

**Experiment Number:** 20712 - 04

**Test Type:** CHRONIC

**Route:** DOSED FEED

**Species/Strain:** MICE/B6C3F1/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Tris(Chloropropyl)phosphate

**CAS Number:** 13674-84-5

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

**Lab:** BAT

Final 2\_Mice

**NTP Study Number:** C20712

**Lock Date:** 02/26/2018

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.2.3\_002

**PWG Approval Date:** NONE

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Lab: BAT

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

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Basophilic Focus																	X											
Clear Cell Focus																	X	X										
Eosinophilic Focus	X	X	X	X	X												X	X	X									
Fatty Change, Focal						2													1									
Necrosis							1													2								
Hepatocyte, Cytoplasmic Alteration								1											1		1							
Mesentery																				+								
Fat, Necrosis																				2								
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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		DAY ON TEST	males (cont...)																								
B6C3F1/N MICE MALE			0 ppm males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	ANIMAL ID	7	7	7	7	5	7	6	7	7	6	6	7	6	7	7	7	7	5	6	7	7	7	3	3	3	
		3	3	3	3	9	3	1	3	3	3	5	3	5	3	3	3	3	0	8	3	3	3	3	3	3	
		6	5	5	1	5	6	2	8	1	6	8	3	6	7	6	6	5	1	4	7	5	6	2	2	4	
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Epithelium, Hyperplasia, Focal																			1								
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
<b>CARDIOVASCULAR SYSTEM</b>																											
Blood Vessel		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Cardiomyopathy																			1								
Polyarteritis Nodosa																											
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Hyperplasia, Focal																											
Hypertrophy, Focal																											
		2	1	2															2		2				2		
Adrenal Medulla		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Parathyroid Gland		+	+	+	+	+	+	M	+	+	M	+	M	+	+	+	+	+	+	+	+	+	+	+	+		
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Pars Intermedia, Hyperplasia																											

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Lab: BAT

		DAY ON TEST	males (cont...)																									
B6C3F1/N MICE MALE			0 ppm males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	7	7	7	7	7	5	7	6	7	7	6	6	7	6	7	7	7	5	6	7	7	7	3	3	2	4
Spleen		0	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Extramedullary Hematopoiesis		1	2	3	1	2	1	2	1	4	1	3	1	1	1	1	1	1	7	8	9	0	1	2	3	4	5	
Thymus		1	+	+	+	+	+	M	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	M	
Atrophy																												
<b>INTEGUMENTARY SYSTEM</b>																												
Mammary Gland			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Skin			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>MUSCULOSKELETAL SYSTEM</b>																												
Bone			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Skeletal Muscle																												
<b>NERVOUS SYSTEM</b>																												
Brain			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Meninges, Polyarteritis Nodosa																												
<b>RESPIRATORY SYSTEM</b>																												
Lung			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Infiltration Cellular, Histiocyte																												
Alveolus, Epithelium, Hyperplasia																												
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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1-4 .. Lesion qualified as:

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First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																								* TOTALS	
0 ppm males			ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	7	7	0	7	7	0	7	4	7	0	7	0	7	0	7	0	7	0	7	0	7	0	7	0	7	0	7	0
7	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	3
3	2	6	5	6	6	5	5	8	6	5	6	2	1	2	5	2	1	2	1	2	1	2	6	5	2	1	6	1
2	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	5	
6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	5	5	

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Liver	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Basophilic Focus												X			X												4	
Clear Cell Focus												X			X												13	
Eosinophilic Focus												X			X												13	
Fatty Change, Focal																												1
Necrosis																												3 1.3
Hepatocyte, Cytoplasmic Alteration																												10 1.5
Mesentery																												1
Fat, Necrosis																												1 2.0
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		

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Species/Strain: MICE/B6C3F1/N

Lab: BAT

B6C3F1/N MICE MALE	DAY ON TEST																						* TOTALS
		0 7 3 2	0 7 3 6	0 7 3 5	0 7 3 8	0 7 3 6	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 6	0 7 3 5	0 7 3 1	0 7 3 6		
0 ppm males	ANIMAL ID	0 0 0 0 0 2 6	0 0 0 0 0 2 7	0 0 0 0 0 8 8	0 0 0 0 0 9 9	0 0 0 0 0 0 0	0 0 0 0 0 1 1	0 0 0 0 0 2 2	0 0 0 0 0 3 3	* TOTALS													
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Epithelium, Hyperplasia, Focal																						1 1.0	
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>CARDIOVASCULAR SYSTEM</b>																							
Blood Vessel		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Cardiomyopathy																						1 1.0	
Polyarteritis Nodosa																						1 2.0	
		2																					
<b>ENDOCRINE SYSTEM</b>																							
Adrenal Cortex		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hyperplasia, Focal																						1 2.0	
Hypertrophy, Focal																						14 1.5	
Adrenal Medulla		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Parathyroid Gland		+	+	+	+	+	M	+	+	M	+	+	+	+	+	+	+	M	M	+	+	42	
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Pars Intermedia, Hyperplasia																						1 2.0	

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		DAY ON TEST																						
B6C3F1/N MICE MALE			0 ppm males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	5	
			6	7	8	9	0	1	2	3	3	4	5	6	7	8	9	0	1	2	3	4	5	
			* TOTALS																					
Trachea		+																					50	
<b>SPECIAL SENSES SYSTEM</b>																								
Eye		+																					50	
Harderian Gland Hyperplasia		+																					50	
		1																					2 2.0	
<b>URINARY SYSTEM</b>																								
Kidney		+																					49	
Metaplasia, Osseous		+																					1 2.0	
Nephropathy, Chronic Progressive		1																					40 1.1	
Renal Tubule, Cyst		X																					1	
Urinary Bladder		+																					49	

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### M .. Missing tissue

X .. Lesion present

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Lab: BAT

		DAY ON TEST	males (cont...)																									
B6C3F1/N MICE MALE	1250 ppm males		0 0	7 5 7 6	3 9	2 2 3 1 2 2 6 2 6 6 6 5 6 2 5 1 2 2 6 6 5 5 6 6 6 6 6 6 6 5 6 5																						
		ANIMAL ID	0 0	0 0	0 0	5 7	1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5																					
Esophagus			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Gallbladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Cecum			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Colon			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Rectum			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Duodenum			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Ileum			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Jejunum			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Liver			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Basophilic Focus																												X
Clear Cell Focus																												
Eosinophilic Focus																												
Fatty Change, Focal																												
Mixed Cell Focus																												
Necrosis																												
Mesentery																												+
Pancreas			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

B6C3F1/N MICE MALE 1250 ppm males	DAY ON TEST																									males (cont...)	
		0 7 3 2	0 5 3 2	0 7 3 1	0 7 3 2	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 1	0 7 3 2	0 7 3 2	0 7 3 6	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 5	0 7 3 6	0 7 3 5			
ANIMAL ID	0 0 0 5 1	0 0 0 5 2	0 0 0 5 3	0 0 0 5 4	0 0 0 5 5	0 0 0 5 6	0 0 0 5 7	0 0 0 5 8	0 0 0 5 9	0 0 0 6 0	0 0 0 6 1	0 0 0 6 2	0 0 0 6 3	0 0 0 6 4	0 0 0 6 5	0 0 0 6 6	0 0 0 6 7	0 0 0 6 8	0 0 0 6 9	0 0 0 7 0	0 0 0 7 1	0 0 0 7 2	0 0 0 7 3	0 0 0 7 4	0 0 0 7 5		
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>CARDIOVASCULAR SYSTEM</b>																											
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia, Focal																											
Hypertrophy, Focal																											
Necrosis																											
Bilateral, Hypertrophy, Focal																											
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Necrosis																											
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Parathyroid Gland	+	+	+	+	+	+	+	+	+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	M	
Pars Distalis, Hyperplasia																											

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked





**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

## Harderian Gland Hyperplasia

## **URINARY SYSTEM**

Kidney

## Metaplasia, Osseous

## Nephropathy, Chronic Progressive

Nephropathy, Chronic Progressive 1

## Urinary Bladder

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS				
1250 ppm males			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	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	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	0
				6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Liver	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Basophilic Focus												X														4
Clear Cell Focus	X		X			X							X													18
Eosinophilic Focus		X	X	X			X							X												16
Fatty Change, Focal								X						X												4 1.0
Mixed Cell Focus															X											2
Necrosis																X										8 1.1
Mesentery																										1
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

B6C3F1/N MICE MALE 1250 ppm males	DAY ON TEST																					* TOTALS
		0 7 3 1	0 7 6 3	0 7 6 3	0 7 3 2	0 7 3 2	0 7 3 1	0 7 6 3	0 7 6 2	0 7 7 3	0 7 7 3	0 7 7 2										
ANIMAL ID	0 0 0 0 7 6	0 0 0 0 7 7	0 0 0 0 8 8																			
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>CARDIOVASCULAR SYSTEM</b>																						
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	49
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>ENDOCRINE SYSTEM</b>																						
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hyperplasia, Focal																						1 2.0
Hypertrophy, Focal																						20 1.2
Necrosis																						1 4.0
Bilateral, Hypertrophy, Focal																						2 2.0
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Necrosis																						1 4.0
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Parathyroid Gland	+	+	+	+	+	+	+	M	M	+	+	+	+	+	+	+	+	+	M	+	+	45
Pituitary Gland	+	+	M	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	46
Pars Distalis, Hyperplasia																						1 1.0

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

## **URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Metaplasia, Osseous																						1 1.0
Nephropathy, Chronic Progressive	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	45 1.0
Renal Tubule, Cytoplasmic Alteration	1	1	1	2	2					1	1	1	1	1	1	1	1	1	1	2	1	28 1.2
Urinary Bladder	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	M	+	48

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 09/14/2020

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

### Tris(Chloropropyl)phosphate

**CAS Number:** 13674-84-5

Time Report Requested: 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

Lab: BAT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	males (cont...)																									
B6C3F1/N MICE MALE			ANIMAL ID	0732	0582	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	0732	0682	
2500 ppm males				001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	001011	
Pancreas				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Salivary Glands				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Inflammation, Suppurative																												
Ulcer																												
Epithelium, Hyperplasia, Focal																												
Stomach, Glandular				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>CARDIOVASCULAR SYSTEM</b>																												
Blood Vessel				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>ENDOCRINE SYSTEM</b>																												
Adrenal Cortex				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hypertrophy, Focal																												
Inflammation, Suppurative																												
Adrenal Medulla				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Parathyroid Gland				+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pituitary Gland				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																								* TOTALS	
			ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2500 ppm males			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	5
			6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Gallbladder	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46		
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Basophilic Focus																	X										3	
Clear Cell Focus	X		X															X	X	X	X	X	X	X	X		12	
Eosinophilic Focus	X																	X	X	X	X	X	X	X	X		9	
Fatty Change, Focal	2																											1 2.0
Mixed Cell Focus																		X										1
Necrosis																												9 1.1
Hepatocyte, Cytoplasmic Alteration																												2 1.0
Hepatocyte, Vacuolation, Cytoplasmic																												1 3.0
Mesentery																												1

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

B6C3F1/N MICE MALE 2500 ppm males	DAY ON TEST																					* TOTALS	
		0 7 3 6	0 7 3 1	0 6 1	0 7 3 6	0 5 8 7	0 7 3 3	0 7 3 6	0 7 3 2	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 9	0 6 4 4	0 6 4 4	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 1	0 7 3 2		
ANIMAL ID	0 0 1 2 6	0 0 1 2 7	0 0 1 3 9	0 0 1 3 0	0 0 1 3 1	0 0 1 3 2	0 0 1 3 3	0 0 1 3 4	0 0 1 3 5	0 0 1 3 6	0 0 1 3 7	0 0 1 3 8	0 0 1 3 9	0 0 1 4 0	0 0 1 4 1	0 0 1 4 2	0 0 1 4 3	0 0 1 4 4	0 0 1 4 5	0 0 1 4 6	0 0 1 4 7	0 0 1 4 8	0 0 1 4 9
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Inflammation, Suppurative																						1 1.0	
Ulcer																						1 2.0	
Epithelium, Hyperplasia, Focal																						1 2.0	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>CARDIOVASCULAR SYSTEM</b>																							
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	49
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
<b>ENDOCRINE SYSTEM</b>																							
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hypertrophy, Focal																						11 1.3	
Inflammation, Suppurative																						1 2.0	
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Parathyroid Gland	+	+	+	+	M	M	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	46	
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																								* TOTALS
			0 7	0 7	0 6	0 7	0 5	0 7	0 4	0 6	0 7																
2500 ppm males		ANIMAL ID	0 6	1 1	1 6	1 6	1 7	1 5	1 1	1 6	1 6	1 2	1 5	1 2	1 5	1 5	1 6	1 9	1 5	1 2	1 5	1 2	1 5	1 2	1 5	1 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	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	
Thyroid Gland																											50

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Inflammation, Suppurative																											2 3.0
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Atrophy																											1 4.0
Inflammation, Suppurative																											1 3.0
Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Germinal Epithelium, Atrophy																											2 3.0

## HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hypocellularity																											1 3.0
Lymph Node																+											4
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS	
2500 ppm males			ANIMAL ID	0 7 3 6	0 7 3 1	0 6 1	0 5 8 7	0 7 3 5	0 7 3 6	0 7 3 2	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 9	0 6 4 4	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 1	0 7 3 2			
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Extramedullary Hematopoiesis																							1 3.0	
Spleen		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Erythrophagocytosis																							1 3.0	
Extramedullary Hematopoiesis		3	4		2																		18 2.9	
Hyperplasia, Lymphocyte																							1 2.0	
Thymus		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49		
Atrophy																							2 3.5	
Inflammation, Granulomatous																							1 4.0	
<b>INTEGUMENTARY SYSTEM</b>																								
Mammary Gland		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	0	
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>MUSCULOSKELETAL SYSTEM</b>																								
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Skeletal Muscle																								1
<b>NERVOUS SYSTEM</b>																								
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>RESPIRATORY SYSTEM</b>																								
Lung		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	

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+ .. Tissue examined microscopically

X .. Lesion present

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																				* TOTALS	
			0 7 3 6	0 7 3 1	0 6 1	0 5 8 7	0 7 3 5	0 7 3 6	0 7 3 2	0 7 3 2	0 7 3 5	0 7 3 5	0 7 3 6	0 7 3 9	0 6 4 4	0 6 4 4	0 7 3 5	0 7 3 2	0 7 3 1	0 7 3 2	0 7 3 1	0 7 3 2		
		ANIMAL ID	0 0 1 2 6	0 0 1 2 7	0 0 1 2 8	0 0 1 0	0 0 1 1	0 0 1 2	0 0 1 3	0 0 1 3	0 0 1 3	0 0 1 3	0 0 1 4											
Infiltration Cellular, Histiocyte																							1 2.0	
Alveolus, Epithelium, Hyperplasia																							3 2.0	
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	49
<b>SPECIAL SENSES SYSTEM</b>																								
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Phthisis Bulbi																								1 4.0
Harderian Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hyperplasia																	1							3 2.0
<b>URINARY SYSTEM</b>																								
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Infarct																	1							1 1.0
Metaplasia, Osseous																								1 1.0
Nephropathy, Chronic Progressive			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43 1.2
Pigment																								1 3.0
Capsule, Inflammation, Suppurative																								1 2.0
Papilla, Cyst																								1
Renal Tubule, Cytoplasmic Alteration			1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40 1.2
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	males (cont...)																										
B6C3F1/N MICE MALE	5000 ppm males		0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	0735	
		ANIMAL ID	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015	0015
			0	0	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	6	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	7	3	3	1	3	0	0	3	3	3	3	6	3	3	3	6	3	3	3	3	3	3	
			5	5	2	6	6	5	5	5	8	8	1	5	2	6	2	5	1	6	2	1	6	5	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
			5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		

## ALIMENTARY SYSTEM

Esophagus

Gallbladder

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum  
Diverticulum

Intestine Small, Jejunum

Liver

Basophilic Focus

Clear Cell Focus

Eosinophilic Focus

Mixed Cell Focus

Necrosis

Mesentery

Pancreas

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

		DAY ON TEST	B6C3F1/N MICE MALE																									males (cont...)	
			07	07	07	07	06	07	07	07	07	07	07	07	07	07	07	07	07	05	07	07	07	07	07	07	07		
5000 ppm males		ANIMAL ID	03	03	03	03	07	03	01	03	00	03	03	03	03	03	03	03	03	09	03	03	03	03	03	03	03	03	
			00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	
Salivary Glands			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Stomach, Forestomach			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	
Cyst, Squamous			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5		
Epithelium, Hyperplasia, Focal			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Stomach, Glandular			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>CARDIOVASCULAR SYSTEM</b>																													
Blood Vessel			+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Heart			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>ENDOCRINE SYSTEM</b>																													
Adrenal Cortex			+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hyperplasia, Focal																				1									1
Hypertrophy, Focal																				1	2								
Adrenal Medulla			+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islets, Pancreatic			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Parathyroid Gland			+	+	+	+	+	+	+	M	+	M	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+
Pituitary Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thyroid Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>GENERAL BODY SYSTEM</b>																													
* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade																													
+ .. Tissue examined microscopically																													
X .. Lesion present																													
I .. Insufficient tissue																													
M .. Missing tissue																													
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1-4 .. Lesion qualified as:																													
1) Minimal    3) Moderate																													
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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

		DAY ON TEST	0 7 3 5	0 7 3 5	0 7 3 2	0 7 3 6	0 7 3 5	0 7 0 8	0 7 3 1	0 7 3 5	0 6 2	0 3 5	0 7 3	0 7 1	0 7 6	0 7 2	0 7 1	0 5 9	0 7 3	0 7 5	0 7 1	0 7 2	0 7 3	0 7 1	0 7 2		
		ANIMAL ID	0 0 1 5 1	0 0 1 5 2	0 0 1 5 3	0 0 1 5 4	0 0 1 5 5	0 0 1 5 6	0 0 1 5 7	0 0 1 5 8	0 0 1 6	0 0 1 7															
B6C3F1/N MICE MALE	5000 ppm males																										

males  
(cont...)

NONE

## GENITAL SYSTEM

Epididymis

+ +

Preputial Gland  
Duct, Dilation

+ +

Prostate

+ +

Seminal Vesicle  
Atrophy

+ 2

Testis  
Germinal Epithelium, Atrophy

+ 4

## HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

Lymph Node

+ +

Lymph Node, Mandibular

+ +

Lymph Node, Mesenteric  
Congestion

+ 4 M

Spleen  
Extramedullary Hematopoiesis

+ 2 3 3 3 4 3 3 2 2 2 3

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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Experiment Number: 20712 - 04

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Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                    |  | DAY ON TEST    | males<br>(cont...) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|--------------------|--|----------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| B6C3F1/N MICE MALE |  | 5000 ppm males | 0735               | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |      |
|                    |  | ANIMAL ID      | 0015               | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 |
|                    |  |                |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                    |  |                |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                    |  |                |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                    |  |                |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                    |  |                |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                    |  |                |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |

Hyperplasia, Lymphocyte

Thymus Atrophy + + + + + + + + M + M + + + + +

4

## INTEGUMENTARY SYSTEM

Mammary Gland M

Skin +

## MUSCULOSKELETAL SYSTEM

Bone + + + + M +

Femur, Increased Bone

## NERVOUS SYSTEM

Brain +

## RESPIRATORY SYSTEM

Lung +

Alveolus, Epithelium, Hyperplasia

3

Nose +

Trachea +

## SPECIAL SENSES SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                             |                | DAY ON TEST | males<br>(cont...) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|-----------------------------|----------------|-------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| B6C3F1/N MICE MALE          | 5000 ppm males |             | 0735               | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |      |
|                             |                | ANIMAL ID   | 0015               | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 | 0015 |
| Eye                         | +              | +           | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |
| Harderian Gland Hyperplasia | +              | +           | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 1    |

## URINARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Metaplasia, Osseous                  | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Nephropathy, Chronic Progressive     | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 | 3 | 1 | 3 | 1 |   |
| Renal Tubule, Cytoplasmic Alteration |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Tris(Chloropropyl)phosphate  
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 Lab: BAT

|   |           | DAY ON TEST | B6C3F1/N MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |          |
|---|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----------|
|   |           |             | 5000 ppm males     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |          |
|   | 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        | * TOTALS |
|   |           | 7           | 7                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 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        |
| 6 | 6         | 2           | 2                  | 1 | 2 | 2 | 6 | 2 | 5 | 5 | 6 | 5 | 2 | 6 | 5 | 2 | 1 | 6 | 1 | 2 | 6 | 5 | 6 | 6 | 6 | 6 | 6        | 6        |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |
| 1 | 1         | 1           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2        |          |
| 7 | 7         | 7           | 7                  | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0        |          |
| 6 | 6         | 7           | 8                  | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9 | 0 | 0        |          |

### ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Gallbladder                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Intestine Small, Ileum<br>Diverticulum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 1  |       |
| X                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Basophilic Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2     |
| Clear Cell Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8     |
| Eosinophilic Focus                     | X |   | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 15    |
| Mixed Cell Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1     |
| Necrosis                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8 2.8 |
| Mesentery                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2     |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

| B6C3F1/N MICE MALE             | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|--------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                |             | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       |          |
| 5000 ppm males                 | ANIMAL ID   | 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>8 |          |
| Salivary Glands                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Stomach, Forestomach           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Cyst, Squamous                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Epithelium, Hyperplasia, Focal |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| X                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |
| Stomach, Glandular             |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| <b>CARDIOVASCULAR SYSTEM</b>   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Blood Vessel                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |
| Heart                          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| <b>ENDOCRINE SYSTEM</b>        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |
| Hyperplasia, Focal             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hypertrophy, Focal             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 1.0    |
|                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6 1.7    |
| Adrenal Medulla                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |
| Islets, Pancreatic             |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Parathyroid Gland              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46       |
| Pituitary Gland                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Thyroid Gland                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| <b>GENERAL BODY SYSTEM</b>     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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A .. Autolysis precludes evaluation

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Experiment Number: 20712 - 04

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Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                       |  | DAY ON TEST | B6C3F1/N MICE MALE    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|-----------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                       |  |             | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |          |
|                       |  | ANIMAL ID   | 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>8 |          |
| <b>5000 ppm males</b> |  |             | 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>8 | * TOTALS              |          |

NONE

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Epididymis                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Preputial Gland<br>Duct, Dilation      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Prostate                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 1 3.0 |
| Seminal Vesicle<br>Atrophy             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Testis<br>Germinal Epithelium, Atrophy | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0 |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Lymph Node                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3      |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Lymph Node, Mesenteric<br>Congestion   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Spleen<br>Extramedullary Hematopoiesis | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
|  | 1 |   | 2 | 1 |   | 2 | 2 |   | 2 | 2 |   | 2 |   | 2 |   | 1 | 3 | 3 | 2 | 4 |   | 1 | 3 | 2 | 4 | 20 2.4 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Lab: BAT

|                                   |  | DAY ON TEST | B6C3F1/N MICE MALE |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |       |  |
|-----------------------------------|--|-------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|-------|--|
|                                   |  |             | 0<br>7<br>3<br>6   | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |   |          |       |  |
|                                   |  | ANIMAL ID   | 5000 ppm males     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
| Hyperplasia, Lymphocyte           |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 3        |       |  |
| Thymus Atrophy                    |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | M | + + 46   |       |  |
|                                   |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 4.0    |       |  |
| <b>INTEGUMENTARY SYSTEM</b>       |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
| Mammary Gland                     |  |             | M                  | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M | 0        |       |  |
| Skin                              |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +        | 50    |  |
| <b>MUSCULOSKELETAL SYSTEM</b>     |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
| Bone                              |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +        | 49    |  |
| Femur, Increased Bone             |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 1 2.0 |  |
| <b>NERVOUS SYSTEM</b>             |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
| Brain                             |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +        | 50    |  |
| <b>RESPIRATORY SYSTEM</b>         |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
| Lung                              |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +        | 50    |  |
| Alveolus, Epithelium, Hyperplasia |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 1 3.0 |  |
| <b>TRACHEA</b>                    |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
| Nose                              |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +        | 50    |  |
| <b>SPECIAL SENSES SYSTEM</b>      |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |
|                                   |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |       |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                                      |  | DAY ON TEST | B6C3F1/N MICE MALE |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   | * TOTALS |  |
|--------------------------------------|--|-------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|----------|--|
|                                      |  |             | 0<br>7<br>3<br>6   | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |   |   |          |  |
|                                      |  | ANIMAL ID   | 5000 ppm males     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |          |  |
| Eye                                  |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50       |  |
| Harderian Gland Hyperplasia          |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50       |  |
|                                      |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   | 1 1.0    |  |
| URINARY SYSTEM                       |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |          |  |
| Kidney                               |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50       |  |
| Metaplasia, Osseous                  |  |             |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   | 1 1.0    |  |
| Nephropathy, Chronic Progressive     |  |             | 1                  | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1 | 1 | 45 1.1   |  |
| Renal Tubule, Cytoplasmic Alteration |  |             | 2                  | 3                | 3                | 2                | 2                | 3                | 3                | 3                | 2                | 2                | 3                | 3                | 2                | 2                | 3                | 2                | 2                | 3                | 3                | 2                | 2                | 1                | 1 | 3 | 48 2.3   |  |
| Urinary Bladder                      |  |             | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50       |  |

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

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

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

## ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Gallbladder                          | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |
| Clear Cell Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Eosinophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fatty Change, Focal                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pigment                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocyte, Vacuolation, Cytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fat, Necrosis                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED FEED  
**Species/Strain:** MICE/B6C3F1/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
Tris(Chloropropyl)phosphate  
CAS Number: 13674-84-5

**Date Report Requested:** 09/14/2020  
**Time Report Requested:** 10:18:26  
**First Dose M/F:** 10/25/11 / 10/24/11  
**Lab:** BAT

| B6C3F1/N MICE FEMALE                          | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | <b>females<br/>(cont...)</b> |   |  |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------------------|---|--|
|   |             | 0<br>7 | 0<br>6 | 0<br>7 |        |                              |   |  |
| 0 ppm females                                 | ANIMAL ID   | 0<br>0 |                              |   |  |
| Acinus, Atrophy                               |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Salivary Glands                               |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                              |   |  |
| Stomach, Forestomach                          |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                              |   |  |
| Stomach, Glandular<br>Epithelium, Hyperplasia |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                              |   |  |
| <b>CARDIOVASCULAR SYSTEM</b>                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Blood Vessel                                  |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                              |   |  |
| Heart   |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                              |   |  |
| Polyarteritis Nodosa                          |             | 1      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Myocardium, Mineral                           |             | 1      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| <b>ENDOCRINE SYSTEM</b>                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Adrenal Cortex                                |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +                            |   |  |
| Degeneration, Cystic                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Hypertrophy, Focal                            |             | 1      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Adrenal Medulla                               |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +                            |   |  |
| Hyperplasia, Focal                            |             | 1      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                              |   |  |
| Islets, Pancreatic                            |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +                            |   |  |
| Parathyroid Gland                             |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +                            | + |  |
| Pituitary Gland                               |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +                            | + |  |

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Experiment Number: 20712 - 04

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Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

| B6C3F1/N MICE FEMALE             | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>females<br/>(cont...)</b> |   |   |
|----------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|---|---|
|                                  |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      |                              |   |   |
| 0 ppm females                    | ANIMAL ID   | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>0<br>7 | 0<br>0<br>2<br>0<br>8 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>1<br>0 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>5 | 0<br>0<br>2<br>1<br>6 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>1<br>8 | 0<br>0<br>2<br>1<br>9 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>5        |   |   |
| Pars Distalis, Hyperplasia       |             | 2                     |                       | 2                     | 3                     | 2                     | 2                     | 2                     | 1                     | 1                     |                       |                       |                       |                       | 3                     | 2                     | 1                     |                       |                       |                       |                       |                              |   |   |
| Pars Intermedia, Hyperplasia     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Thyroid Gland                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | + |   |
| <b>GENERAL BODY SYSTEM</b>       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| NONE                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| <b>GENITAL SYSTEM</b>            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Clitoral Gland                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | + |   |
| Ovary                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | M |   |
| Follicle, Cyst                   |             | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                            |   | X |
| Uterus                           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | + |   |
| Dilation                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Inflammation, Suppurative        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Cervix, Metaplasia, Mucous Cell  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Endometrium, Hyperplasia, Cystic |             | 3                     | 1                     | 1                     | 1                     | 3                     | 2                     | 2                     | 2                     | 1                     | 2                     | 1                     | 3                     | 1                     | 2                     | 1                     | 2                     | 1                     | 1                     | 1                     | 1                     | 2                            | 3 | 2 |
| <b>HEMATOPOIETIC SYSTEM</b>      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Bone Marrow                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | + |   |
| Lymph Node                       |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | + |   |
| Lumbar, Hemorrhage               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |   |   |
| Lymph Node, Mandibular           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                            | + |   |
| Hyperplasia, Lymphocyte          |             | 2                     | 2                     | 1                     | 3                     | 1                     |                       |                       |                       | 1                     | 1                     |                       |                       | 1                     | 1                     | 2                     |                       |                       | 1                     | 2                     |                       |                              |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|   |           | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |  |
|---|-----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|--|
| 0 ppm females                                     | 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 |                      |  |  |
|   |           | 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 |                      |  |  |
|   |           | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
|   |           | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
|   |           | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
|   |           | 2           | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                      |  |  |
|   |           | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
|   |           | 1           | 2                    | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |  |  |
| Lymph Node, Mesenteric                            |           | +           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| Hemorrhage  |           | 2           | 2                    | 4 | 1 | 4 | 2 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Hyperplasia, Lymphocyte                           |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Spleen  |           | +           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| Extramedullary Hematopoiesis                      |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Hyperplasia, Lymphocyte                           |           | 3           | 4                    | 3 | 2 | 2 | 3 | 2 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 1 | 2 | 1 | 2 | 1 | 4 |   |                      |  |  |
| Thymus  |           | +           | M                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| Atrophy   |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Hyperplasia, Lymphocyte                           |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| <b>INTEGUMENTARY SYSTEM</b>                       |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Mammary Gland                                     |           | +           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| Skin  |           | +           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                     |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Bone  |           | +           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| <b>NERVOUS SYSTEM</b>                             |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Brain   |           | +           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |
| Meninges, Infiltration Cellular, Mononuclear Cell |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Neuron, Necrosis                                  |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| <b>RESPIRATORY SYSTEM</b>                         |           |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST                       | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|--|--|-----------------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|  |  |                                   | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |   |
|  |  | 7                                 | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |   |
|  |  | 3                                 | 3                    | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 3                    |   |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 9 | 9 | 9 | 1 | 1 | 1 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 7 | 7 | 7                    |   |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|  |  | 0                                 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|  |  | 2                                 | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2 |
|  |  | 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                    | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7                    |   |
|  |  | Lung                              | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Infiltration Cellular, Histiocyte |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Alveolus, Epithelium, Hyperplasia |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Nose                              | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Trachea                           | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | SPECIAL SENSES SYSTEM             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Eye                               | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Harderian Gland                   | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Hyperplasia                       |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | URINARY SYSTEM                    |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Kidney                            | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Metaplasia, Osseous               |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Nephropathy, Chronic Progressive  |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  | Urinary Bladder                   | +                    | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
|  |  | Degeneration                      |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|  |  |                                   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 |             |
|--|--|-------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------|
|  |  | ANIMAL ID   | 0<br>0<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>8 | 0<br>0<br>2<br>3 | 0<br>0<br>3      | 0<br>0<br>3 |

\* **TOTALS****ALIMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Gallbladder                          | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Basophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2      |
| Clear Cell Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3      |
| Eosinophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Fatty Change, Focal                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |
| Necrosis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 11 1.2 |
| Pigment                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Hepatocyte, Vacuolation, Cytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.5  |
|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Fat, Necrosis                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 2.8  |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE                          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |          |
| 0 ppm females                                 | ANIMAL ID   | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 |          |
| Acinus, Atrophy                               |             | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Salivary Glands                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Stomach, Forestomach                          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Stomach, Glandular<br>Epithelium, Hyperplasia |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| CARDIOVASCULAR SYSTEM                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Blood Vessel                                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Heart   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Polyarteritis Nodosa                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 1.5    |
| Myocardium, Mineral                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| ENDOCRINE SYSTEM                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Degeneration, Cystic                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Hypertrophy, Focal                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Adrenal Medulla                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Hyperplasia, Focal                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Islets, Pancreatic                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Parathyroid Gland                             |             | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | 43       |
| Pituitary Gland                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04  
 Test Type: CHRONIC  
 Route: DOSED FEED  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Tris(Chloropropyl)phosphate  
 CAS Number: 13674-84-5

Date Report Requested: 09/14/2020  
 Time Report Requested: 10:18:26  
 First Dose M/F: 10/25/11 / 10/24/11  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>0 ppm females | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        | * TOTALS |        |
|---------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|----------|--------|
|                                       |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 |        |          |        |
| Pars Distalis, Hyperplasia            |                          | 2                |                  | 2                |                  | 1                |                  | 3                |                  | 2                |                  | 2                |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        | 17 2.0   |        |
| Pars Intermedia, Hyperplasia          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        | 1 2.0    |        |
| Thyroid Gland                         |                          | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49     |          |        |
| <b>GENERAL BODY SYSTEM</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |        |
| NONE                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |        |
| <b>GENITAL SYSTEM</b>                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |        |
| Clitoral Gland                        |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      | 50       |        |
| Ovary                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      | 49       |        |
| Follicle, Cyst                        |                          |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 8      |
| Uterus                                |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      | 50       |        |
| Dilation                              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 13 3.3 |
| Inflammation, Suppurative             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 3 2.0  |
| Cervix, Metaplasia, Mucous Cell       |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 2.0  |
| Endometrium, Hyperplasia, Cystic      |                          | 2                | 3                | 2                | 2                | 2                | 2                | 1                | 1                | 2                | 2                | 2                | 2                | 3                | 1                | 2                | 1                | 1                | 2                | 2                | 2                | 2                | 1                | 2                | 45 1.8 |          |        |
| <b>HEMATOPOIETIC SYSTEM</b>           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |        |
| Bone Marrow                           |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      | 50       |        |
| Lymph Node                            |                          |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 4      |
| Lumbar, Hemorrhage                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 3.0  |
| Lymph Node, Mandibular                |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      | 50       |        |
| Hyperplasia, Lymphocyte               |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 25 1.4 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE                              | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |     |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----|
|   |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |                       |     |
| 0 ppm females                                     | ANIMAL ID   | 0<br>0<br>2<br>2<br>2 |     |
| Lymph Node, Mesenteric                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | 49                    |     |
| Hemorrhage  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 4.0 |
| Hyperplasia, Lymphocyte                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 35                    | 2.1 |
| Spleen  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | 49                    |     |
| Extramedullary Hematopoiesis                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10                    | 1.7 |
| Hyperplasia, Lymphocyte                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 38                    | 2.8 |
| Thymus  |             | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |     |
| Atrophy   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     | 3.3 |
| Hyperplasia, Lymphocyte                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 18                    | 1.7 |
| <b>INTEGUMENTARY SYSTEM</b>                       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |
| Mammary Gland                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| Skin  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| <b>MUSCULOSKELETAL SYSTEM</b>                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |
| Bone  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| <b>NERVOUS SYSTEM</b>                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |
| Brain   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |     |
| Meninges, Infiltration Cellular, Mononuclear Cell |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 1.5 |
| Neuron, Necrosis                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     | 1   |
| <b>RESPIRATORY SYSTEM</b>                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>0 ppm females | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|---------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|                                       |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 |    |          |
| Lung                                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Infiltration Cellular, Histiocyte     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 3.0    |
| Alveolus, Epithelium, Hyperplasia     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 1.0    |
| Nose                                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Trachea                               |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| <b>SPECIAL SENSES SYSTEM</b>          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Eye                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Harderian Gland                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Hyperplasia                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 2 2.0    |
| <b>URINARY SYSTEM</b>                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Kidney                                |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Metaplasia, Osseous                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 1.0    |
| Nephropathy, Chronic Progressive      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 13 1.0   |
| Urinary Bladder                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49 |          |
| Degeneration                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1 4.0    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>6<br>4<br>2      | 0<br>7<br>3<br>2      | 0<br>5<br>0<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 |                  |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                             |  | ANIMAL ID   | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| <b>2500 ppm females</b>     |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

females  
(cont...)**ALIMENTARY SYSTEM**

Esophagus

Gallbladder

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum  
Hyperplasia, Lymphocyte

Liver

Basophilic Focus

Clear Cell Focus

Eosinophilic Focus

Inflammation, Chronic Active

Necrosis

Bile Duct, Cyst

Stellate Cell, Hyperplasia

Mesentery

Fat, Necrosis

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                                       |                  | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>6<br>4<br>2      | 0<br>7<br>3<br>2      | 0<br>5<br>0<br>7      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>5      | 0<br>6<br>8<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      |                       |                       |  |
|---------------------------------------|------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                                       |                  | ANIMAL ID   | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |  |
| B6C3F1/N MICE FEMALE                  | 2500 ppm females |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                                       |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Pancreas                              |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Cyst                                  |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Salivary Glands                       |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Stomach, Forestomach                  |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Stomach, Glandular                    |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>CARDIOVASCULAR SYSTEM</b>          |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Blood Vessel                          |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Heart                                 |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Polyarteritis Nodosa                  |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Epicardium, Inflammation, Suppurative |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Valve, Degeneration                   |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Valve, Mineral                        |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| <b>ENDOCRINE SYSTEM</b>               |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Adrenal Cortex                        |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Hyperplasia, Focal                    |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Vacuolation, Cytoplasmic              |                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Adrenal Medulla                       |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Islets, Pancreatic                    |                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Parathyroid Gland                     |                  |             | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

Date Report Requested: 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

| B6C3F1/N MICE FEMALE<br>2500 ppm females | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                            | 0<br>7<br>3<br>2           | 0<br>6<br>4<br>2           | 0<br>7<br>3<br>2           | 0<br>5<br>3<br>0           | 0<br>7<br>2<br>7           | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>5      | 0<br>6<br>8<br>9      | 0<br>6<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      |                       |                       |                       |
| ANIMAL ID                                | 0<br>0<br>0<br>2<br>5<br>1 | 0<br>0<br>0<br>2<br>5<br>2 | 0<br>0<br>0<br>2<br>5<br>3 | 0<br>0<br>0<br>2<br>5<br>4 | 0<br>0<br>0<br>2<br>5<br>5 | 0<br>0<br>0<br>2<br>5<br>6 | 0<br>0<br>0<br>2<br>5<br>7 | 0<br>0<br>0<br>2<br>5<br>8 | 0<br>0<br>0<br>2<br>5<br>9 | 0<br>0<br>0<br>1<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>2<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>2<br>5 | 0<br>0<br>0<br>2<br>6 | 0<br>0<br>0<br>2<br>7 | 0<br>0<br>0<br>2<br>8 | 0<br>0<br>0<br>2<br>9 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>2<br>3 |
|  | 0<br>7<br>3<br>2           | 0<br>6<br>4<br>2           | 0<br>7<br>3<br>2           | 0<br>5<br>3<br>0           | 0<br>7<br>2<br>7           | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>5      | 0<br>6<br>8<br>9      | 0<br>6<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | females<br>(cont...)  |                       |                       |

Pituitary Gland  
Pars Distalis, Hyperplasia

## Thyroid Gland

## **GENERAL**

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

### **Clitoral Gland**

Ovary  
Follicle, Cyst  
Rete Ovarii, Cyst

Uterus  
Dilation  
Inflammation, Suppurative  
Cervix, Inflammation, Suppurative  
Endometrium, Hyperplasia, Cystic

## **HEMATOPOIETIC SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow<br>Fibrosis               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lymph Node<br>Hyperplasia, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                              |  | DAY ON TEST | B6C3F1/N MICE FEMALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|------------------------------|--|-------------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|                              |  |             | 0732                 | 0642 | 0732 | 0732 | 0302 | 0727 | 0509 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 |                      |
|                              |  | ANIMAL ID   | 0025                 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025 | 0025                 |
| Lymph Node, Mandibular       |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Hyperplasia, Lymphocyte      |  | 3           | 2                    | 1    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Lymph Node, Mesenteric       |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Hyperplasia, Lymphocyte      |  | 2           | 3                    |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Spleen                       |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Extramedullary Hematopoiesis |  |             | 1                    |      | 3    |      | 4    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Hyperplasia, Lymphocyte      |  | 4           |                      | 4    | 3    | 3    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Thymus                       |  | +           | +                    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Atrophy                      |  |             | 2                    |      | 4    | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Hyperplasia, Lymphocyte      |  |             |                      | 2    | 1    | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

## INTEGUMENTARY SYSTEM

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

## MUSCULOSKELETAL SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Femur, Fibro-Osseous Lesion |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

## Skeletal Muscle

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Inflammation, Suppurative |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |   | DAY ON TEST      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|----------------------|---|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|                      |   | ANIMAL ID        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
| B6C3F1/N MICE FEMALE |   | 2500 ppm females |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
| 0                    | 0 | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 7                    | 6 | 7                | 7 | 7 | 3 | 3 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 |
| 3                    | 4 | 3                | 3 | 3 | 3 | 3 | 3 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3                    | 3 |
| 2                    | 4 | 2                | 2 | 2 | 0 | 2 | 7 | 9 | 9 | 9 | 9 | 1 | 1 | 1 | 1 | 2 | 9 | 9 | 9 | 9 | 0 | 0                    | 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 | 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                    | 5 | 5                | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7                    | 7 |
| 1                    | 2 | 3                | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3                    | 4 |

Neuron, Necrosis  
Thalamus, Fibrosis

1

## RESPIRATORY SYSTEM

Lung  
Inflammation, Granulomatous

+ +

Nose

+ +

Trachea

+ +

## SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland

+ +

## URINARY SYSTEM

Kidney  
Nephropathy, Chronic Progressive

+ +

Urinary Bladder

+ +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

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Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

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CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2500 ppm females | DAY ON TEST<br>ANIMAL ID | * TOTALS                        |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |
|--|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|  |                          | 0<br>7<br>3<br>2                | 0<br>7<br>3<br>2                | 0<br>7<br>3<br>0                | 0<br>7<br>3<br>0                | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>0                |                                 |
|  |                          | 0<br>0<br>0<br>0<br>2<br>7<br>6 | 0<br>0<br>0<br>0<br>2<br>7<br>7 | 0<br>0<br>0<br>0<br>2<br>7<br>8 | 0<br>0<br>0<br>0<br>2<br>8<br>8 |

## ALIMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Gallbladder                  | M | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48        |
| Intestine Large, Cecum       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Intestine Large, Colon       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Intestine Large, Rectum      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Intestine Small, Duodenum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Intestine Small, Ileum       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Intestine Small, Jejunum     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Hyperplasia, Lymphocyte      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0     |
| Liver                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50        |
| Basophilic Focus             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1         |
| Clear Cell Focus             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2         |
| Eosinophilic Focus           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7         |
| Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0     |
| Necrosis                     | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8 1.3     |
| Bile Duct, Cyst              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X 1       |
| Stellate Cell, Hyperplasia   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0     |
| Mesentery                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + 3       |
| Fat, Necrosis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3 3 3.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                                       |   | DAY ON TEST | B6C3F1/N MICE FEMALE |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        | * TOTALS |       |
|---------------------------------------|---|-------------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|----------|-------|
| 2500 ppm females                      |   |             | ANIMAL ID            | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 |        |          |       |
| Pancreas                              | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Cyst                                  |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |        | 2        |       |
| Salivary Glands                       | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | 49     |          |       |
| Stomach, Forestomach                  | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Stomach, Glandular                    | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| <b>CARDIOVASCULAR SYSTEM</b>          |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |       |
| Blood Vessel                          | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Heart                                 | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Polyarteritis Nodosa                  |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 1.0 |
| Epicardium, Inflammation, Suppurative |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 1.0 |
| Valve, Degeneration                   |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 3.0 |
| Valve, Mineral                        |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 3.0 |
| <b>ENDOCRINE SYSTEM</b>               |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |       |
| Adrenal Cortex                        | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Hyperplasia, Focal                    |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 1.0 |
| Vacuolation, Cytoplasmic              |   |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          | 1 1.0 |
| Adrenal Medulla                       | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Islets, Pancreatic                    | + | +           | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50     |          |       |
| Parathyroid Gland                     | + | +           | +                    | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | M                | M                | M                | M                | + + 42 |          |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

Time Report Requested: 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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#### M .. Missing tissue

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2500 ppm females | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |   |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|---|
|  |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 |          |   |
| Lymph Node, Mandibular                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Hyperplasia, Lymphocyte                  |                          | 2                | 2                | 2                | 2                | 1                | 2                | 1                | 1                | 1                | 2                |                  |                  |                  |                  |                  | 1                | 2                | 2                | 2                | 2                | 22 1.8   |   |
| Lymph Node, Mesenteric                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |   |
| Hyperplasia, Lymphocyte                  |                          | 3                | 1                | 2                | 2                | 2                | 3                | 4                | 3                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 3                | 4                | 2                | 2                | 2                | 26 2.5   |   |
| Spleen                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | 49       |   |
| Extramedullary Hematopoiesis             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                | 3                |                  |                  | 11 2.2   |   |
| Hyperplasia, Lymphocyte                  |                          | 2                | 3                | 2                | 2                | 4                | 4                | 2                | 3                | 4                | 4                | 3                | 3                | 4                | 1                | 2                | 3                | 3                | 4                | 4                | 4                | 36 3.2   |   |
| Thymus                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | 48       |   |
| Atrophy                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  |                  |                  | 5 3.0    |   |
| Hyperplasia, Lymphocyte                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                | 2                |                  |                  | 16 1.6   |   |
| <b>INTEGUMENTARY SYSTEM</b>              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Mammary Gland                            |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |   |
| Skin                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| <b>MUSCULOSKELETAL SYSTEM</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Bone                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Femur, Fibro-Osseous Lesion              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  | 2 2.5    |   |
| Skeletal Muscle                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +        | 1 |
| <b>NERVOUS SYSTEM</b>                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Brain                                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Inflammation, Suppurative                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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1) Minimal 3) Moderate

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|----------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| B6C3F1/N MICE FEMALE |  |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      |                       |          |
| 2500 ppm females     |  | ANIMAL ID   | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>9 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>2<br>8<br>1 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>8<br>3 | 0<br>0<br>2<br>8<br>4 | 0<br>0<br>2<br>8<br>5 | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>9 |          |
| Neuron, Necrosis     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Thalamus, Fibrosis   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |

## RESPIRATORY SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Lung                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Inflammation, Granulomatous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0 |
| Nose                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Trachea                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |

## SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

## URINARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Kidney                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Nephropathy, Chronic Progressive |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 1.0 |
| Urinary Bladder                  | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 49     |

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Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

|                      |                 | DAY ON TEST | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>8 | 0<br>6<br>0<br>6 | 0<br>7<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 |                  |                      |
|----------------------|-----------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                      |                 | ANIMAL ID   | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9 | 0<br>0<br>3<br>0 | females<br>(cont...) |
| B6C3F1/N MICE FEMALE | 5000ppm females |             | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>5 | 0<br>0<br>3<br>6 | 0<br>0<br>3<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9 | 0<br>0<br>3<br>0 |                  |                      |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Clear Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fatty Change, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bile Duct, Cyst, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocyte, Cytoplasmic Alteration |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Necrosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

| B6C3F1/N MICE FEMALE<br>5000ppm females | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |  |
|---|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|--|
|   |                          | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>8 | 0<br>6<br>0<br>6 | 0<br>7<br>3<br>0 | 0<br>7<br>4<br>5 | 0<br>6<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 |                      |  |
| Cyst                                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                    |  |
| Salivary Glands                         |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                    |  |
| Stomach, Forestomach                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| Stomach, Glandular                      |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| <b>CARDIOVASCULAR SYSTEM</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Blood Vessel                            |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| Heart                                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| Myocardium, Necrosis                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                      |  |
| Valve, Degeneration                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                      |  |
| <b>ENDOCRINE SYSTEM</b>                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Adrenal Cortex                          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| Hyperplasia, Focal                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Hypertrophy, Focal                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Adrenal Medulla                         |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| Hyperplasia, Focal                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                    |  |
| Islets, Pancreatic                      |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| Parathyroid Gland                       |                          | +                | +                | +                | M                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                    |  |
| Hyperplasia                             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |                      |  |
| Pituitary Gland                         |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | B6C3F1/N MICE FEMALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|--|--|-------------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|  |  |             | 0730                 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |      |                      |
|  |  | ANIMAL ID   | 0030                 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 | 0030 |                      |
|  |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
|  |  |             |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

Hyperplasia, Lymphocyte 3      1      1      2      4      2      4      3      3      1      4      2      2

Spleen +      +  
Extramedullary Hematopoiesis 1      3      2      2      1      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      3      4      2      3      2

Hyperplasia, Lymphocyte 3      3      4      4      2      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      2      2      2      2      2

Thymus +      +  
Atrophy 4      4

Hyperplasia, Lymphocyte 4      2      1      3      4      2      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      1      2      2      2      2      1

**INTEGUMENTARY SYSTEM**

Mammary Gland +      +

Skin +      +

**MUSCULOSKELETAL SYSTEM**

Bone +      +

Skeletal Muscle +

**NERVOUS SYSTEM**

Brain +      +

Cyst Epithelial Inclusion X

Neuron, Necrosis 2

**RESPIRATORY SYSTEM**

Lung +      +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

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Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

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CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                                    |   | DAY ON TEST     | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>8 | 0<br>6<br>0<br>6 | 0<br>7<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 |                  |                      |  |
|------------------------------------|---|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|--|
|                                    |   | ANIMAL ID       | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>3 | females<br>(cont...) |  |
| B6C3F1/N MICE FEMALE               | 5000ppm females                                 | Nose            | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
|                                    |   | Trachea         | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
| <b>SPECIAL SENSES SYSTEM</b>       |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Eye                                |   | Eye             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
|                                    | Posterior Chamber, Inflammation, Chronic Active |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Harderian Gland                    |   | Harderian Gland | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
|                                    | Atrophy   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
|                                    | Hyperplasia                                     |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| <b>URINARY SYSTEM</b>              |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Kidney                             |   | Kidney          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
|                                    | Nephropathy, Chronic Progressive                |                 | 1                |                  |                  |                  | 1                |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Left, Atrophy                      |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Papilla, Inflammation, Suppurative |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Papilla, Necrosis                  |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Renal Tubule, Necrosis             |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |
| Urinary Bladder                    |   | Urinary Bladder | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |  |
|                                    |   |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

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CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |   | DAY ON TEST     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
|----------------------|---|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                      |   | ANIMAL ID       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| B6C3F1/N MICE FEMALE |   | 5000ppm females |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
| 0                    | 0 | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 7                    | 7 | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |
| 2                    | 2 | 2               | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |
| 9                    | 9 | 9               | 9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 9 | 9 | 9 | 0 | 0 | 0 | 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 | 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 |
| 2                    | 2 | 2               | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4        | 4 |
| 6                    | 7 | 8               | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8        | 9 |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |
| Basophilic Focus                   | X |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | X |   |   |   |   |   | 5   |
| Clear Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 3   |
| Eosinophilic Focus                 |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   | 13  |
| Fatty Change, Focal                |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1   |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   | 1.0 |
| Bile Duct, Cyst, Multiple          |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1   |
| Hepatocyte, Cytoplasmic Alteration |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3   |
| Fat, Necrosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3.7 |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

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1-4 .. Lesion qualified as:

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Lab: BAT

|                              | DAY ON TEST |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |  |
|------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|
|                              |             | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           | 0<br>7           |                  |  |
| B6C3F1/N MICE FEMALE         | ANIMAL ID   | 0<br>2<br>9           | 0<br>2<br>9           | 0<br>2<br>9           | 0<br>2<br>9           | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      | 0<br>2<br>9      |                  |  |
| 5000ppm females              |             | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>3 |  |
| Cyst                         |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |  |
| Salivary Glands              |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49               |  |
| Stomach, Forestomach         |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| Stomach, Glandular           |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| <b>CARDIOVASCULAR SYSTEM</b> |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
| Blood Vessel                 |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| Heart                        |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| Myocardium, Necrosis         |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0            |  |
| Valve, Degeneration          |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0            |  |
| <b>ENDOCRINE SYSTEM</b>      |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
| Adrenal Cortex               |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| Hyperplasia, Focal           |             | 1                     |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0            |  |
| Hypertrophy, Focal           |             | 1                     |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0            |  |
| Adrenal Medulla              |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| Hyperplasia, Focal           |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |  |
| Islets, Pancreatic           |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |
| Parathyroid Gland            |             | +                     | +                     | +                     | +                     | +                | M                | +                | M                | +                | +                | +                | M                | +                | +                | M                | M                | +                | +                | +                | M                | +                |  |
| Hyperplasia                  |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0            |  |
| Pituitary Gland              |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50               |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                            |  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |                       |
|----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| B6C3F1/N MICE FEMALE       |  |             | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      |                       |                       |                       |                       |                       |
| 5000ppm females            |  | ANIMAL ID   | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>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 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>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>4 | 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 |
| Pars Distalis, Hyperplasia |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 2.0                 |                       |                       |
| Thyroid Gland              |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |                       |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Clitoral Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Ovary                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Follicle, Cyst                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6      |
| Uterus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Dilation                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 3.4 |
| Endometrium, Hyperplasia, Cystic | 2 | 2 | 1 | 1 | 3 | 1 | 2 | 4 | 1 | 1 | 3 | 4 | 3 | 2 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 2 | 2 | 41 1.9 |
| Vagina                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |

## HEMATOPOIETIC SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Lymph Node              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5      |
| Lymph Node, Mandibular  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Hyperplasia, Lymphocyte | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 1 | 1 | 25 1.8 |
| Lymph Node, Mesenteric  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 2) Mild
- 3) Moderate
- 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Time Report Requested: 10:18:26

Route: DOSED FEED

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                               |  | DAY ON TEST | B6C3F1/N MICE FEMALE |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |
|-------------------------------|--|-------------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|
|                               |  |             | 0<br>7<br>2<br>9     | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>1 |   |          |
|                               |  | ANIMAL ID   | 5000ppm females      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Hyperplasia, Lymphocyte       |  |             | 2                    |                  | 1                | 3                | 1                | 1                | 3                | 2                |                  |                  | 1                |                  | 2                |                  | 4                | 4                | 2                | 2                | 2                | 2 | 27 2.3   |
| Spleen                        |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Extramedullary Hematopoiesis  |  |             |                      |                  |                  |                  |                  |                  |                  |                  | 1                | 1                | 1                |                  |                  |                  |                  |                  |                  |                  |                  |   | 20 2.1   |
| Hyperplasia, Lymphocyte       |  |             |                      |                  |                  | 3                | 2                | 4                |                  |                  | 1                | 3                | 3                | 2                | 4                |                  | 4                | 2                | 2                | 3                | 4                | 3 | 31 2.8   |
| Thymus                        |  |             | +                    | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | + | 47       |
| Atrophy                       |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 3 3.7    |
| Hyperplasia, Lymphocyte       |  |             |                      |                  |                  |                  |                  |                  | 1                |                  |                  | 3                |                  |                  |                  |                  | 1                | 2                | 2                | 2                | 1                | 1 | 17 1.9   |
| <b>INTEGUMENTARY SYSTEM</b>   |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Mammary Gland                 |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Skin                          |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| <b>MUSCULOSKELETAL SYSTEM</b> |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Bone                          |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Skeletal Muscle               |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| <b>NERVOUS SYSTEM</b>         |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Brain                         |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Cyst Epithelial Inclusion     |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Neuron, Necrosis              |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 2.0    |
| <b>RESPIRATORY SYSTEM</b>     |  |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |
| Lung                          |  |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

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

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                          | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Clear Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Eosinophilic Focus                 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mixed Cell Focus                   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bile Duct, Cyst                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocyte, Cytoplasmic Alteration | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 2 |  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Cyst                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Acinus, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | B6C3F1/N MICE FEMALE |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | females<br>(cont...) |   |
|--|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
|  |  |             | 07<br>31             | 07<br>31             | 06<br>32             | 07<br>22             | 07<br>29             |                      |                      |   |
|  |  | ANIMAL ID   | 10000ppm females     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
|  |  |             | 00<br>33<br>55<br>12 | 00<br>33<br>55<br>23 | 00<br>33<br>55<br>45 | 00<br>33<br>55<br>56 | 00<br>33<br>55<br>67 | 00<br>33<br>55<br>78 | 00<br>33<br>55<br>89 | 00<br>33<br>56<br>01 | 00<br>33<br>56<br>21 | 00<br>33<br>56<br>32 | 00<br>33<br>56<br>43 | 00<br>33<br>56<br>54 | 00<br>33<br>56<br>65 | 00<br>33<br>56<br>76 | 00<br>33<br>56<br>87 | 00<br>33<br>56<br>98 | 00<br>33<br>57<br>00 | 00<br>33<br>57<br>11 | 00<br>33<br>57<br>22 | 00<br>33<br>57<br>33 | 00<br>33<br>57<br>44 | 00<br>33<br>57<br>55 | 00<br>33<br>57<br>66 | 00<br>33<br>57<br>77 | 00<br>33<br>57<br>88 | M |
| Salivary Glands  |  |             | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M |
| Stomach, Forestomach<br>Epithelium, Hyperplasia        |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Stomach, Glandular                                     |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| <b>CARDIOVASCULAR SYSTEM</b>                           |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| Blood Vessel   |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Heart<br>Fibrosis<br>Infiltration Cellular, Mixed Cell |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| <b>ENDOCRINE SYSTEM</b>                                |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |
| Adrenal Cortex<br>Hypertrophy, Focal                   |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Adrenal Medulla  |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M |
| Islets, Pancreatic                                     |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | + |
| Parathyroid Gland                                      |  |             | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    |   |
| Pituitary Gland<br>Pars Distalis, Hyperplasia          |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    |   |
| Thyroid Gland  |  |             | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route: DOSED FEED**

**Species/Strain:** MICE/B6C3F1/N

Date Report Requested: 09/14/2020

**Time Report Requested:** 10:18:26

**First Dose M/F:** 10/25/11 / 10/24/11

## Lab: BAT

## **GENERAL BODY SYSTEM**

NONE

# **GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |   |
| Ovary                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |   |
| Follicle, Cyst                    |   |   |   |   | X |   | X |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |
| Uterus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Adenomyosis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Dilation                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |
| Inflammation, Suppurative         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 2 |   |
| Cervix, Inflammation, Suppurative |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Endometrium, Hyperplasia, Cystic  | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 1 |   | 1 | 2 |   | 2 | 2 |   | 2 | 1 | 1 | 3 | 3 | 1 | 1 |

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                  | DAY ON TEST | B6C3F1/N MICE FEMALE |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |
|------------------|-------------|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|                  |             | 0<br>7               | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |                      |
| 10000ppm females | ANIMAL ID   | 3<br>3               | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3               |
|                  |             | 5<br>5               | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5               |

Hyperplasia, Plasma Cell

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Spleen                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Extramedullary Hematopoiesis |   |   |   |   | 2 | 3 |   |   |   | 2 |   |   |   |   |   |   | 3 | 1 | 4 |   |   | 1 | 1 |
| Hyperplasia, Lymphocyte      | 3 | 4 |   |   |   |   | 3 | 2 | 4 | 1 |   | 2 |   | 2 | 4 | 4 | 1 | 4 | 3 |   | 4 | 2 | 2 |
| White Pulp, Atrophy          |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 | 3 |
| Thymus                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hyperplasia, Lymphocyte      | 1 | 2 |   |   |   |   | 2 | 2 | 1 |   |   |   |   |   | 2 | 2 | 1 |   | 3 |   | M | + |   |

## INTEGUMENTARY SYSTEM

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

## MUSCULOSKELETAL SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Femur, Fibro-Osseous Lesion |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## NERVOUS SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Meninges, Infiltration Cellular, Mononuclear Cell |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## RESPIRATORY SYSTEM

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pigment |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | B6C3F1/N MICE FEMALE |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | females<br>(cont...) |
|--|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|  |  |             | 07<br>31             | 07<br>31             | 06<br>32             | 07<br>22             | 07<br>29             |                      |                      |
|  |  | ANIMAL ID   | 10000ppm females     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|  |  |             | 00<br>03<br>05<br>11 | 00<br>03<br>03<br>05 | 00<br>03<br>03<br>06 | 00<br>03<br>05<br>07 | 00<br>03<br>05<br>09 | 00<br>03<br>03<br>01 | 00<br>03<br>03<br>02 | 00<br>03<br>03<br>03 | 00<br>03<br>03<br>04 | 00<br>03<br>03<br>05 | 00<br>03<br>03<br>06 | 00<br>03<br>03<br>06 | 00<br>03<br>03<br>06 | 00<br>03<br>03<br>07 | 00<br>03<br>03<br>08 | 00<br>03<br>03<br>09 |                      |
| Nose                                       |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    |                      |
| Trachea                                    |  |             | +                    | +                    | +                    | +                    | M                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    |                      |
| <b>SPECIAL SENSES SYSTEM</b>               |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Eye  |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    |                      |
| Harderian Gland<br>Hyperplasia             |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | 1                    |
| <b>URINARY SYSTEM</b>                      |  |             |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Kidney<br>Nephropathy, Chronic Progressive |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | A                    |
| Urinary Bladder                            |  |             | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | M                    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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2) Mild 4) Marked

Experiment Number: 20712 - 04

Test Type: CHRONIC

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Tris(Chloropropyl)phosphate

CAS Number: 13674-84-5

Date Report Requested: 09/14/2020

Time Report Requested: 10:18:26

First Dose M/F: 10/25/11 / 10/24/11

Lab: BAT

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

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |        |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|--------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |       |        |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Basophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |    | 2     |        |
| Clear Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |    | 8     |        |
| Eosinophilic Focus                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |    | 16    |        |
| Mixed Cell Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |    | 1     |        |
| Necrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4     | 3 2.0  |
| Bile Duct, Cyst                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1     |        |
| Hepatocyte, Cytoplasmic Alteration | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1  | 1     | 48 1.8 |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |        |
| Cyst                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |    | 1     |        |
| Acinus, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |    | 1 1.0 |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 3) Moderate
- 2) Mild
- 4) Marked

Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>10000ppm females               | DAY ON TEST<br>ANIMAL ID | * TOTALS         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |       |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-------|
|  |                          | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 |   |       |
| Salivary Glands  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 48    |
| Stomach, Forestomach<br>Epithelium, Hyperplasia        |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
| Stomach, Glandular                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
| <b>CARDIOVASCULAR SYSTEM</b>                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |       |
| Blood Vessel   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
| Heart<br>Fibrosis<br>Infiltration Cellular, Mixed Cell |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
| <b>ENDOCRINE SYSTEM</b>                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |       |
| Adrenal Cortex<br>Hypertrophy, Focal                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1 1.0 |
| Adrenal Medulla  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49    |
| Islets, Pancreatic                                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50    |
| Parathyroid Gland                                      |                          | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | M                | +                | +                | +                | +                | +                | +                | + | 43    |
| Pituitary Gland<br>Pars Distalis, Hyperplasia          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 4 2.8 |
| Thyroid Gland  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 48    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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Experiment Number: 20712 - 04

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Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

Route: DOSED FEED

CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

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

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Clitoral Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |
| Ovary                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |
| Follicle, Cyst                    |   |   |   |   |   |   | X |   |   | X |   | X |   |   | X |   |   | X | X |   | X |   | X |   |   | 11 |     |
| Uterus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Adenomyosis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Dilation                          | 3 |   |   | 3 |   | 4 |   |   |   |   |   |   |   |   |   | 4 | 4 |   |   |   |   |   |   |   |   | 8  | 3.1 |
| Inflammation, Suppurative         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 1  | 2.0 |
| Cervix, Inflammation, Suppurative |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 1  | 2.0 |
| Endometrium, Hyperplasia, Cystic  | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 3 | 1 |   | 3 | 1 | 1 | 2 | 2 |   | 3 | 1 | 1 | 1 | 4 | 1 | 1 |   | 40 | 1.7 |

## HEMATOPOIETIC SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Bone Marrow             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Fibrosis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |     |
| Lymph Node              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |     |     |
| Lymph Node, Mandibular  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |     |
| Hyperplasia, Lymphocyte | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 2  | 33  | 1.9 |
| Lymph Node, Mesenteric  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |     |
| Hyperplasia, Lymphocyte | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 1 | 2 | 4 | 1 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2  | 35  | 2.3 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 20712 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 09/14/2020

Test Type: CHRONIC

Tris(Chloropropyl)phosphate

Time Report Requested: 10:18:26

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CAS Number: 13674-84-5

First Dose M/F: 10/25/11 / 10/24/11

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|   | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |
|---|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|   |             | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           |                            |                            |
| <b>10000ppm females</b>                           |             | 0<br>0<br>0<br>0<br>0<br>0 |
|   |             | Hyperplasia, Plasma Cell   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3      1    3.0            |                            |
| Spleen  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Extramedullary Hematopoiesis                      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2      1    1.3            |
| Hyperplasia, Lymphocyte                           |             | 2                          | 2                          | 4                          | 4                          | 1                          | 3                          | 3                          | 4                          | 1                          | 3                          | 4                          | 3                          | 4                          | 4                          | 4                          | 2                          | 3                          | 2                          | 2                          | 4                          | 4                          | 3                          |
| White Pulp, Atrophy                               |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1    4.0                   |
| Thymus  |             | M                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 48                         |
| Hyperplasia, Lymphocyte                           |             |                            | 2                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 16    1.8                  |
| <b>INTEGUMENTARY SYSTEM</b>                       |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Mammary Gland                                     |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Skin  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| <b>MUSCULOSKELETAL SYSTEM</b>                     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Bone  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Femur, Fibro-Osseous Lesion                       |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1    2.0                   |
| <b>NERVOUS SYSTEM</b>                             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Brain   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Meninges, Infiltration Cellular, Mononuclear Cell |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1    2.0                   |
| <b>RESPIRATORY SYSTEM</b>                         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Lung  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |
| Pigment   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1    2.0                   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

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Tris(Chloropropyl)phosphate

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Lab: BAT

|  |  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |        |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|
| B6C3F1/N MICE FEMALE                       |  |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |        |
| 10000ppm females                           |  | ANIMAL ID   | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>8 |        |
| Nose                                       |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |        |
| Trachea                                    |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |        |
| <b>SPECIAL SENSES SYSTEM</b>               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Eye  |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |        |
| Harderian Gland<br>Hyperplasia             |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |        |
|  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0  |
| <b>URINARY SYSTEM</b>                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Kidney<br>Nephropathy, Chronic Progressive |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |        |
|  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 13 1.0 |
| Urinary Bladder                            |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |        |

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

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked