 | 1582 | 1583 | 1584 | 1585 | 1586 | 1587 | 1588 | 1589 | 1590 | 1591 | 1592 | 1593 | 1594 | 1595 | 1596 | 1597 | 1598 | 1599 | 1600 | 1601 | 1602 | 1603 | 1604 | 1605 | 1606 | 1607 | 1608 | 1609 | 1610 | 1611 | 1612 | 1613 | 1614 | 1615 | 1616 | 1617 | 1618 | 1619 | 1620 | 1621 | 1622 | 1623 | 1624 | 1625 | 1626 | 1627 | 1628 | 1629 | 1630 | 1631 | 1632 | 1633 | 1634 | 1635 | 1636 | 1637 | 1638 | 1639 | 1640 | 1641 | 1642 | 1643 | 1644 | 1645 | 1646 | 1647 | 1648 | 1649 | 1650 | 1651 | 1652 | 1653 | 1654 | 1655 | 1656 | 1657 | 1658 | 1659 | 1660 | 1661 | 1662 | 1663 | 1664 | 1665 | 1666 | 1667 | 1668 | 1669 | 1670 | 1671 | 1672 | 1673 | 1674 | 1675 | 1676 | 1677 | 1678 | 1679 | 1680 | 1681 | 1682 | 1683 | 1684 | 1685 | 1686 | 1687 | 1688 | 1689 | 1690 | 1691 | 1692 | 1693 | 1694 | 1695 | 1696 | 1697 | 1698 | 1699 | 1700 | 1701 | 1702 | 1703 | 1704 | 1705 | 1706 | 1707 | 1708 | 1709 | 1710 | 1711 | 1712 | 1713 | 1714 | 1715 | 1716 | 1717 | 1718 | 1719 | 1720 | 1721 | 1722 | 1723 | 1724 | 1725 | 1726 | 1727 | 1728 | 1729 | 1730 | 1731 | 1732 | 1733 | 1734 | 1735 | 1736 | 1737 | 1738 | 1739 | 1740 | 1741 | 1742 | 1743 | 1744 | 1745 | 1746 | 1747 | 1748 | 1749 | 1750 | 1751 | 1752 | 1753 | 1754 | 1755 | 1756 | 1757 | 1758 | 1759 | 1760 | 1761 | 1762 | 1763 | 1764 | 1765 | 1766 | 1767 | 1768 | 1769 | 1770 | 1771 | 1772 | 1773 | 1774 | 1775 | 1776 | 1777 | 1778 | 1779 | 1780 | 1781 | 1782 | 1783 | 1784 | 1785 | 1786 | 1787 | 1788 | 1789 | 1790 | 1791 | 1792 | 1793 | 1794 | 1795 | 1796 | 1797 | 1798 | 1799 | 1800 | 1801 | 1802 | 1803 | 1804 | 1805 | 1806 | 1807 | 1808 | 1809 | 1810 | 1811 | 1812 | 1813 | 1814 | 1815 | 1816 | 1817 | 1818 | 1819 | 1820 | 1821 | 1822 | 1823 | 1824 | 1825 | 1826 | 1827 | 1828 | 1829 | 1830 | 1831 | 1832 | 1833 | 1834 | 1835 | 1836 | 1837 | 1838 | 1839 | 1840 | 1841 | 1842 | 1843 | 1844 | 1845 | 1846 | 1847 | 1848 | 1849 | 1850 | 1851 | 1852 | 1853 | 1854 | 1855 | 1856 | 1857 | 1858 | 1859 | 1860 | 1861 | 1862 | 1863 | 1864 | 1865 | 1866 | 1867 | 1868 | 1869 | 1870 | 1871 | 1872 | 1873 | 1874 | 1875 | 1876 | 1877 | 1878 | 1879 | 1880 | 1881 | 1882 | 1883 | 1884 | 1885 | 1886 | 1887 | 1888 | 1889 | 1890 | 1891 | 1892 | 1893 | 1894 | 1895 | 1896 | 1897 | 1898 | 1899 | 1900 | 1901 | 1902 | 1903 | 1904 | 1905 | 1906 | 1907 | 1908 | 1909 | 1910 | 1911 | 1912 | 1913 | 1914 | 1915 | 1916 | 1917 | 1918 | 1919 | 1920 | 1921 | 1922 | 1923 | 1924 | 1925 | 1926 | 1927 | 1928 | 1929 | 1930 | 1931 | 1932 | 1933 | 1934 | 1935 | 1936 | 1937 | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 |

Experiment Number: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>1000 mg/L         | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |      |  |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|------|--|
|   | 0620        | 0622  | 0623  | 0623  | 0623  | 0628  | 0628  | 0631  | 0631  | 0631  | 0635  | 0635  | 0636  | 0638  | 0641  | 0641  | 0644  | 0645  | 0646  | 0663  |          | 0671  | 0677  | 0677  | 0677 |  |
| ANIMAL ID   | 00704       | 00703 | 00703 | 00709 | 00703 | 00704 | 00702 | 00706 | 00709 | 00700 | 00707 | 00708 | 00704 | 00707 | 00705 | 00703 | 00704 | 00700 | 00705 | 00709 | 00701    | 00705 | 00707 | 00702 |      |  |
| Mammary Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 50    |      |  |
| Adenoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |      |  |
| Carcinoma   |             |       |       |       |       |       |       |       | X     | X     |       |       |       |       | X     |       |       | X     |       |       |          | X     |       | 8     |      |  |
| Fibroadenoma  |             |       |       |       |       |       |       |       |       | X     |       | X     |       | X     |       |       |       |       |       | X     |          | X     |       | 12    |      |  |
| Fibroadenoma, Multiple                                  |             | X     | X     | X     | X     | X     |       | X     | X     |       | X     |       | X     | X     | X     | X     | X     | X     | X     |       | X        | X     | X     | 27    |      |  |
| Skin  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 50    |      |  |
| Basal Cell Adenoma                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |          |       |       | 1     |      |  |
| Subcutaneous Tissue, Fibroma                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2     |      |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Bone  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 50   |  |
| <b>NERVOUS SYSTEM</b>                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Brain   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 50   |  |
| Oligodendroglioma Nos                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | X     | 1    |  |
| <b>RESPIRATORY SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Lung  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 50   |  |
| Pheochromocytoma Malignant, Metastatic, Adrenal Medulla |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 1    |  |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 50   |  |
| Trachea   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 50   |  |
| <b>SPECIAL SENSES SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Eye   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 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: 96014 - 05  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F344/N Tac

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Water disinfection byproducts (Bromodichloroacetic acid)  
 CAS Number: 71133-14-7

Date Report Requested: 03/05/2013  
 Time Report Requested: 08:02:51  
 First Dose M/F: 10/26/06 / 10/27/06  
 Lab: BAT

| FISCHER 344-TACONIC RATS<br>FEMALE<br>1000 mg/L | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|   | 0620        | 0622 | 0620 | 0622 | 0623 | 0623 | 0623 | 0628 | 0628 | 0621 | 0621 | 0621 | 0625 | 0625 | 0626 | 0628 | 0621 | 0621 | 0623 | 0626 | 0626 | 0626 | 0626 | 0627 | 0627 |          | 0627 |
| ANIMAL ID                                       | 0070        | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077     |      |
| Harderian Gland                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Zymbal's Gland<br>Carcinoma                     |             | +    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | +    |      |      |      |      | 2        |      |
|   |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 2        |      |
| <b>URINARY SYSTEM</b>                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Kidney  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| Urinary Bladder                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
| <b>SYSTEMIC LESIONS</b>                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Multiple Organ<br>Leukemia Mononuclear          | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |      |
|   | X           |      |      |      |      | X    |      |      |      | X    |      |      |      |      |      |      |      |      |      | X    |      |      | X    |      | X    | 10       |      |

\*\*\* 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