

**Experiment Number:** 20011-01

**Test Type:** 14-DAY

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** Rat/F 344/N

**E05: CLINICAL OBSERVATIONS SUMMARY**

**Test Compound:** 1-Bromopropane

**CAS Number:** 106-94-5

**Date Report Requested:** 10/18/2014

**Time Report Requested:** 17:02:42

**First Dose M/F:** NA / NA

**Lab:** BNW

<b>C Number:</b>	C20011
<b>Lock Date:</b>	06/13/2003
<b>Cage Range:</b>	All
<b>Date Range:</b>	All
<b>Reasons For Removal:</b>	All
<b>Removal Date Range:</b>	All
<b>Treatment Groups:</b>	All
<b>Study Gender:</b>	Both
<b>PWG Approval Date</b>	NONE

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SEX :MALE WEEK: 3

OBSERVATIONS	CONTROL		125 PPM		250 PPM		500 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Abnormal Breathing	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	1 / 5 DAY 8
Impaired Gait	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5
Lethargic	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5
Nasal/Eye Discharge	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	1 / 5 DAY 9
Thin	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5

\* ANIMALS WITH OBSERVATION IN CURRENT PERIOD / TOTAL ANIMALS OBSERVED IN CURRENT PERIOD (WITHIN 7 DAYS OF RUN DATE)

+ ROW 1 = CUMULATIVE NO. OF ANIMALS WITH OBSERVATION / TOTAL ANIMALS STARTED ON STUDY

ROW 2 = DAY OF ONSET

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OBSERVATIONS	1000 PPM		2000 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Abnormal Breathing	0 / 0	0 / 5	0 / 0	0 / 5
Impaired Gait	0 / 0	0 / 5	0 / 0	4 / 5 DAY 8
Lethargic	0 / 0	0 / 5	0 / 0	1 / 5 DAY 11
Nasal/Eye Discharge	0 / 0	1 / 5 DAY 11	0 / 0	5 / 5 DAY 1
Thin	0 / 0	0 / 5	0 / 0	3 / 5 DAY 8

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

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SEX :FEMALE

WEEK: 3

OBSERVATIONS	CONTROL		125 PPM		250 PPM		500 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Impaired Gait	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5
Lethargic	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5
Nasal/Eye Discharge	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5
Thin	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5	0 / 0	0 / 5

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Lab: BNW

SEX :FEMALE

WEEK: 3

OBSERVATIONS	1000 PPM		2000 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Impaired Gait	0 / 0	0 / 5	0 / 0	2 / 5 DAY 9
Lethargic	0 / 0	0 / 5	0 / 0	1 / 5 DAY 12
Nasal/Eye Discharge	0 / 0	0 / 5	0 / 0	5 / 5 DAY 4
Thin	0 / 0	0 / 5	0 / 0	1 / 5 DAY 15

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

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