

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

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

**Test Compound:** 1,1,1-Trichloroethane  
**CAS Number:** 71-55-6

**Date Report Requested:** 10/18/2014  
**Time Report Requested:** 16:22:36  
**First Dose M/F:** NA / NA  
**Lab:** TSI MASON

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

Experiment Number: 04626-01

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Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:36

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
UNTREATD

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

Alimentary System

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

Cardiovascular System

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

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:36

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
UNTREATD

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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

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

Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:36  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Male  
 UNTREATD**

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

**\*TOTALS**

**Nervous System**

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

**Respiratory System**

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

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

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

**Special Senses System**

NONE

**Urinary System**

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

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

**SYSTEMIC LESIONS**

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

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

Experiment Number: 04626-01

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Time Report Requested: 16:22:36

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CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
VEHICLE

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

Alimentary System

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

Cardiovascular System

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

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
VEHICLE

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
ANIMAL ID	9	9	9	9	9	9	9	9	9	9	
	2	2	2	2	2	2	2	2	2	2	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	1	1	1	1	1	1	1	1	1	2	
	1	2	3	4	5	6	7	8	9	0	
	*TOTALS										
Thyroid Gland	M	+	+	+	+	+	+	+	+	+	9

General Body System

NONE

Genital System

Epididymis	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10

Hematopoietic System

Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	10
Spleen	+	+	+	+	+	+	+	+	+	+	10
Thymus	+	+	+	+	+	+	+	+	+	+	10

Integumentary System

Mammary Gland	+	+	M	M	M	M	+	+	M	M	4
Skin	+	+	+	+	+	+	+	+	+	+	10

Musculoskeletal System

Bone	+	+	+	+	+	+	+	+	+	+	10
------	---	---	---	---	---	---	---	---	---	---	----

\* ..Total animals with tissue examined microscopically; Total animals with tumor  
 + ..Tissue examined microscopically  
 X ..Lesion present  
 I ..Insufficient tissue  
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Experiment Number: 04626-01  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/F 344/N

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

Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:37  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Male  
 VEHICLE**

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

**Nervous System**

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

**Respiratory System**

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

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

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

**Special Senses System**

NONE

**Urinary System**

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

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

**SYSTEMIC LESIONS**

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

\* ..Total animals with tissue examined microscopically; Total animals with tumor  
 + ..Tissue examined microscopically  
 X ..Lesion present  
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M ..Missing tissue  
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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
0.5%

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

Alimentary System

Liver + + 2

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

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Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
0.5%

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

Respiratory System

NONE

Special Senses System

NONE

Urinary System

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

SYSTEMIC LESIONS

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

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

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X ..Lesion present

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Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
1.0%

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

Alimentary System

Liver + + 2

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

Bone Marrow + + + + 4

Integumentary System

NONE

Musculoskeletal System

Bone + + + + 4

Nervous System

NONE

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CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
1.0%

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

Respiratory System

NONE

Special Senses System

NONE

Urinary System

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

SYSTEMIC LESIONS

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

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

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Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
2.0%

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

Alimentary System

Mesentery + 1

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

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

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:37  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

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

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

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
4.0%

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

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

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

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:37  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

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

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

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
8.0%

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

Alimentary System

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

Cardiovascular System

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

Endocrine System

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue



Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
8.0%

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Male  
8.0%

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

**Nervous System**

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

**Respiratory System**

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

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

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

**Special Senses System**

NONE

**Urinary System**

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

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

**SYSTEMIC LESIONS**

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

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

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
UNTREATD

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

Alimentary System

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

Cardiovascular System

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

Endocrine System

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
UNTREATD

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
UNTREATD

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

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

| F 344/N Rat Female<br>VEHICLE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---------|
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |
|                               | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9       |
|                               | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2       |
| ANIMAL ID                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |
|                               | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9       |
|                               | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0       |
|                               |             |   |   |   |   |   |   |   |   |   | *TOTALS |

Alimentary System

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

Cardiovascular System

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

Endocrine System

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:37

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
VEHICLE

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

| F 344/N Rat Female<br>VEHICLE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---------|
|                               | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               |             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |         |
|                               |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |         |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               |             | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |         |
|                               |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |         |
| Brain                         |             | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Respiratory System</b>     |             |   |   |   |   |   |   |   |   |   |   |         |
| Lung                          |             | + | + | + | + | + | + | + | + | + | + | 10      |
| Nose                          |             | + | + | + | + | + | + | + | + | + | + | 10      |
| Trachea                       |             | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Special Senses System</b>  |             |   |   |   |   |   |   |   |   |   |   |         |
| NONE                          |             |   |   |   |   |   |   |   |   |   |   |         |
| <b>Urinary System</b>         |             |   |   |   |   |   |   |   |   |   |   |         |
| Kidney                        |             | + | + | + | + | + | + | + | + | + | + | 10      |
| Urinary Bladder               |             | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>SYSTEMIC LESIONS</b>       |             |   |   |   |   |   |   |   |   |   |   |         |
| Multiple Organ                |             | + | + | + | + | + | + | + | + | + | + | 10      |

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

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



Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
0.5%

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

Alimentary System

Liver + 1

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

Clitoral Gland + 1

Uterus + 1

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:38  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

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

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

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

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

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
1.0%

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

\*TOTALS

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

+

1

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:38  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

F 344/N Rat Female  
 1.0%

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

\*TOTALS

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

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

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

Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:38  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

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

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

**Alimentary System**

Liver + + 2

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

Lymph Node, Mandibular + 1

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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

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

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

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:38  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

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

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

\*TOTALS

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
4.0%

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

**Alimentary System**

Intestine Large, Cecum + 1

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Uterus + + + 3

**Hematopoietic System**

Spleen + 1

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

**Nervous System**

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
4.0%

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

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + 10

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + 10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically



Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
8.0%

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

\*TOTALS

Alimentary System

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

Cardiovascular System

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

Endocrine System

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 04626-01

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/18/2014

Test Type: 90-DAY

Test Compound: 1,1,1-Trichloroethane

Time Report Requested: 16:22:38

Route: DOSED FEED

CAS Number: 71-55-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: TSI MASON

F 344/N Rat Female  
8.0%

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Test Compound: 1,1,1-Trichloroethane  
 CAS Number: 71-55-6

Date Report Requested: 10/18/2014  
 Time Report Requested: 16:22:38  
 First Dose M/F: NA / NA  
 Lab: TSI MASON

**F 344/N Rat Female  
 8.0%**

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

**\*TOTALS**

**Nervous System**

Brain + + + + + + + + + + 10  
 Spinal Cord + 1

**Respiratory System**

Lung + + + + + + + + + + 10  
 Nose + + + + + + + + + + 10  
 Trachea + + + + + + + + + + 10

**Special Senses System**

NONE

**Urinary System**

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

**SYSTEMIC LESIONS**

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

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

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

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