

**Experiment Number:** 04626-01  
**Test Type:** 90-DAY  
**Route:** DOSED FEED  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** 1,1,1-Trichloroethane  
**CAS Number:** 71-55-6

**Date Report Requested:** 10/18/2014  
**Time Report Requested:** 16:22:57  
**First Dose M/F:** NA / NA  
**Lab:** TSI MASON

<b>C Number:</b>	C04626C
<b>Lock Date:</b>	03/17/1992
<b>Cage Range:</b>	All
<b>Date Range:</b>	All
<b>Reasons For Removal:</b>	All
<b>Removal Date Range:</b>	All
<b>Treatment Groups:</b>	All
<b>Study Gender:</b>	Both
<b>PWG Approval Date</b>	NONE

Experiment Number: 04626-01

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Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:57

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
UNTREATD

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	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	1
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

Alimentary System

Esophagus	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	10

Cardiovascular System

Heart	+	+	+	+	+	+	+	+	+	+	10
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Endocrine System

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	10
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	10

\* ..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: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

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Date Report Requested: 10/18/2014

Time Report Requested: 16:22:57

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
UNTREATD

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	*TOTALS
	0	0	0	0	0	0	0	0	0	0	
ANIMAL ID	9	9	9	9	9	9	9	9	9	9	
	2	2	2	2	2	2	2	2	2	2	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	1	
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	10
<b>General Body System</b>											
NONE											
<b>Genital System</b>											
Epididymis	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10
<b>Hematopoietic System</b>											
Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	10
Spleen	+	+	+	+	+	+	+	+	+	+	10
Thymus	+	+	+	+	+	+	+	+	+	+	10
<b>Integumentary System</b>											
Mammary Gland	+	+	+	+	+	+	M	M	+	+	8
Skin	+	+	+	+	+	+	+	+	+	+	10
<b>Musculoskeletal System</b>											
Bone	+	+	+	+	+	+	+	+	+	+	10

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

+ ..Tissue examined microscopically

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First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
UNTREATD

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	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	1	0
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

**Nervous System**

Brain + + + + + + + + + + 10

**Respiratory System**

Lung + + + + + + + + + + 10

Nose + + + + + + + + + + 10

Trachea + + + + + + + + + + 10

**Special Senses System**

NONE

**Urinary System**

Kidney + + + + + + + + + + 10

Urinary Bladder + + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + 10

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

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 First Dose M/F: NA / NA  
 Lab: TSI MASON

F 344/N Rat Male  
 VEHICLE

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9	9
	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
	1	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	10	0

\*TOTALS

**Alimentary System**

Esophagus	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	10

**Cardiovascular System**

Heart	+	+	+	+	+	+	+	+	+	+	10
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**Endocrine System**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	M	+	+	+	+	+	+	+	+	+	9
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

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BLANK ..Not examined microscopically

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Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:57

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
VEHICLE

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									
Thyroid Gland	M	+	+	+	+	+	+	+	+	+
General Body System										9
NONE										
Genital System										
Epididymis		+	+	+	+	+	+	+	+	10
Preputial Gland		+	+	+	+	+	+	+	+	10
Prostate		+	+	+	+	+	+	+	+	10
Seminal Vesicle		+	+	+	+	+	+	+	+	10
Testes		+	+	+	+	+	+	+	+	10
Hematopoietic System										
Bone Marrow		+	+	+	+	+	+	+	+	10
Lymph Node, Mandibular		+	+	+	+	+	+	+	+	10
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	10
Spleen		+	+	+	+	+	+	+	+	10
Thymus		+	+	+	+	+	+	+	+	10
Integumentary System										
Mammary Gland		+	+	M	M	M	M	+	+	M
Skin		+	+	+	+	+	+	+	+	+
Musculoskeletal System										
Bone		+	+	+	+	+	+	+	+	+

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 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:57  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Male**  
**VEHICLE**

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9	9
	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
	1	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	0	
	<b>*TOTALS</b>										

**Nervous System**

Brain + + + + + + + + + + 10

**Respiratory System**

Lung + + + + + + + + + + 10

Nose + + + + + + + + + + 10

Trachea + + + + + + + + + + 10

**Special Senses System**

NONE

**Urinary System**

Kidney + + + + + + + + + + 10

Urinary Bladder + + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + 10

\* ..Total animals with tissue examined microscopically; Total animals with tumor  
 + ..Tissue examined microscopically  
 X ..Lesion present  
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 BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:57  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Male**  
**0.5%**

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9	9
	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
	2	2	2	2	2	2	2	2	2	3	
	1	2	3	4	5	6	7	8	9	0	
	<b>*TOTALS</b>										

**Alimentary System**

Liver + + 2

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

NONE

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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M ..Missing tissue

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Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:57  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

F 344/N Rat Male  
 0.5%

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9	9
	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
	2	2	2	2	2	2	2	2	2	3	0
	1	2	3	4	5	6	7	8	9	0	
	*TOTALS										

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney	+	+	+	+	+	+	+	+	+	+	10
Urinary Bladder					+						1

**SYSTEMIC LESIONS**

Multiple Organ	+	+	+	+	+	+	+	+	+	+	10
----------------	---	---	---	---	---	---	---	---	---	---	----

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Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:57

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
1.0%

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	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
	3	3	3	3	3	3	3	3	3	4
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

Alimentary System

Liver + + 2

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

Bone Marrow + + + + 4

Integumentary System

NONE

Musculoskeletal System

Bone + + + + 4

Nervous System

NONE

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 First Dose M/F: NA / NA  
 Lab: TSI MASON

F 344/N Rat Male  
 1.0%

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9	9
	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
	3	3	3	3	3	3	3	3	3	3	4
	1	2	3	4	5	6	7	8	9	0	
	*TOTALS										

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney	+	+	+	+	+	+	+	+	+	+	10
Urinary Bladder								+			1

**SYSTEMIC LESIONS**

Multiple Organ	+	+	+	+	+	+	+	+	+	+	10
----------------	---	---	---	---	---	---	---	---	---	---	----

\* ..Total animals with tissue examined microscopically; Total animals with tumor  
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Species/Strain: Rat/F 344/N

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Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:57

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
2.0%

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	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
	4	4	4	4	4	4	4	4	4	5
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

Alimentary System

Mesentery + 1

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Male**  
**2.0%**

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	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
	4	4	4	4	4	4	4	4	4	5
	1	2	3	4	5	6	7	8	9	0
	<b>*TOTALS</b>									

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

**F 344/N Rat Male  
4.0%**

|             |         |   |   |   |   |   |   |   |   |   |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 5       | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Alimentary System**

NONE

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

NONE

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Male**  
**4.0%**

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 5       | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
8.0%

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 6       | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

Alimentary System

|                           |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

|       |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Endocrine System

|                    |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | + | + | 10 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically



Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
8.0%

| DAY ON TEST                   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
|-------------------------------|---|---|---|---|---|---|---|---|---|---|---------|
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
| ANIMAL ID                     | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |         |
|                               | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |         |
| Thyroid Gland                 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |
| <b>General Body System</b>    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
| NONE                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
| <b>Genital System</b>         | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |         |
| Epididymis                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 10      |
| Preputial Gland               | + | + | + | + | + | + | + | + | + | + | 10      |
| Prostate                      | + | + | + | + | + | + | + | + | + | + | 10      |
| Seminal Vesicle               | + | + | + | + | + | + | + | + | + | + | 10      |
| Testes                        | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Hematopoietic System</b>   |   |   |   |   |   |   |   |   |   |   |         |
| Bone Marrow                   | + | + | + | + | + | + | + | + | + | + | 10      |
| Lymph Node, Mandibular        | + | + | + | + | + | + | + | + | + | + | 10      |
| Lymph Node, Mesenteric        | + | + | + | + | + | + | + | + | + | + | 10      |
| Spleen                        | + | + | + | + | + | + | + | + | + | + | 10      |
| Thymus                        | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Integumentary System</b>   |   |   |   |   |   |   |   |   |   |   |         |
| Mammary Gland                 | + | M | M | M | + | + | + | + | M | + | 6       |
| Skin                          | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Musculoskeletal System</b> |   |   |   |   |   |   |   |   |   |   |         |
| Bone                          | + | + | + | + | + | + | + | + | + | + | 10      |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Male  
8.0%

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 6       | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Nervous System**

Brain + + + + + + + + + + 10

**Respiratory System**

Lung + + + + + + + + + + 10

Nose + + + + + + + + + + 10

Trachea + + + + + + + + + + 10

**Special Senses System**

NONE

**Urinary System**

Kidney + + + + + + + + + + 10

Urinary Bladder + + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + 10

\*\*\*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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
UNTREATD

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 7       | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

Alimentary System

|                           |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

|       |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Endocrine System

|                    |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland  | + | + | + | + | + | + | + | M | + | + | 9  |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
UNTREATD

| DAY ON TEST                   | 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 |         |
|                               | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |         |
|                               | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |         |
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 |         |
|                               | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS |
| Thyroid Gland                 | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>General Body System</b>    |   |   |   |   |   |   |   |   |   |   |         |
| NONE                          |   |   |   |   |   |   |   |   |   |   |         |
| <b>Genital System</b>         |   |   |   |   |   |   |   |   |   |   |         |
| Clitoral Gland                | + | + | + | + | + | + | + | + | + | + | 10      |
| Ovary                         | + | + | + | + | + | + | + | + | + | + | 10      |
| Uterus                        | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Hematopoietic System</b>   |   |   |   |   |   |   |   |   |   |   |         |
| Bone Marrow                   | + | + | + | + | + | + | + | + | + | + | 10      |
| Lymph Node, Mandibular        | + | + | + | + | + | + | + | + | + | + | 10      |
| Lymph Node, Mesenteric        | + | + | + | + | + | + | + | + | + | + | 10      |
| Spleen                        | + | + | + | + | + | + | + | + | + | + | 10      |
| Thymus                        | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Integumentary System</b>   |   |   |   |   |   |   |   |   |   |   |         |
| Mammary Gland                 | M | + | + | + | + | + | + | + | + | + | 9       |
| Skin                          | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Musculoskeletal System</b> |   |   |   |   |   |   |   |   |   |   |         |
| Bone                          | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Nervous System</b>         |   |   |   |   |   |   |   |   |   |   |         |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Female  
 UNTREATD**

|                              | DAY ON TEST |   |   |   |   |   |   |   |   |   |         |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---------|
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
| ANIMAL ID                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
|                              | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |         |
|                              | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |         |
| Brain                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |
| <b>Respiratory System</b>    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
| Lung                         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |
| Nose                         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |
| Trachea                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |
| <b>Special Senses System</b> |             |   |   |   |   |   |   |   |   |   |         |
| NONE                         |             |   |   |   |   |   |   |   |   |   |         |
| <b>Urinary System</b>        |             |   |   |   |   |   |   |   |   |   |         |
| Kidney                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |
| Urinary Bladder              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9       |
| <b>SYSTEMIC LESIONS</b>      |             |   |   |   |   |   |   |   |   |   |         |
| Multiple Organ               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10      |

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

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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
VEHICLE

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 8       | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |   |

Alimentary System

|                           |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

|       |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Endocrine System

|                    |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | + | + | 10 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Female  
 VEHICLE**

|                               | DAY ON TEST |   |   |   |   |   |   |   |   |   |         |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---------|
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
| ANIMAL ID                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
|                               | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |         |
|                               | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |         |
| Thyroid Gland                 | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>General Body System</b>    |             |   |   |   |   |   |   |   |   |   |         |
| NONE                          |             |   |   |   |   |   |   |   |   |   |         |
| <b>Genital System</b>         |             |   |   |   |   |   |   |   |   |   |         |
| Clitoral Gland                | +           | + | + | + | + | + | + | + | + | + | 10      |
| Ovary                         | +           | + | + | + | + | + | + | + | + | + | 10      |
| Uterus                        | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>Hematopoietic System</b>   |             |   |   |   |   |   |   |   |   |   |         |
| Bone Marrow                   | +           | + | + | + | + | + | + | + | + | + | 10      |
| Lymph Node, Mandibular        | +           | + | + | + | + | + | + | + | + | + | 10      |
| Lymph Node, Mesenteric        | +           | + | + | + | + | + | + | + | + | + | 10      |
| Spleen                        | +           | + | + | + | + | + | + | + | + | + | 10      |
| Thymus                        | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>Integumentary System</b>   |             |   |   |   |   |   |   |   |   |   |         |
| Mammary Gland                 | +           | + | + | + | + | + | M | + | + | + | 9       |
| Skin                          | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>Musculoskeletal System</b> |             |   |   |   |   |   |   |   |   |   |         |
| Bone                          | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>Nervous System</b>         |             |   |   |   |   |   |   |   |   |   |         |

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

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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
VEHICLE

|                              | DAY ON TEST |   |   |   |   |   |   |   |   |   |         |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---------|
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                              | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |         |
|                              | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |         |
| ANIMAL ID                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                              | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |         |
|                              | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |         |
| Brain                        | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>Respiratory System</b>    |             |   |   |   |   |   |   |   |   |   |         |
| Lung                         | +           | + | + | + | + | + | + | + | + | + | 10      |
| Nose                         | +           | + | + | + | + | + | + | + | + | + | 10      |
| Trachea                      | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>Special Senses System</b> |             |   |   |   |   |   |   |   |   |   |         |
| NONE                         |             |   |   |   |   |   |   |   |   |   |         |
| <b>Urinary System</b>        |             |   |   |   |   |   |   |   |   |   |         |
| Kidney                       | +           | + | + | + | + | + | + | + | + | + | 10      |
| Urinary Bladder              | +           | + | + | + | + | + | + | + | + | + | 10      |
| <b>SYSTEMIC LESIONS</b>      |             |   |   |   |   |   |   |   |   |   |         |
| Multiple Organ               | +           | + | + | + | + | + | + | + | + | + | 10      |

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

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



Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Female**  
**0.5%**

| DAY ON TEST | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|----------------|---|---|---|---|---|---|---|---|---|---|
|             | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9              | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 | 1 |
|             | 9              | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
|             | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9 | 0 |
|             | <b>*TOTALS</b> |   |   |   |   |   |   |   |   |   |   |

**Alimentary System**

Liver + 1

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Clitoral Gland + 1

Uterus + 1

**Hematopoietic System**

NONE

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Female**  
**0.5%**

| DAY ON TEST | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|----------------|---|---|---|---|---|---|---|---|---|---|
|             | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9              | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 | 1 |
|             | 9              | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
|             | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9 | 0 |
|             | <b>*TOTALS</b> |   |   |   |   |   |   |   |   |   |   |

|                              |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|---|---|---|---|---|----|
| NONE                         |   |   |   |   |   |   |   |   |   |   |    |
| <b>Respiratory System</b>    |   |   |   |   |   |   |   |   |   |   |    |
| NONE                         |   |   |   |   |   |   |   |   |   |   |    |
| <b>Special Senses System</b> |   |   |   |   |   |   |   |   |   |   |    |
| NONE                         |   |   |   |   |   |   |   |   |   |   |    |
| <b>Urinary System</b>        |   |   |   |   |   |   |   |   |   |   |    |
| Kidney                       | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>SYSTEMIC LESIONS</b>      |   |   |   |   |   |   |   |   |   |   |    |
| Multiple Organ               | + | + | + | + | + | + | + | + | + | + | 10 |

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

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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

**F 344/N Rat Female  
1.0%**

|             |         |   |   |   |   |   |   |   |   |   |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Alimentary System**

NONE

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

Lymph Node

+

1

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:58  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Female**  
**1.0%**

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |   |

**\*TOTALS**

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
2.0%

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Alimentary System**

Liver + + 2

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

Lymph Node, Mandibular + 1

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
2.0%

|             |         |   |   |   |   |   |   |   |   |   |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + 10

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + 10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:58

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
4.0%

|             |         |   |   |   |   |   |   |   |   |   |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 2       | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Alimentary System**

Intestine Large, Cecum + 1

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Uterus + + + 3

**Hematopoietic System**

Spleen + 1

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:59  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

F 344/N Rat Female  
 4.0%

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 |

\*TOTALS

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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



Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:59

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
8.0%

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 3       | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

Alimentary System

|                           |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

|       |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Endocrine System

|                    |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | + | + | 10 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: 1,1,1-Trichloroethane

CAS Number: 71-55-6

Date Report Requested: 10/18/2014

Time Report Requested: 16:22:59

First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
8.0%

| DAY ON TEST                   | 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 |    |
|                               | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |    |
|                               | 2       | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |    |
|                               | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |    |
|                               | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |    |
|                               | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |    |
|                               | 3       | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |    |
|                               | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |   |    |
|                               | *TOTALS |   |   |   |   |   |   |   |   |   |   |    |
| Thyroid Gland                 | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>General Body System</b>    |         |   |   |   |   |   |   |   |   |   |   |    |
| NONE                          |         |   |   |   |   |   |   |   |   |   |   |    |
| <b>Genital System</b>         |         |   |   |   |   |   |   |   |   |   |   |    |
| Clitoral Gland                | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Ovary                         | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus                        | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Hematopoietic System</b>   |         |   |   |   |   |   |   |   |   |   |   |    |
| Bone Marrow                   | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mandibular        | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mesenteric        | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen                        | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Thymus                        | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Integumentary System</b>   |         |   |   |   |   |   |   |   |   |   |   |    |
| Mammary Gland                 | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Skin                          | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Musculoskeletal System</b> |         |   |   |   |   |   |   |   |   |   |   |    |
| Bone                          | +       | + | + | + | + | + | + | + | + | + | + | 10 |
| Skeletal Muscle               |         |   |   |   |   |   |   |   |   |   | + | 1  |

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

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

Experiment Number: 04626-01

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First Dose M/F: NA / NA

Lab: TSI MASON

F 344/N Rat Female  
8.0%

| DAY ON TEST | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
|             | 0       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 9       | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|             | 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 |
|             | 1       | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 3       | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
|             | 1       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|             | *TOTALS |   |   |   |   |   |   |   |   |   |

**Nervous System**

|             |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|----|
| Brain       | + | + | + | + | + | + | + | + | + | + | 10 |
| Spinal Cord |   |   |   |   |   |   |   |   | + |   | 1  |

**Respiratory System**

|         |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Lung    | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose    | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

**Special Senses System**

NONE

**Urinary System**

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

**SYSTEMIC LESIONS**

|                |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

\*\* END OF REPORT \*\*

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically