

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.  
F1\_M3

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                      |             |            |            |
|----------------------|-------------|------------|------------|
| C Number:            | C99027      |            |            |
| Lock Date:           | 05/03/2005  |            |            |
| Cage Range:          | ALL         |            |            |
| Date Range:          | ALL         |            |            |
| Reasons For Removal: | 25021 TSAC  | 25020 NATD | 25019 MSAC |
| Removal Date Range:  | ALL         |            |            |
| Treatment Groups:    | Include ALL |            |            |

Note: Animals arranged according to days on test.

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|---------------------------|-------------|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 283             | 600 | 618 | 665 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 730 | 730 | 730 | 730 | 730 | 730 | 730 | 730 | 730 |     |
|                           |             |                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                           | ANIMAL ID   | 000             | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 |     |
|                           |             | 000             | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 |     |
|                           |             | 200             | 250 | 200 | 210 | 210 | 210 | 220 | 220 | 220 | 230 | 230 | 240 | 240 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 210 | 210 | 220 | 220 |
|                           |             | 000             | 000 | 007 | 006 | 001 | 007 | 009 | 002 | 006 | 009 | 004 | 006 | 001 | 002 | 002 | 003 | 005 | 006 | 007 | 008 | 009 | 003 | 004 | 004 |
|                           |             |                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                           |             |                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                           |             |                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                           |             | males (cont...) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                        |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Hepatocellular Adenoma           |   |   |   |   | X |   |   |   | X |   |   | X |   | X |   | X |   | X |   |   |   | X | X | X |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   | 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

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|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 2 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 8 | 0 | 1 | 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                           |             | 3 | 0 | 8 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

0 PPM

males (cont...)

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatocellular Carcinoma           |   |   | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mast Cell Tumor Malignant          | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma            |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Glandular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

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

ENDOCRINE SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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

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**First Dose M/F:** 07/29/02 / 07/29/02  
**Lab:** SRI

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

males  
(cont...)

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Parathyroid Gland  | + | + | + | + | M | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

## GENERAL BODY SYSTEM

|            |   |
|------------|---|
| Tissue NOS | + |
|------------|---|

## GENITAL SYSTEM

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

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

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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|---------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 2               | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 8               | 0 | 1 | 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                           |             | 3               | 0 | 8 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 2               | 5 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 |
|                           |             | 0               | 0 | 7 | 6 | 1 | 7 | 9 | 2 | 6 | 9 | 4 | 6 | 1 | 2 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 3 | 4 | 8 |
|                           |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                                                    | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mast Cell Tumor Malignant, Metastatic, Uncertain Primary Site | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | M | + | + | + | + |
| Mast Cell Tumor Malignant, Metastatic, Uncertain Primary Site | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | I | + | + | + | + | + |
| Spleen                                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                                                        | + | + | M | + | I | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | M | + | + |

INTEGUMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

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

Histiocytoma, Multiple

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve     | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord          | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Meningioma Malignant | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

RESPIRATORY SYSTEM

|                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma             |   |   |   |   | X |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   | X | X | X |   |
| Alveolar/Bronchiolar Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma           |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Alveolar/Bronchiolar Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                           |                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
|---------------------------|---------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|---|---|--|--|--|--|--|--|--|---|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST                                 | 2<br>8<br>3           | 6<br>0<br>0           | 6<br>1<br>8           | 6<br>9<br>5           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           |                       |                    |   |   |  |  |  |  |  |  |  |   |
|                           | ANIMAL ID                                   | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>5<br>0 | 0<br>0<br>0<br>2<br>7 | 0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>0<br>1<br>7 | 0<br>0<br>0<br>1<br>9 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>2<br>6 | 0<br>0<br>0<br>2<br>9 | 0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>2 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>4 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>2<br>8 | males<br>(cont...) |   |   |  |  |  |  |  |  |  |   |
|                           | Hepatocellular Carcinoma, Metastatic, Liver | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
|                           | Nose                                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |   |   |  |  |  |  |  |  |  |   |
|                           | Mast Cell Tumor Malignant                   | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
|                           | Trachea                                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |   |   |  |  |  |  |  |  |  |   |
|                           | SPECIAL SENSES SYSTEM                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
|                           | Eye                                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    | + |   |  |  |  |  |  |  |  |   |
|                           | Harderian Gland                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    | + |   |  |  |  |  |  |  |  |   |
|                           | Adenoma                                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
| Carcinoma                 |                                             |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
| URINARY SYSTEM            |                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
| Kidney                    | +                                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |   |   |  |  |  |  |  |  |  |   |
| Renal Tubule, Adenoma     |                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   | X |  |  |  |  |  |  |  | X |
| Renal Tubule, Carcinoma   |                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |   |   |  |  |  |  |  |  |  |   |
| Urinary Bladder           | +                                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |   |   |  |  |  |  |  |  |  |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

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

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

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| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           |
|---------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                           | ANIMAL ID   | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>7 | 0<br>0<br>0<br>3<br>8 | 0<br>0<br>0<br>4<br>0 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>4<br>5 | 0<br>0<br>0<br>4<br>6 | 0<br>0<br>0<br>4<br>7 | 0<br>0<br>0<br>4<br>8 | 0<br>0<br>0<br>4<br>9 | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>1<br>0 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>3 | 0<br>0<br>0<br>2<br>5 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>5 | 0<br>0<br>0<br>3<br>9 |
|                           | * TOTALS    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                      | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | 46 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 2  |
| Hepatocellular Adenoma           |   |   | X |   | X |   |   | X |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | 14 |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   | X | X |   |   | X |   |   | X |   |   |   |   |   |   |   |   | 7  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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|---------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                           |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                           | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 4 |
|                           |             | 0        | 1 | 3 | 7 | 8 | 0 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 4 | 0 | 2 | 5 | 8 | 1 | 3 | 5 | 2 | 5 | 9 |
|                           |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Hepatocellular Carcinoma           | X | X |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   | X |   |   |   | 10 |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X | X |   | 5  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Mast Cell Tumor Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Papilloma            | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Stomach, Glandular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

CARDIOVASCULAR SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

ENDOCRINE SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                           |  | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|---------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|
|                           |  | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 |   |
| B6C3F1 MICE MALE<br>0 PPM |  | .....       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|                           |  | ANIMAL ID   |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|                           |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                           |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                           |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                           |  | 3           | 3           | 3           | 3           | 3           | 4           | 4           | 4           | 4           | 4           | 4           | 4           | 0           | 0           | 1           | 1           | 1           | 1           | 2           | 2           | 2           | 3           | 3           | 3           | 4 |
|                           |  | 0           | 1           | 3           | 7           | 8           | 0           | 4           | 5           | 6           | 7           | 8           | 9           | 1           | 4           | 0           | 2           | 5           | 8           | 1           | 3           | 5           | 2           | 5           | 9           | 3 |
|                           |  | * TOTALS    |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | 46 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + | + | + | + | 48 |
| Thyroid Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

GENERAL BODY SYSTEM

|            |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

GENITAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 1  |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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Lab: SRI

|                           |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                           |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                           | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 4 |
|                           |             | 0        | 1 | 3 | 7 | 8 | 0 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 4 | 0 | 2 | 5 | 8 | 1 | 3 | 5 | 2 | 5 | 9 |
|                           |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node                                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mast Cell Tumor Malignant, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | 47 |
| Mast Cell Tumor Malignant, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mesenteric                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | M | + | + | + | 46 |
| Spleen                                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymus                                                        | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | M | M | 41 |

INTEGUMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Fibrous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



|                                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---------------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1 MICE MALE<br>0 PPM                   | DAY ON TEST | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           |
|                                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                             | ANIMAL ID   | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>7 | 0<br>0<br>0<br>3<br>8 | 0<br>0<br>0<br>4<br>0 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>4<br>5 | 0<br>0<br>0<br>4<br>6 | 0<br>0<br>0<br>4<br>7 | 0<br>0<br>0<br>4<br>8 | 0<br>0<br>0<br>4<br>9 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>9 |
|                                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                             |             | * TOTALS              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Hepatocellular Carcinoma, Metastatic, Liver |             | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nose                                        |             | 50                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mast Cell Tumor Malignant                   |             | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Trachea                                     |             | 49                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| SPECIAL SENSES SYSTEM                       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye                                         |             | 50                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Harderian Gland                             |             | 50                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adenoma                                     |             | 5                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Carcinoma                                   |             | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| URINARY SYSTEM                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney                                      |             | 50                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Renal Tubule, Adenoma                       |             | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Renal Tubule, Carcinoma                     |             | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Urinary Bladder                             |             | 50                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

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

M .. Missing tissue  
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|                           |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>0 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                           |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                           | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 4 |
|                           |             | 0        | 1 | 3 | 7 | 8 | 0 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 4 | 0 | 2 | 5 | 8 | 1 | 3 | 5 | 2 | 5 | 9 |
|                           |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SYSTEMIC LESIONS

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 2  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

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Lab: SRI

|                              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 0               | 3 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 5               | 7 | 3 | 9 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                              |             | 2               | 6 | 9 | 7 | 0 | 2 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                              | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 8               | 9 | 6 | 6 | 9 | 8 | 9 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 5 | 5 |
|                              |             | 0               | 4 | 7 | 0 | 5 | 4 | 9 | 2 | 1 | 3 | 6 | 8 | 0 | 1 | 2 | 7 | 8 | 1 | 2 | 6 | 7 | 0 | 7 | 8 |
|                              |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                             |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------|-----------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Mesentery                                   | + + + + + + + + + + + + + + + + + + + + + + + + +         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemangiosarcoma                             |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hepatocellular Carcinoma, Metastatic, Liver |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pancreas                                    | + + + + A + + + + + + + + + + + + + + + + + + + + + + +   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Salivary Glands                             | + + + + + + + + + + + + + + + + + + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach, Forestomach                        | + + + + + + + + + + + + + + + + + + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Squamous Cell Papilloma                     | X                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach, Glandular                          | + + + + A + + + + + + + + + + + + + + + + + + + + + + +   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

CARDIOVASCULAR SYSTEM

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

ENDOCRINE SYSTEM

|                  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------|-----------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Adrenal Cortex   | + + + + + + + + + + + + + + + + + + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Capsule, 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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 0               | 3 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 5               | 7 | 3 | 9 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                              |             | 2               | 6 | 9 | 7 | 0 | 2 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                              | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 8               | 9 | 6 | 6 | 9 | 8 | 9 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 5 | 5 |
|                              |             | 0               | 4 | 7 | 0 | 5 | 4 | 9 | 2 | 1 | 3 | 6 | 8 | 0 | 1 | 2 | 7 | 8 | 1 | 2 | 6 | 7 | 0 | 7 | 8 |
|                              |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

HEMATOPOIETIC SYSTEM

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                            |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Iliac, Osteosarcoma, Metastatic, Bone |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + |
| Spleen                                | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                                | M | + | + | + | + | + | M | + | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + |

INTEGUMENTARY SYSTEM

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 0               | 3 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 5               | 7 | 3 | 9 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                              |             | 2               | 6 | 9 | 7 | 0 | 2 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                              | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 8               | 9 | 6 | 6 | 9 | 8 | 9 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 5 | 5 |
|                              |             | 0               | 4 | 7 | 0 | 5 | 4 | 9 | 2 | 1 | 3 | 6 | 8 | 0 | 1 | 2 | 7 | 8 | 1 | 2 | 6 | 7 | 0 | 7 | 5 | 8 |
|                              |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Mammary Gland

+ + + + + + + + + + + + + + + + + + + + + + + + +

Skin

+ + + + + + + + + + + + + + + + + + + + + + + + +

Subcutaneous Tissue, Fibrous  
Histiocytoma

Subcutaneous Tissue,  
Hemangiosarcoma

X

MUSCULOSKELETAL SYSTEM

Bone

+ + + + + + + + + + + + + + + + + + + + + + + + +

Osteosarcoma

X

NERVOUS SYSTEM

Brain

+ + + + + + + + + + + + + + + + + + + + + + + + +

Peripheral Nerve

+ +

Spinal Cord

+ +

RESPIRATORY SYSTEM

Lung

+ + + + + + + + + + + + + + + + + + + + + + + + +

\* .. 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|  |  | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | males<br>(cont...) |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             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       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|  |  | 0<br>5<br>2 | 3<br>7<br>6 | 4<br>3<br>9 | 6<br>9<br>7 | 7<br>1<br>0 | 7<br>1<br>2 | 7<br>2<br>1 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 |                    | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 | 7<br>2<br>9 |

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 0               | 3 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                              |             | 5               | 7 | 3 | 9 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |   |
|                              |             | 2               | 6 | 9 | 7 | 0 | 2 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |   |
|                              | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                              |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                              |             | 8               | 9 | 6 | 6 | 9 | 8 | 9 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 5 | 5 |
|                              |             | 0               | 4 | 7 | 0 | 5 | 4 | 9 | 2 | 1 | 3 | 6 | 8 | 0 | 1 | 2 | 7 | 8 | 1 | 2 | 6 | 7 | 0 | 7 | 5 | 8 |
|                              |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Urethra         | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 CHROMIUM PICOLINATE MONOHYDRATE  
 CAS Number: 27882-76-4  
 Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006  
 Time Report Requested: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                              |             | B6C3F1 MICE MALE<br>2000 PPM |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |
|------------------------------|-------------|------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                              |             | * TOTALS                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 7<br>3<br>0                  | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 |
|                              | ANIMAL ID   | 0<br>0<br>0                  | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>1 |
|                              | 5<br>9      | 6<br>2                       | 6<br>4      | 7<br>4      | 7<br>5      | 8<br>3      | 8<br>8      | 9<br>1      | 9<br>3      | 9<br>6      | 9<br>8      | 5<br>1      | 5<br>3      | 5<br>4      | 5<br>6      | 5<br>7      | 6<br>5      | 6<br>9      | 7<br>3      | 7<br>6      | 7<br>9      | 8<br>5      | 8<br>9      | 9<br>2      | 0<br>0      |
|                              |             |                              |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   |   | X |   |   | X |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   | X |   | 10 |
| Hepatocellular Adenoma, Multiple   |   |   |   | X | X |   |   |   |   |   |   |   | X | X |   |   |   | X | X |   |   |   |   | X | 12 |
| Hepatocellular Carcinoma           |   |   | X |   |   | X | X |   |   | X |   | X |   |   |   |   |   |   |   | X |   |   |   |   | 11 |
| Hepatocellular Carcinoma, Multiple |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 7  |

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                              | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |
|                              |             | 5        | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 0 |
|                              |             | 9        | 2 | 4 | 4 | 5 | 3 | 8 | 1 | 3 | 6 | 8 | 1 | 3 | 4 | 6 | 7 | 5 | 9 | 3 | 6 | 9 | 5 | 9 | 2 |
|                              |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mesentery                                   | + |   |   |   | + | + |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Squamous Cell Papilloma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

ENDOCRINE SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Capsule, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                              | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |
|                              |             | 5        | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 0 |
|                              |             | 9        | 2 | 4 | 4 | 5 | 3 | 8 | 1 | 3 | 6 | 8 | 1 | 3 | 4 | 6 | 7 | 5 | 9 | 3 | 6 | 9 | 5 | 9 | 2 |
|                              |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyosarcoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

HEMATOPOIETIC SYSTEM

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Iliac, Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular                | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | I | M | + | + | + | + | 46 |
| Lymph Node, Mesenteric                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Spleen                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Hemangiosarcoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   | 2  |
| Thymus                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

INTEGUMENTARY SYSTEM

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                              | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |
|                              |             | 5        | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 0 |
|                              |             | 9        | 2 | 4 | 4 | 5 | 3 | 8 | 1 | 3 | 6 | 8 | 1 | 3 | 4 | 6 | 7 | 5 | 9 | 3 | 6 | 9 | 5 | 9 | 2 |
|                              |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Fibrous<br>Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |
| Subcutaneous Tissue,<br>Hemangiosarcoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

MUSCULOSKELETAL SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Osteosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

NERVOUS SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

RESPIRATORY SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
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 Species/Strain: MICE/B6C3F1

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
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**CAS Number:** 27882-76-4  
**Pathologist:** HEATH, J. - Blackshear, P. - Unknown, U.

**Date Report Reqsted:** 09/26/2006  
**Time Report Reqsted:** 08:19:02  
**First Dose M/F:** 07/29/02 / 07/29/02  
**Lab:** SRI

|                              |  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                              |  | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           |
| B6C3F1 MICE MALE<br>2000 PPM |  | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                              |  | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>5 | 0<br>0<br>0<br>8<br>3 | 0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>9<br>1 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>6 | 0<br>0<br>0<br>9<br>8 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>6<br>5 | 0<br>0<br>0<br>6<br>9 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>7<br>6 | 0<br>0<br>0<br>7<br>9 | 0<br>0<br>0<br>8<br>5 | 0<br>0<br>0<br>8<br>9 | 0<br>0<br>0<br>9<br>2 |
|                              |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                              |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                              |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                              |  | * TOTALS              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

|                                             |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |   |   |  |          |
|---------------------------------------------|--|--|---|--|--|---|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---|---|---|--|----------|
| Alveolar/Bronchiolar Adenoma                |  |  |   |  |  | X |  |  |  |  |  |  |  |  |  |  | X |  |  |  |   | X | X |  | <b>9</b> |
| Alveolar/Bronchiolar Adenoma, Multiple      |  |  | X |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |   |   |  | <b>1</b> |
| Alveolar/Bronchiolar Carcinoma              |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |   |   |  | <b>2</b> |
| Carcinoma, Metastatic, Thyroid Gland        |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  | X |   |   |  | <b>1</b> |
| Hepatocellular Carcinoma, Metastatic, Liver |  |  |   |  |  | X |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |   |   |  | <b>3</b> |
| Osteosarcoma, Metastatic, Bone              |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |   |   |  | <b>1</b> |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Nose    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |

## SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Adenoma         |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>6</b>  |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

## URINARY SYSTEM

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                              |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>2000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                              |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                              | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |
|                              |             | 5        | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 9 |
|                              |             | 9        | 2 | 4 | 4 | 5 | 3 | 8 | 1 | 3 | 6 | 8 | 1 | 3 | 4 | 6 | 7 | 5 | 9 | 3 | 6 | 9 | 5 | 9 | 2 |
|                              |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 0 |

Urethra 1

Urinary Bladder 49

SYSTEMIC LESIONS

Multiple Organ 50  
Histiocytic Sarcoma 1

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

TDMS No. 99027 - 04  
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 Species/Strain: MICE/B6C3F1

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Date Report Requested: 09/26/2006  
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 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 0 | 8 | 3 | 6 | 7 | 7 | 7 | 7 | 8 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                               |             | 1 | 4 | 5 | 6 | 0 | 1 | 6 | 6 | 4 | 4 | 7 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                               | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               |             | 2 | 3 | 0 | 0 | 4 | 4 | 2 | 2 | 5 | 4 | 2 | 1 | 0 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4 | 0 | 0 |
|                               |             | 6 | 0 | 9 | 7 | 5 | 8 | 0 | 4 | 0 | 9 | 7 | 6 | 1 | 3 | 4 | 2 | 1 | 5 | 2 | 6 | 0 | 3 | 4 | 2 | 6 |

males  
(cont...)

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + |
| Gallbladder                        | M | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | A | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                          |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum             | A | + | + | A | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   | X |   |   |   |   |   |   | X | X |   |   |   |   | X |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   | X |   |   |   | X | X |
| Hepatocellular Carcinoma           |   |   | X |   |   |   | X | X |   |   | X |   | X |   |   |   |   |   | X |   |   |   | X |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   | 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|-------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1<br>0<br>1           | 5<br>8<br>4           | 6<br>3<br>5           | 6<br>6<br>6           | 6<br>7<br>0           | 6<br>7<br>1           | 6<br>7<br>6           | 6<br>7<br>6           | 6<br>8<br>4           | 7<br>0<br>4           | 7<br>1<br>7           | 7<br>2<br>4           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>3<br>0           | 7<br>3<br>0           |  |
|                               | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>0<br>4 |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             | males (cont...)       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |

|                                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mast Cell Tumor Malignant, Metastatic, Bone Marrow | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                          | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach Squamous Cell Papilloma       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

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

ENDOCRINE SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex   | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Capsule, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

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|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1<br>0<br>1           | 5<br>8<br>4           | 6<br>3<br>5           | 6<br>6<br>6           | 6<br>7<br>0           | 6<br>7<br>1           | 6<br>7<br>6           | 6<br>7<br>6           | 6<br>8<br>4           | 7<br>0<br>4           | 7<br>1<br>7           | 7<br>2<br>4           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>3<br>0           | 7<br>3<br>0           |
|                               | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>0<br>2 |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |
| Adrenal Medulla               |             | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Islets, Pancreatic<br>Adenoma |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Parathyroid Gland             |             | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Pituitary Gland               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Thyroid Gland                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Follicular Cell, Adenoma      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Follicular Cell, Carcinoma    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

GENERAL BODY SYSTEM  
NONE

GENITAL SYSTEM

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

\* .. 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1               | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 0               | 8 | 3 | 6 | 7 | 7 | 7 | 7 | 8 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |
|                               |             | 1               | 4 | 5 | 6 | 0 | 1 | 6 | 6 | 4 | 4 | 7 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                               | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               |             | 2               | 3 | 0 | 0 | 4 | 4 | 2 | 2 | 5 | 4 | 2 | 1 | 0 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 0 | 0 |
|                               |             | 6               | 0 | 9 | 7 | 5 | 8 | 0 | 4 | 0 | 9 | 7 | 6 | 1 | 3 | 4 | 2 | 1 | 5 | 2 | 6 | 0 | 3 | 4 | 2 |
|                               |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

HEMATOPOIETIC SYSTEM

|                                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mast Cell Tumor Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Lymph Node                                         |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                             | + | + | + | + | M | M | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |
| Lymph Node, Mesenteric                             | M | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                    |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |
| Mast Cell Tumor Malignant, Metastatic, Bone Marrow |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Thymus                                             | A | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |

INTEGUMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006  
Time Report Requested: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1               | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 0               | 8 | 3 | 6 | 7 | 7 | 7 | 7 | 8 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                               |             | 1               | 4 | 5 | 6 | 0 | 1 | 6 | 6 | 4 | 4 | 7 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                               | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               |             | 2               | 3 | 0 | 0 | 4 | 4 | 2 | 2 | 5 | 4 | 2 | 1 | 0 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4 | 0 | 0 |
|                               |             | 6               | 0 | 9 | 7 | 5 | 8 | 0 | 4 | 0 | 9 | 7 | 6 | 1 | 3 | 4 | 2 | 1 | 5 | 2 | 6 | 0 | 3 | 4 | 2 | 6 |
|                               |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrous<br>Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma<br>Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   | X |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1               | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 0               | 8 | 3 | 6 | 7 | 7 | 7 | 7 | 8 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |
|                               |             | 1               | 4 | 5 | 6 | 0 | 1 | 6 | 6 | 4 | 4 | 7 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
|                               | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               |             | 2               | 3 | 0 | 0 | 4 | 4 | 2 | 2 | 5 | 4 | 2 | 1 | 0 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4 | 0 |
|                               |             | 6               | 0 | 9 | 7 | 5 | 8 | 0 | 4 | 0 | 9 | 7 | 6 | 1 | 3 | 4 | 2 | 1 | 5 | 2 | 6 | 0 | 3 | 4 | 2 |
|                               |             | males (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatocellular Carcinoma, Metastatic, Liver |   |   | X |   | X |   | X |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Renal Tubule, Carcinoma |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
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 Lab: SRI

| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 1<br>0<br>1           | 5<br>8<br>4           | 6<br>3<br>5           | 6<br>6<br>6           | 6<br>7<br>0           | 6<br>7<br>1           | 6<br>7<br>6           | 6<br>7<br>6           | 6<br>8<br>4           | 7<br>0<br>4           | 7<br>1<br>7           | 7<br>2<br>4           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>3<br>0           | 7<br>3<br>0           | males<br>(cont...) |                       |
|-------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-----------------------|
|                               | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>2 |                    | 0<br>0<br>1<br>0<br>6 |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |                       |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |                       |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |                       |
| Multiple Organ                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |                       |
| Histiocytic Sarcoma           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |                       |
| Lymphoma Malignant            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |                       |

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

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

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 CHROMIUM PICOLINATE MONOHYDRATE  
 CAS Number: 27882-76-4  
 Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006  
 Time Report Requested: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                               | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|-------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                               |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| B6C3F1 MICE MALE<br>10000 PPM | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 1        | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               |             | 0        | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 |
|                               |             | 8        | 4 | 8 | 9 | 4 | 5 | 7 | 8 | 2 | 7 | 5 | 0 | 1 | 3 | 5 | 7 | 9 | 2 | 3 | 8 | 1 | 3 | 9 | 1 |
|                               |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Gallbladder                        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   | X |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   | 9  |
| Hepatocellular Adenoma, Multiple   |   |   |   | X | X | X |   | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   | X |   | 12 |
| Hepatocellular Carcinoma           | X | X |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X | X | 14 |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 6  |

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

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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

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Date Report Reqsted: 09/26/2006  
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Lab: SRI

|                               |  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|-------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                               |  | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           |          |
| B6C3F1 MICE MALE<br>10000 PPM |  | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|                               |  | 0<br>0<br>1<br>0<br>8 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>6 |          |
|                               |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|                               |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Medulla               |  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Islets, Pancreatic            |  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Adenoma                       |  | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Parathyroid Gland             |  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Pituitary Gland               |  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | 48       |
| Thyroid Gland                 |  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Follicular Cell, Adenoma      |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Follicular Cell, Carcinoma    |  | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

GENERAL BODY SYSTEM  
NONE

GENITAL SYSTEM

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

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CHROMIUM PICOLINATE MONOHYDRATE  
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Lab: SRI

|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
|                               |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        |
|                               | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4        |
|                               |             | 8 | 4 | 8 | 9 | 4 | 5 | 7 | 8 | 2 | 7 | 5 | 0 | 1 | 3 | 5 | 7 | 9 | 2 | 3 | 8 | 1 | 3 | 9 | 1        |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

HEMATOPOIETIC SYSTEM

|                                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                                    |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mast Cell Tumor Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | 45 |
| Lymph Node, Mesenteric                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Spleen                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Mast Cell Tumor Malignant, Metastatic, Bone Marrow |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymus                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

INTEGUMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

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A .. Autolysis precludes evaluation

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TDMS No. 99027 - 04  
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|                               |  | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|-------------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|
|                               |  | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>0 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 | 7<br>3<br>1 |   |
| B6C3F1 MICE MALE<br>10000 PPM |  | .....       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|                               |  | ANIMAL ID   |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|                               |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                               |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                               |  | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1           | 1 |
|                               |  | 0           | 1           | 1           | 2           | 3           | 3           | 3           | 3           | 4           | 4           | 0           | 1           | 1           | 1           | 1           | 1           | 1           | 2           | 2           | 2           | 3           | 3           | 3           | 4           | 4 |
|                               |  | 8           | 4           | 8           | 9           | 4           | 5           | 7           | 8           | 2           | 7           | 5           | 0           | 1           | 3           | 5           | 7           | 9           | 2           | 3           | 8           | 1           | 3           | 9           | 1           | 6 |
|                               |  | * TOTALS    |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Fibrous Histiocytoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Schwannoma Malignant | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma   |   |   | X |   |   |   | X |   |   | X |   |   |   | X |   |   | X |   |   |   |   |   |   |   | 7  |
| Alveolar/Bronchiolar Carcinoma |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 5  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>10000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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        | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 |
|                               |             | 8        | 4 | 8 | 9 | 4 | 5 | 7 | 8 | 2 | 7 | 5 | 0 | 1 | 3 | 5 | 7 | 9 | 2 | 3 | 8 | 1 | 3 | 9 | 6 |
|                               |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatocellular Carcinoma, Metastatic, Liver | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

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

SYSTEMIC LESIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 CHROMIUM PICOLINATE MONOHYDRATE  
 CAS Number: 27882-76-4  
 Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006  
 Time Report Requested: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                               | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                               |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                               | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| B6C3F1 MICE MALE<br>10000 PPM |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                               |             | 0 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 |          |
|                               |             | 8 | 4 | 8 | 9 | 4 | 5 | 7 | 8 | 2 | 7 | 5 | 0 | 1 | 3 | 5 | 7 | 9 | 2 | 3 | 8 | 1 | 3 | 9 | 1 | 6 | * TOTALS |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Multiple Organ                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Histiocytic Sarcoma           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2        |
| Lymphoma Malignant            |             |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   | 4        |

\* .. 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

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

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Date Report Requested: 09/26/2006  
 Time Report Requested: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 0 | 4 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | males<br>(cont...) |   |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
|                               |             | 2 | 8 | 9 | 6 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 |                    | 3 |
|                               |             | 5 | 6 | 2 | 1 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 |                    | 0 |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
| ANIMAL ID                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |   |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |   |
|                               | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                    |   |
|                               | 6           | 8 | 9 | 8 | 8 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 6 | 6 | 6 | 7                  |   |
|                               | 6           | 7 | 3 | 4 | 3 | 4 | 6 | 2 | 3 | 7 | 0 | 2 | 3 | 5 | 1 | 5 | 0 | 2 | 5 | 6 | 5 | 1 | 5 | 9 | 1                  |   |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + |
| Intestine Large, Cecum           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Intestine Small, Duodenum        | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum           | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatoblastoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma           |   |   | X |   | X |   |   | X |   | X |   | X | X |   | X |   |   |   | X | X |   | X |   |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   | 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  
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TDMS No. 99027 - 04  
Test Type: CHRONIC  
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|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|-------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 0<br>2<br>5           | 4<br>8<br>6           | 5<br>9<br>2           | 6<br>6<br>1           | 7<br>0<br>0           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>2<br>9           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           |  |
|                               | ANIMAL ID   | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>5 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>7<br>9 |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                               |             | males (cont...)       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |

|                                    |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  |   |
|------------------------------------|--|--|--|---|---|--|--|--|---|---|--|--|---|---|---|--|---|--|--|--|--|--|---|--|---|
| Hepatocellular Carcinoma           |  |  |  | X | X |  |  |  |   |   |  |  | X | X | X |  | X |  |  |  |  |  | X |  |   |
| Hepatocellular Carcinoma, Multiple |  |  |  |   |   |  |  |  | X | X |  |  |   |   | X |  |   |  |  |  |  |  |   |  |   |
| Mesentery                          |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  |   |
| Pancreas                           |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  |   |
| Hepatoblastoma, Metastatic, Liver  |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  | X |
| Salivary Glands                    |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  |   |
| Stomach, Forestomach               |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  |   |
| Stomach, Glandular                 |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  |   |
| Hepatoblastoma, Metastatic, Liver  |  |  |  |   |   |  |  |  |   |   |  |  |   |   |   |  |   |  |  |  |  |  |   |  | X |

CARDIOVASCULAR SYSTEM

|                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Blood Vessel                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Heart                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Hepatoblastoma, Metastatic, Liver |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |

ENDOCRINE SYSTEM

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Adrenal Cortex |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



**Species/Strain:** MICE/B6C3F1

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

## CHROMIUM PICOLINATE MONOHYDRATE

**CAS Number:** 27882-76-4

**Pathologist:** HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006

Time Report Reqsted: 08:19:02

**First Dose M/F: 07/29/02 / 07/29/02**

**Lab: SRI**

[illegible][illegible]

## HEMATOPOIETIC SYSTEM

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

## INTEGUMENTARY SYSTEM

[illegible]

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

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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 0 | 4 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | males<br>(cont...) |   |
|                               |             | 2 | 8 | 9 | 6 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 |                    |   |
|                               |             | 5 | 6 | 2 | 1 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 |                    |   |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
|                               | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 |
| 0                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |   |
| 1                             |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                    |   |
| 6                             |             | 8 | 9 | 8 | 8 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 6 | 6 | 6 |                    |   |
|                               |             | 6 | 7 | 3 | 4 | 3 | 4 | 6 | 2 | 3 | 7 | 0 | 2 | 3 | 5 | 1 | 5 | 0 | 2 | 5 | 6 | 5 | 1 | 5 | 9                  | 1 |

males  
(cont...)

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

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatoblastoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Renal Tubule, Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Urinary Bladder                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 CHROMIUM PICOLINATE MONOHYDRATE  
 CAS Number: 27882-76-4  
 Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006  
 Time Report Requested: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                               |                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-------------------------------|---------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST                                 | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>0           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           | 7<br>3<br>1           |
|                               | <hr style="border-top: 1px dotted black;"/> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                               | ANIMAL ID                                   | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>7<br>7 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>7 |
|                               | <hr style="border-top: 1px dotted black;"/> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                               | * TOTALS                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 49 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Carcinoma                        |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatoblastoma                   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatocellular Adenoma           | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   | 14 |
| Hepatocellular Adenoma, Multiple |   |   |   | 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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
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|                               |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 2 |
|                               |             | 7        | 7 | 7 | 8 | 8 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 9 | 9 | 0 |
|                               |             | 4        | 8 | 9 | 6 | 8 | 4 | 8 | 1 | 2 | 3 | 7 | 8 | 9 | 0 | 4 | 8 | 6 | 7 | 0 | 2 | 9 | 1 | 7 | 0 |
|                               |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Capsule, Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adrenal Medulla          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Islets, Pancreatic       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Parathyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | 46 |
| Pituitary Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |

GENERAL BODY SYSTEM  
NONE

GENITAL SYSTEM

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

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|                               |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 2 |
|                               |             | 7        | 7 | 7 | 8 | 8 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 9 | 9 | 0 |
|                               |             | 4        | 8 | 9 | 6 | 8 | 4 | 8 | 1 | 2 | 3 | 7 | 8 | 9 | 0 | 4 | 8 | 6 | 7 | 0 | 2 | 9 | 1 | 7 | 0 |
|                               |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Testes | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node             |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Lymph Node, Mandibular | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | 44 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | 48 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Thymus                 | + | M | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | 43 |

INTEGUMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 2 |
|                               |             | 7        | 7 | 7 | 8 | 8 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 9 | 9 | 0 |
|                               |             | 4        | 8 | 9 | 6 | 8 | 4 | 8 | 1 | 2 | 3 | 7 | 8 | 9 | 0 | 4 | 8 | 6 | 7 | 0 | 2 | 9 | 1 | 7 | 0 |
|                               |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Alveolar/Bronchiolar Carcinoma, Multiple    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatoblastoma, Metastatic, Liver           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Nose                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                               |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                               |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                               | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                               |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 2 |
|                               |             | 7        | 7 | 7 | 8 | 8 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 8 | 8 | 8 | 9 | 9 | 9 | 0 |
|                               |             | 4        | 8 | 9 | 6 | 8 | 4 | 8 | 1 | 2 | 3 | 7 | 8 | 9 | 0 | 4 | 8 | 6 | 7 | 0 | 2 | 9 | 1 | 7 | 0 |
|                               |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma         |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Carcinoma       |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

URINARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatoblastoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Renal Tubule, Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Urinary Bladder                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

SYSTEMIC LESIONS

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 3  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 CHROMIUM PICOLINATE MONOHYDRATE  
 CAS Number: 27882-76-4  
 Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
 Time Report Reqsted: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| B6C3F1 MICE MALE<br>50000 PPM | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |
|                               |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|                               | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 2        |
|                               |             | 7 | 7 | 7 | 8 | 8 | 9 | 9 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 9 | 9        |
|                               |             | 4 | 8 | 9 | 6 | 8 | 4 | 8 | 1 | 2 | 3 | 7 | 8 | 9 | 0 | 4 | 8 | 6 | 7 | 0 | 2 | 9 | 1 | 7 | 9        |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |

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

\* .. 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

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Lab: SRI

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

ALIMENTARY SYSTEM

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                 | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                               | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                 | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                    | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                  | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                                 |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma, Metastatic, Islets, Pancreatic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Hepatocellular Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Hepatocellular Carcinoma                  |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Mesentery                                 |   |   | + |   | + |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

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TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Lab: SRI

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

Schwannoma Malignant, Metastatic, Skin  
Schwannoma Malignant, Metastatic, Uterus

X

Pancreas

+ + + + + + + + + + + + + + + + + + + + + + + + + +

Salivary Glands

+ + + + + + + + + + + + + + + + + + + + + + + + + +

Stomach, Forestomach

+ + + + + + + + + + + + + + + + + + + + + + + + + +

Stomach, Glandular

+ + + + + + + + + + + + + + + + + + + + + + + + + +

CARDIOVASCULAR SYSTEM

Heart

+ + + + + + + + + + + + + + + + + + + + + + + + + +

ENDOCRINE SYSTEM

Adrenal Cortex

+ + + + + + + + + + + + + + + + + + + + + + + + + +

Adrenal Medulla

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

Pheochromocytoma Malignant

Islets, Pancreatic

+ + + + + + + + + + + + + + + + + + + + + + + + + +

Carcinoma

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

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

Parathyroid Gland

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

Pituitary Gland

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

Pars Distalis, Adenoma

X

Pars Intermedia, Adenoma

Thyroid Gland

+ + + + + + + + + + + + + + + + + + + + + + + +

Follicular Cell, Adenoma

X

GENERAL BODY SYSTEM

Tissue NOS

+

Hemangiosarcoma

X

GENITAL SYSTEM

Clitoral Gland

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

Ovary

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

Granulosa Cell Tumor Benign

X

X

Granulosa Cell Tumor Malignant

X

Uterus

+ + + + + + + + + + + + + + + + + + + + + + +

\* .. 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
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CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

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

|                      |   |   |
|----------------------|---|---|
| Leiomyosarcoma       | X | X |
| Polyp Stromal        | X | X |
| Schwannoma Malignant | X |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma     |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                             |  | 0 | 0 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| DAY ON TEST                                 |  | 2 | 2 | 8 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                             |  | 2 | 2 | 0 | 4 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| B6C3F1 MICE FEMALE                          |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID                                   |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 PPM                                       |  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                             |  | 4 | 4 | 4 | 4 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 |
|                                             |  | 2 | 4 | 9 | 3 | 1 | 6 | 7 | 8 | 9 | 0 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 5 | 6 |
|                                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lung                                        |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |  |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |  |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                        |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                     |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| SPECIAL SENSES SYSTEM                       |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eye                                         |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland                             |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                                     |  |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Carcinoma                                   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |
| URINARY SYSTEM                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Kidney                                      |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder                             |  | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

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

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically





TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

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Date Report Reqsted: 09/26/2006  
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Lab: SRI

|                                 |           | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|---------------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|
|                                 |           | 7<br>3<br>2 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 |   |
|                                 |           |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
| B6C3F1 MICE FEMALE<br><br>0 PPM | ANIMAL ID | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                                 |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                                 |           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2 |
|                                 |           | 5           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 1           | 2           | 2           | 2           | 2           | 2           | 3           | 3           | 3           | 3           | 4           | 1           | 1           | 1           | 1 |
|                                 |           | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 0           | 2           | 3           | 4           | 5 |
|                                 |           | * TOTALS    |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Parathyroid Gland        | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Pituitary Gland          | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Pars Distalis, Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pars Intermedia, Adenoma |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

GENERAL BODY SYSTEM

|                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
| Hemangiosarcoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |

GENITAL SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                 | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 44 |
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Granulosa Cell Tumor Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |          |
|---------------------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| DAY ON TEST                     |           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |          |
|                                 |           | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 |   |          |
|                                 |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| B6C3F1 MICE FEMALE<br><br>0 PPM | ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |          |
|                                 |           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |          |
|                                 |           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |          |
|                                 |           | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 1 | 1 | 1 |   |          |
|                                 |           | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 2 | 3 | 4 | 5 | * TOTALS |

|                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |  |   |  |  |  |  |   |
|-------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---|--|--|---|--|--|--|--|---|
| Sebaceous Gland, Adenoma                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |  |   |  |  |  |  | 1 |
| Subcutaneous Tissue, Fibrosarcoma         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |   |  |  |   |  |  |  |  | 1 |
| Subcutaneous Tissue, Fibrous Histiocytoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  | X |  |  |   |  |  |  |  | 1 |
| Subcutaneous Tissue, Schwannoma Malignant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |  | X |  |  |  |  | 1 |

MUSCULOSKELETAL SYSTEM

|                                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 2  |
| Schwannoma Malignant, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |

NERVOUS SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | 2  |

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

|                                             |  | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |    |          |  |
|---------------------------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----|----------|--|
|                                             |  | 7<br>3<br>2 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 |    |          |  |
|                                             |  | .....       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |    |          |  |
| B6C3F1 MICE FEMALE                          |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0  |          |  |
|                                             |  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0  |          |  |
| 0 PPM                                       |  | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2           | 2  |          |  |
|                                             |  | 5           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 1           | 2           | 2           | 2           | 2           | 2           | 3           | 3           | 3           | 3           | 4           | 1           | 1           | 1           | 1  |          |  |
|                                             |  | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 0           | 2           | 3           | 4           | 5  | * TOTALS |  |
| Lung                                        |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50 |          |  |
| Alveolar/Bronchiolar Adenoma                |  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | 1  |          |  |
| Alveolar/Bronchiolar Carcinoma              |  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | X           |             |             |             |             |             | 1  |          |  |
| Hepatocellular Carcinoma, Metastatic, Liver |  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | 1  |          |  |
| Nose                                        |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50 |          |  |
| Trachea                                     |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50 |          |  |
| SPECIAL SENSES SYSTEM                       |  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |    |          |  |
| Eye                                         |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50 |          |  |
| Harderian Gland                             |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50 |          |  |
| Adenoma                                     |  |             |             | X           |             |             |             | X           |             |             |             | X           |             | X           |             |             | X           |             |             |             |             |             |             |             |             | 7  |          |  |
| Carcinoma                                   |  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | 2  |          |  |
| URINARY SYSTEM                              |  |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |    |          |  |
| Kidney                                      |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50 |          |  |
| Urinary Bladder                             |  | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 49 |          |  |

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                             |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>0 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                             |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                             |             | 2        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 |
|                             | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                             |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                             |             | 2        | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                             |             | 5        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 1 | 1 | 1 | 1 |
|                             |             | 0        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 2 | 3 | 4 |
|                             |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   | X | X |   | X |   |   | X |   |   |   |   |   |   |   |   | 5  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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Species/Strain: MICE/B6C3F1

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|                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |
|                                |             | 4 | 4 | 6 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |
|                                |             | 3 | 2 | 3 | 5 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |
|                                | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                                |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    |
|                                |             | 8 | 8 | 6 | 7 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 5 | 5 | 5 | 5 | 6 | 6                    |
|                                |             | 8 | 5 | 1 | 7 | 8 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 2                    |
|                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4                    |
|                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |

ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                          | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + |
| Intestine Large, Cecum               | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum              | + | + | + | + | + | + | M | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum            | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum               | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma               |   |   |   |   |   |   | X |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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|--------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 5                 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 4                 | 4 | 6 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3                 | 2 | 3 | 5 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2                 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 8                 | 8 | 6 | 7 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |
|                                |             | 8                 | 5 | 1 | 7 | 8 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 2 | 3 |
|                                |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Oral Mucosa  
Squamous Cell Carcinoma

+  
X

Pancreas

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

Salivary Glands

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

Stomach, Forestomach  
Squamous Cell Papilloma

+  
X

Stomach, Glandular

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

CARDIOVASCULAR SYSTEM

Heart

+ + + + + + + + + + + + + + + + + + + + + +

ENDOCRINE SYSTEM

Adrenal Cortex

+ + + + + + + + + + + + + + + + + + + + + +

Adrenal Medulla

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

Islets, Pancreatic

+ + + + + + + + + + + + + + + + + + + + + +

\* .. 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

TDMS No. 99027 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 CHROMIUM PICOLINATE MONOHYDRATE  
 CAS Number: 27882-76-4  
 Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Requested: 09/26/2006  
 Time Report Requested: 08:19:02  
 First Dose M/F: 07/29/02 / 07/29/02  
 Lab: SRI

|                                | DAY ON TEST | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                |             | 4 | 4 | 6 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3 | 2 | 3 | 5 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| B6C3F1 MICE FEMALE<br>2000 PPM | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 8 | 8 | 6 | 7 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |
|                                |             | 8 | 5 | 1 | 7 | 8 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 2 | 3 |

females  
(cont...)

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Parathyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + |
| Pituitary Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pars Intermedia, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Leiomyoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 5                 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 4                 | 4 | 6 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3                 | 2 | 3 | 5 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2                 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 8                 | 8 | 6 | 7 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |
|                                |             | 8                 | 5 | 1 | 7 | 8 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 2 | 3 |
|                                |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|                                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin Subcutaneous Tissue, Fibrosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

MUSCULOSKELETAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 5                 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 4                 | 4 | 6 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3                 | 2 | 3 | 5 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2                 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 8                 | 8 | 6 | 7 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |
|                                |             | 8                 | 5 | 1 | 7 | 8 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 2 | 3 |
|                                |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
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|                                |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 5                 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 4                 | 4 | 6 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3                 | 2 | 3 | 5 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2                 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 8                 | 8 | 6 | 7 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |
|                                |             | 8                 | 5 | 1 | 7 | 8 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 2 | 3 |
|                                |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SPECIAL SENSES SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye               | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland   | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |
| Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |

URINARY SYSTEM

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

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

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TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Species/Strain: MICE/B6C3F1

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Lab: SRI

|                                |           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |    |
|--------------------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----|
| DAY ON TEST                    |           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |    |
|                                |           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 |          |    |
|                                |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| B6C3F1 MICE FEMALE<br>2000 PPM | ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |    |
|                                |           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |    |
|                                |           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |    |
|                                |           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 6 | 6 | 6 | 7        |    |
|                                |           | 5 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 9 | 0 | 6 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0        |    |
|                                |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |    |
| Parathyroid Gland              |           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48       |    |
| Pituitary Gland                |           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | +        | 48 |
| Pars Distalis, Adenoma         |           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |
| Pars Intermedia, Adenoma       |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |
| Thyroid Gland                  |           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |    |
| Follicular Cell, Adenoma       |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |
| GENERAL BODY SYSTEM            |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| NONE                           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| GENITAL SYSTEM                 |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Clitoral Gland                 |           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |    |
| Ovary                          |           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |    |
| Cystadenoma                    |           |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |
| Uterus                         |           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |    |
| Hemangiosarcoma                |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |
| Leiomyoma                      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |
| Leiomyosarcoma                 |           |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1        |    |
| Sarcoma                        |           |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 |
|                                | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2        | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 6        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 6 | 6 | 6 |
|                                |             | 5        | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 9 | 0 | 6 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|                                |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Skeletal Muscle |   |   | + |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Sarcoma         |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 2  |

NERVOUS SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Peripheral Nerve |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Spinal Cord      |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
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Date Report Reqsted: 09/26/2006  
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Lab: SRI

|                                |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>2000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 |
|                                | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 2        | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                |             | 6        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 6 | 6 | 6 | 7 |
|                                |             | 5        | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 9 | 0 | 6 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|                                |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SPECIAL SENSES SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Harderian Gland   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma           |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   | X |   |   |   |   |   |   | 5  |
| Adenoma, Multiple |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

URINARY SYSTEM

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

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 2  |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   | X |   | X |   |   | X | X |   |   |   |   |   | X |   |   | 9  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Lab: SRI**females  
(cont...)[illegible]



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| B6C3F1 MICE FEMALE<br>10000 PPM | DAY ON TEST | 2 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |   |   |                      |
|                                 |             | 8 | 2 | 2 | 9 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |   |   |                      |
|                                 |             | 9 | 8 | 9 | 2 | 2 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |   |   |                      |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|                                 | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |                      |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |                      |
|                                 |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |   |                      |
|                                 |             | 0 | 2 | 2 | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 |   |   |                      |
|                                 |             |   | 3 | 5 | 3 | 4 | 2 | 9 | 6 | 7 | 8 | 9 | 0 | 6 | 7 | 8 | 9 | 0 | 1 | 4 | 6 | 7 | 8 | 0 | 6 | 7 | 8 | females<br>(cont...) |

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Thyroid Gland | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

GENERAL BODY SYSTEM  
NONE

GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary          | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node             |   | + | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| 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  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Lab: SRI

|                                 |           | DAY ON TEST                                       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |                      |
|---------------------------------|-----------|---------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|----------------------|
|                                 |           | 2<br>8<br>9                                       | 6<br>2<br>8 | 6<br>2<br>9 | 6<br>9<br>2 | 7<br>0<br>2 | 7<br>2<br>6 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>2 |   |                      |
| B6C3F1 MICE FEMALE<br>10000 PPM | ANIMAL ID | 0                                                 | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |                      |
|                                 |           | 0                                                 | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |                      |
|                                 |           | 3                                                 | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3 |                      |
|                                 |           | 0                                                 | 2           | 2           | 4           | 2           | 2           | 0           | 0           | 0           | 0           | 1           | 1           | 1           | 1           | 1           | 2           | 2           | 2           | 2           | 2           | 2           | 3           | 3           | 3           | 3 |                      |
|                                 |           | 3                                                 | 5           | 3           | 4           | 2           | 9           | 6           | 7           | 8           | 9           | 0           | 6           | 7           | 8           | 9           | 0           | 1           | 4           | 6           | 7           | 8           | 0           | 6           | 7           | 8 |                      |
|                                 |           |                                                   |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   | females<br>(cont...) |
| Brain                           |           | + + + + + + + + + + + + + + + + + + + + + + + + + |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |                      |
| Peripheral Nerve                |           | + + + + + + + + + + + + + + + + + + + + + + + + + |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |                      |
| Spinal Cord                     |           | + + + + + + + + + + + + + + + + + + + + + + + + + |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |                      |

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                        | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>10000 PPM | DAY ON TEST | 2                 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                 |             | 8                 | 2 | 2 | 9 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 9                 | 8 | 9 | 2 | 2 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                 | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 3                 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 0                 | 2 | 2 | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 |
|                                 |             | 3                 | 5 | 3 | 4 | 2 | 9 | 6 | 7 | 8 | 9 | 0 | 6 | 7 | 8 | 9 | 0 | 1 | 4 | 6 | 7 | 8 | 0 | 6 | 7 |
|                                 |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Zymbal's Gland  
Carcinoma

URINARY SYSTEM

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

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
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Date Report Reqsted: 09/26/2006  
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First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|---------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                 |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|                                 |  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |          |
|                                 |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                 |  | 2           | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |          |
|                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| B6C3F1 MICE FEMALE<br>10000 PPM |  | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|                                 |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                 |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                 |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                 |  | 3           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 3 |          |
|                                 |  | 9           | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | * TOTALS |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

CARDIOVASCULAR SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

ENDOCRINE SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adrenal Medulla         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Pheochromocytoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Parathyroid Gland       | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | 45 |
| Pituitary Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pars Distalis, Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Lab: SRI

|                                 |           | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
|---------------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|
|                                 |           | 7<br>3<br>2 | 7<br>3<br>2 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 |   |
|                                 |           |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |
| B6C3F1 MICE FEMALE<br>10000 PPM | ANIMAL ID | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                                 |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |
|                                 |           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3 |
|                                 |           | 3           | 4           | 4           | 4           | 4           | 4           | 4           | 4           | 4           | 4           | 5           | 0           | 0           | 0           | 0           | 1           | 1           | 1           | 1           | 1           | 3           | 3           | 3           | 3           | 3 |
|                                 |           | 9           | 0           | 1           | 2           | 3           | 5           | 6           | 7           | 8           | 9           | 0           | 1           | 2           | 4           | 5           | 1           | 2           | 3           | 4           | 5           | 1           | 2           | 3           | 4           | 5 |
|                                 |           | * TOTALS    |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

GENERAL BODY SYSTEM  
NONE

GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Cystadenoma    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node             |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Lymph Node, Mandibular | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | 46 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | 49 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

|                                 |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>10000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                 |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 2        | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                                 |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                 | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 3        | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 9        | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 |
|                                 |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Thymus | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

INTEGUMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibroadenoma                      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Epidermis, Basosquamous Tumor     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Benign                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

MUSCULOSKELETAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

NERVOUS SYSTEM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |           | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---------------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                 |           | 7<br>3<br>2           | 7<br>3<br>2           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           |                       |
|                                 |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| B6C3F1 MICE FEMALE<br>10000 PPM | ANIMAL ID | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>9 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 |
|                                 |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                 |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                 |           | * TOTALS              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Peripheral Nerve |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Spinal Cord      |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1  |
| Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 4  |
| Carcinoma       |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>50000 PPM | DAY ON TEST | 2                 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                 |             | 3                 | 9 | 1 | 1 | 2 | 5 | 5 | 7 | 7 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 5                 | 4 | 4 | 7 | 8 | 5 | 9 | 3 | 4 | 7 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 3                 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 7                 | 8 | 7 | 9 | 5 | 5 | 5 | 8 | 7 | 9 | 6 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 5 | 5 | 7 | 7 | 8 |
|                                 |             | 0                 | 6 | 6 | 6 | 1 | 2 | 5 | 4 | 1 | 1 | 0 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 3 | 4 | 7 | 8 | 9 |
|                                 |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ALIMENTARY SYSTEM

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                         | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum              | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum              | + | A | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum            | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma            |   |   |   |   |   | X | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                           |   |   |   |   | + |   | + |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

| B6C3F1 MICE FEMALE<br>50000 PPM     | DAY ON TEST | 2 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|-------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                     |             | 3 | 9 | 1 | 1 | 2 | 5 | 5 | 7 | 7 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                     |             | 5 | 4 | 4 | 7 | 8 | 5 | 9 | 3 | 4 | 7 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                     |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                     |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                     |             | 7 | 8 | 7 | 9 | 5 | 5 | 5 | 8 | 7 | 9 | 6 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 5 | 5 | 7 | 7 | 7 | 8 | 8 |
|                                     |             | 0 | 6 | 6 | 6 | 1 | 2 | 5 | 4 | 1 | 1 | 0 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 3 | 4 | 7 | 8 | 9 | 0 |
| Pancreas                            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal, Metastatic, Uterus |             |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                     |             | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Sarcoma Stromal, Metastatic, Uterus |             |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Stomach, Glandular                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

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

ENDOCRINE SYSTEM

|                    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex     |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla    |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

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TDMS No. 99027 - 04  
Test Type: CHRONIC  
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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
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|                                 |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>50000 PPM | DAY ON TEST | 2                 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                 |             | 3                 | 9 | 1 | 1 | 2 | 5 | 5 | 7 | 7 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 5                 | 4 | 4 | 7 | 8 | 5 | 9 | 3 | 4 | 7 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 3                 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 7                 | 8 | 7 | 9 | 5 | 5 | 5 | 8 | 7 | 9 | 6 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 5 | 5 | 7 | 7 | 7 | 8 |
|                                 |             | 0                 | 6 | 6 | 6 | 1 | 2 | 5 | 4 | 1 | 1 | 0 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 3 | 4 | 7 | 8 | 9 |
|                                 |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Parathyroid Gland

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

Pituitary Gland

+ + + + + + + + + + + + + + + + + + + + + + + + + + +

Pars Distalis, Adenoma

X

X

Thyroid Gland

+ + + + + + + + + + + + + + + + + + + + + + + + + + +

GENERAL BODY SYSTEM

Tissue NOS

+

GENITAL SYSTEM

Clitoral Gland

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

Ovary

+ + + + + + + + + + + + + + + + + + + + + + + + + + +

Cystadenoma

X

Uterus

+ + + + + + + + + + + + + + + + + + + + + + + + + + +

Polyp Stromal

Sarcoma Stromal

X

HEMATOPOIETIC SYSTEM

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

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|                                 |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>50000 PPM | DAY ON TEST       | 2 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                                 |                   | 3 | 9 | 1 | 1 | 2 | 5 | 5 | 7 | 7 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 |   |
|                                 |                   | 5 | 4 | 4 | 7 | 8 | 5 | 9 | 3 | 4 | 7 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 |   |
|                                 |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                 | ANIMAL ID         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                 |                   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                 |                   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|                                 |                   | 7 | 8 | 7 | 9 | 5 | 5 | 5 | 8 | 7 | 9 | 6 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 5 | 5 | 7 | 7 | 7 |   |
|                                 |                   | 0 | 6 | 6 | 6 | 1 | 2 | 5 | 4 | 1 | 1 | 0 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 3 | 4 | 7 | 8 | 0 |
|                                 | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Sarcoma, Metastatic, Skeletal Muscle        | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                                  |   | + | + |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Iliac, Sarcoma, Metastatic, Skeletal Muscle | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                      | + | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                      | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |
| Sarcoma Stromal, Metastatic, Uterus         | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                                      | + | + | + | + | + | + | + | + | + | M | I | + | + | + | + | + | + | + | + | + | + | + | + | + |

INTEGUMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue,              | 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |             |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>50000 PPM | DAY ON TEST | 2                 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                 |             | 3                 | 9 | 1 | 1 | 2 | 5 | 5 | 7 | 7 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 5                 | 4 | 4 | 7 | 8 | 5 | 9 | 3 | 4 | 7 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 |
|                                 | .....       |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                 | ANIMAL ID   | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 3                 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 7                 | 8 | 7 | 9 | 5 | 5 | 5 | 8 | 7 | 9 | 6 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 5 | 5 | 7 | 7 | 7 |
|                                 |             | 0                 | 6 | 6 | 6 | 1 | 2 | 5 | 4 | 1 | 1 | 0 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 3 | 4 | 7 | 8 |
|                                 |             | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Hemangiosarcoma

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |           | 2                 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|---------------------------------|-----------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DAY ON TEST                     |           | 3                 | 9 | 1 | 1 | 2 | 5 | 5 | 7 | 7 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |           | 5                 | 4 | 4 | 7 | 8 | 5 | 9 | 3 | 4 | 7 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| B6C3F1 MICE FEMALE<br>50000 PPM | ANIMAL ID | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |           | 0                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |           | 3                 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |           | 7                 | 8 | 7 | 9 | 5 | 5 | 5 | 8 | 7 | 9 | 6 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 5 | 5 | 7 | 7 | 7 | 7 | 8 |
|                                 |           | 0                 | 6 | 6 | 6 | 1 | 2 | 5 | 4 | 1 | 1 | 0 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 3 | 4 | 7 | 8 | 9 | 0 | 0 |
|                                 |           | females (cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eye                             |           | +                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Harderian Gland                 |           | +                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenoma                         |           |                   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Carcinoma                       |           |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

URINARY SYSTEM

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

SYSTEMIC LESIONS

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

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Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B6C3F1 MICE FEMALE<br>50000 PPM | DAY ON TEST | 7        | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                 |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 3        | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                                 | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                 |             | 3        | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                 |             | 9        | 9 | 9 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 |
|                                 |             | 7        | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 5 | 7 | 8 | 9 | 0 | 2 | 3 |
|                                 |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ALIMENTARY SYSTEM

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Ileum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Jejunum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Liver                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma              |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   | 5  |
| Hepatocellular Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Mesentery                           |   |   |   |   |   |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   | + |   | 7  |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Lab: SRI

|                                     |           | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |          |
|-------------------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|----------|
|                                     |           | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 |   |          |
| B6C3F1 MICE FEMALE<br><br>50000 PPM | ANIMAL ID |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |          |
|                                     |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |          |
|                                     |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |          |
|                                     |           | 3           | 3           | 3           | 4           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3 |          |
|                                     |           | 9           | 9           | 9           | 0           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 8           | 8           | 8           | 8           | 8           | 8           | 8           | 9           | 9           | 9           | 9           | 9 |          |
|                                     |           | 7           | 8           | 9           | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 1           | 2           | 3           | 5           | 7           | 8           | 9           | 0           | 2           | 3           | 4           | 5 | * TOTALS |

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Pancreas                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangioma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Stomach, Forestomach                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Papilloma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

ENDOCRINE SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 99027 - 04  
Test Type: CHRONIC  
Route: DOSED FEED  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
CHROMIUM PICOLINATE MONOHYDRATE  
CAS Number: 27882-76-4  
Pathologist: HEATH, J. - Blackshear, P. - Unknown, U.

Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|----------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|          |  | DAY ON TEST | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           |                       |
|          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|          |  | ANIMAL ID   | 0<br>0<br>3<br>9<br>7 | 0<br>0<br>3<br>9<br>8 | 0<br>0<br>3<br>9<br>9 | 0<br>0<br>4<br>0<br>0 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>6<br>3 | 0<br>0<br>3<br>6<br>4 | 0<br>0<br>3<br>6<br>5 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>6<br>7 | 0<br>0<br>3<br>6<br>8 | 0<br>0<br>3<br>6<br>9 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>3<br>9<br>4 |
| * TOTALS |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Parathyroid Gland      | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | 46 |
| Pituitary Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pars Distalis, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Thyroid Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

GENERAL BODY SYSTEM

|            |   |
|------------|---|
| Tissue NOS | 1 |
|------------|---|

GENITAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Ovary           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | 49 |
| Cystadenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Polyp Stromal   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma Stromal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

HEMATOPOIETIC 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

TDMS No. 99027 - 04  
Test Type: CHRONIC  
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Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
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CAS Number: 27882-76-4  
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Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |           | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |          |
|---------------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|----------|
|                                 |           | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 |   |          |
| B6C3F1 MICE FEMALE<br>50000 PPM | ANIMAL ID |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |          |
|                                 |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |          |
|                                 |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |          |
|                                 |           | 3           | 3           | 3           | 4           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3 |          |
|                                 |           | 9           | 9           | 9           | 0           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 8           | 8           | 8           | 8           | 8           | 8           | 8           | 9           | 9           | 9           | 9           | 9 |          |
|                                 |           | 7           | 8           | 9           | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 1           | 2           | 3           | 5           | 7           | 8           | 9           | 0           | 2           | 3           | 4           | 5 | * TOTALS |

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sarcoma, Metastatic, Skeletal Muscle        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Iliac, Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Sarcoma Stromal, Metastatic, Uterus         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymus                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

INTEGUMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue,              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

|                                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1 MICE FEMALE<br>50000 PPM | DAY ON TEST | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>3           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           | 7<br>3<br>6           |                       |
|                                 | ANIMAL ID   | 0<br>0<br>3<br>9<br>7 | 0<br>0<br>3<br>9<br>8 | 0<br>0<br>3<br>9<br>9 | 0<br>0<br>4<br>0<br>0 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>6<br>3 | 0<br>0<br>3<br>6<br>4 | 0<br>0<br>3<br>6<br>5 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>6<br>7 | 0<br>0<br>3<br>6<br>8 | 0<br>0<br>3<br>6<br>9 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>3<br>9<br>4 | 0<br>0<br>3<br>9<br>5 |
|                                 | * TOTALS    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

Hemangiosarcoma

MUSCULOSKELETAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

NERVOUS SYSTEM

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

RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Carcinoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

SPECIAL SENSES SYSTEM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

TDMS No. 99027 - 04  
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Date Report Reqsted: 09/26/2006  
Time Report Reqsted: 08:19:02  
First Dose M/F: 07/29/02 / 07/29/02  
Lab: SRI

|                                 |           | DAY ON TEST |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |          |
|---------------------------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|----------|
|                                 |           | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>3 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 | 7<br>3<br>6 |   |          |
| B6C3F1 MICE FEMALE<br>50000 PPM | ANIMAL ID |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |          |
|                                 |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |          |
|                                 |           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0 |          |
|                                 |           | 3           | 3           | 3           | 4           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3           | 3 |          |
|                                 |           | 9           | 9           | 9           | 0           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 6           | 8           | 8           | 8           | 8           | 8           | 8           | 8           | 9           | 9           | 9           | 9           | 9 |          |
|                                 |           | 7           | 8           | 9           | 0           | 1           | 2           | 3           | 4           | 5           | 6           | 7           | 8           | 9           | 1           | 2           | 3           | 5           | 7           | 8           | 9           | 0           | 2           | 3           | 4           | 5 | * TOTALS |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma         |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 6  |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |

URINARY SYSTEM

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

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |

\*\*\* 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