

**TDMS No.** 20116 - 03  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Aloe vera whole leaf extract (native)

**CAS Number:** ALOEVLEAFEXT

**Date Report Requested:** 01/15/2010

**Time Report Requested:** 14:39:01

**First Dose M/F:** 04/17/05 / 04/17/05

**Lab:** NCTR

**C Number:** C20116B  
**Lock Date:** 09/08/2009  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 2.2.0

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		DAY ON TEST																								males (cont...)
		04	06	06	07	06	05	06	06	06	07	07	07	06	05	07	07	07	06	06	06	07	06	06	07	
<b>FISCHER 344 RATS-NCTR RATS MALE</b>		8	7	4	3	5	5	8	8	5	1	3	3	3	3	3	3	3	7	3	2	3	2	8	8	3
	<b>CONTROL WATER</b>	6	7	1	7	5	5	4	0	3	9	7	7	4	1	7	7	7	3	4	7	7	8	3	7	7
	ANIMAL ID	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
		11	11	11	11	22	22	33	33	44	44	44	44	44	66	66	77	77	77	77	77	99	99	99	99	99
		11	12	22	22	99	99	11	11	11	22	23	33	22	22	11	22	11	22	11	22	11	22	11	22	11

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Ascending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum Leukemia Mononuclear	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
				X																					
Intestine Large, Descending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Transverse Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum Leukemia Mononuclear	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+
																							X		
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular Adenoma				X								X													X
Hepatocellular Carcinoma							X																		
Histiocytic Sarcoma																							X		
Leukemia Mononuclear					X		X	X	X	X	X	X	X		X	X		X	X				X	X	
Mesentery Leukemia Mononuclear											+										+	+			

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

M .. Missing tissue  
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FISCHER 344 RATS-NCTR RATS MALE CONTROL WATER	DAY ON TEST																				ANIMAL ID	males (cont...)			
	0 4 8 6	0 6 7 7	0 6 4 1	0 7 3 7	0 6 5 5	0 5 6 4	0 6 8 0	0 6 5 3	0 7 1 9	0 7 3 7	0 7 3 4	0 6 3 1	0 5 7 7	0 7 3 7	0 7 3 7	0 6 7 3	0 6 6 4	0 6 2 7	0 7 3 7	0 6 2 8			0 6 8 3	0 7 3 7	0 7 3 7
	0 0 1 1	0 0 1 2	0 0 1 2	0 0 1 2	0 0 2 2	0 0 3 1	0 0 3 2	0 0 4 1	0 0 4 1	0 0 4 2	0 0 4 2	0 0 4 3	0 0 6 2	0 0 6 2	0 0 7 1	0 0 7 2	0 0 7 1	0 0 7 2	0 0 8 8	0 0 8 9	0 0 9 9	0 0 9 9	0 0 9 9	0 0 9 7	0 0 9 1

Oral Mucosa	+																								
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leukemia Mononuclear																									
Proximal Colon	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**CARDIOVASCULAR SYSTEM**

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leukemia Mononuclear																									
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leukemia Mononuclear						X		X		X					X				X				X		
Schwannoma Malignant																									

**ENDOCRINE SYSTEM**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leukemia Mononuclear					X																				X
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leukemia Mononuclear					X				X		X												X	X	
Pheochromocytoma Benign																									X

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FISCHER 344 RATS-NCTR RATS MALE CONTROL WATER	DAY ON TEST																									ANIMAL ID	males (cont...)
	0 4 8 6	0 6 7 7	0 6 4 1	0 7 3 7	0 6 5 5	0 5 6 4	0 6 8 0	0 6 8 3	0 6 5 9	0 7 1 7	0 7 3 7	0 6 3 4	0 5 3 1	0 7 3 7	0 7 3 7	0 6 7 3	0 6 3 4	0 6 2 7	0 7 3 7	0 6 2 8	0 6 8 3	0 7 3 7	0 7 3 7				
	0 0 1 1	0 0 1 1	0 0 1 1	0 0 1 1	0 0 2 2	0 0 2 1	0 0 3 2	0 0 3 1	0 0 4 1	0 0 4 1	0 0 4 2	0 0 4 1	0 0 4 2	0 0 6 1	0 0 6 2	0 0 7 1	0 0 7 2	0 0 7 1	0 0 7 2	0 0 8 1	0 0 8 2	0 0 9 1	0 0 9 2	0 0 9 1	0 0 9 2		

Pheochromocytoma Malignant  
 Bilateral, Pheochromocytoma Benign  
 Bilateral, Pheochromocytoma Malignant

X  
 X  
 X

Islets, Pancreatic  
 Adenoma

+ + + + + + + + + X + + + + + + + + + + + + + +

Parathyroid Gland  
 Adenoma

+ +

Pituitary Gland  
 Leukemia Mononuclear  
 Pars Distalis, Adenoma

+ + + + + + + + X X + + + + + + + + + + X X X X X

Thyroid Gland  
 C-cell, Adenoma  
 C-cell, Carcinoma  
 Follicular Cell, Adenoma

+ X

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis

+ +

Preputial Gland  
 Adenoma  
 Carcinoma

+ + + + + X + + + + + X X + + X X

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| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | ANIMAL ID | males<br>(cont...) |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------|--------------------|--|
|   | 0<br>4<br>8<br>6 | 0<br>6<br>7<br>7 | 0<br>6<br>4<br>1 | 0<br>7<br>3<br>7 | 0<br>6<br>5<br>5 | 0<br>5<br>8<br>4 | 0<br>6<br>8<br>0 | 0<br>6<br>5<br>3 | 0<br>7<br>1<br>9 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>3<br>4 | 0<br>5<br>3<br>1 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>7<br>3 | 0<br>6<br>3<br>4 | 0<br>6<br>2<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>2<br>8 | 0<br>6<br>8<br>3 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 |   |           |                    |  |
| Squamous Cell Carcinoma                             |                  | X                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Prostate  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +         |                    |  |
| Leukemia Mononuclear                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Seminal Vesicle                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +         |                    |  |
| Leukemia Mononuclear                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Testes  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +         |                    |  |
| Bilateral, Interstitial Cell, Adenoma               |                  |                  |                  | X                | X                |                  | X                |                  | X                | X                | X                | X                |                  |                  | X                | X                | X                |                  |                  | X                | X                | X                |                  | X |           |                    |  |
| Interstitial Cell, Adenoma                          |                  | X                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  |   |           |                    |  |
| <b>HEMATOPOIETIC SYSTEM</b>                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Bone Marrow   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +         |                    |  |
| Leukemia Mononuclear                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Lymph Node  |                  | +                |                  | +                |                  |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  |                  |                  |                  |                  | +                | +                | +                |   |           |                    |  |
| Axillary, Leukemia Mononuclear                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |   |           |                    |  |
| Deep Cervical, Leukemia Mononuclear                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Hepatic, Leukemia Mononuclear                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Inguinal, Leukemia Mononuclear                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X |           |                    |  |
| Lumbar, Histiocytic Sarcoma                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |   |           |                    |  |
| Lumbar, Leukemia Mononuclear                        |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  | X                |                  |   |           |                    |  |
| Mediastinal, Histiocytic Sarcoma                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |   |           |                    |  |
| Mediastinal, Leukemia Mononuclear                   |                  |                  |                  |                  |                  |                  |                  | X                | X                | X                | X                |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Pancreatic, Leukemia Mononuclear                    |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |   |           |                    |  |
| Renal, Leukemia Mononuclear                         |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |   |           |                    |  |
| Lymph Node, Mandibular                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +         |                    |  |

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| FISCHER 344 RATS-NCTR RATS MALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males (cont...) |      |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-----------------|------|
|  | 0486        | 0667 | 0674 | 0673 | 0555 | 0668 | 0668 | 0665 | 0663 | 0771 | 0773 | 0773 | 0663 | 0553 | 0773 | 0773 | 0773 | 0667 | 0663 | 0662 | 0773 | 0662 | 0668 | 0673 |           |                 | 0773 |
| Histiocytic Sarcoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X         |                 |      |
| Leukemia Mononuclear                             |             |      |      |      |      |      |      |      |      | X    | X    | X    |      |      | X    |      |      |      |      |      |      |      |      | X    | X         |                 |      |
| Lymph Node, Mesenteric                           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +         |                 |      |
| Leukemia Mononuclear                             |             |      |      |      | X    |      |      |      |      | X    | X    |      |      |      |      |      |      |      |      |      |      |      |      | X    |           |                 |      |
| Spleen   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         |                 |      |
| Histiocytic Sarcoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |           |                 |      |
| Leukemia Mononuclear                             |             |      |      |      | X    |      | X    | X    | X    | X    | X    | X    | X    |      | X    | X    |      | X    | X    |      |      |      | X    | X    |           |                 |      |
| Thymus   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         |                 |      |
| Leukemia Mononuclear                             |             |      |      |      | X    |      |      |      |      | X    | X    |      |      |      |      |      |      |      | X    |      |      |      | X    |      |           |                 |      |
| <b>INTEGUMENTARY SYSTEM</b>                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |
| Mammary Gland                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +               |      |
| Fibroadenoma                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |
| Leukemia Mononuclear                             |             |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |
| Skin   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +               |      |
| Fibroma  | X           |      |      |      |      |      |      |      |      |      | X    |      |      |      | X    |      | X    |      |      |      |      |      |      |      |           |                 |      |
| Granular Cell Tumor Benign                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |
| Keratoacanthoma                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |
| Lipoma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | X               |      |
| <b>MUSCULOSKELETAL SYSTEM</b>                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |
| Bone, Femur                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +               |      |
| Skeletal Muscle                                  |             |      |      |      | +    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |      |

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| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID        | males<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|
|   | 0<br>4<br>8<br>6 | 0<br>6<br>7<br>7 | 0<br>6<br>4<br>1 | 0<br>7<br>3<br>7 | 0<br>6<br>5<br>5 | 0<br>5<br>8<br>4 | 0<br>6<br>8<br>0 | 0<br>6<br>5<br>3 | 0<br>7<br>1<br>9 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>4 | 0<br>6<br>3<br>1 | 0<br>5<br>7<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>7<br>3 | 0<br>6<br>6<br>4 | 0<br>6<br>2<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>2<br>8 | 0<br>6<br>8<br>3 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 |                  |                  |                    |
|   | 0<br>0<br>1<br>1 | 0<br>0<br>1<br>2 | 0<br>0<br>1<br>2 | 0<br>0<br>1<br>2 | 0<br>0<br>2<br>2 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>4<br>1 | 0<br>0<br>4<br>2 | 0<br>0<br>4<br>2 | 0<br>0<br>6<br>2 | 0<br>0<br>6<br>2 | 0<br>0<br>7<br>1 | 0<br>0<br>7<br>2 | 0<br>0<br>7<br>1 | 0<br>0<br>8<br>2 | 0<br>0<br>8<br>1 | 0<br>0<br>9<br>2 | 0<br>0<br>9<br>1 | 0<br>0<br>9<br>2 | 0<br>0<br>9<br>1 | 0<br>1<br>2<br>1 |                    |

**NERVOUS SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem<br>Leukemia Mononuclear                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Brain, Cerebellum<br>Leukemia Mononuclear                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Brain, Cerebrum<br>Granular Cell Tumor Benign<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Peripheral Nerve  |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung<br>Histiocytic Sarcoma<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
|   |   |   |   |   | X |   | X | X | X | X | X | X |   | X | X |   |   | X |   |   |   |   |   | X |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | ANIMAL ID | males<br>(cont...) |
|---|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------|--------------------|
|   | 04          | 06 | 06 | 07 | 06 | 05 | 06 | 06 | 06 | 06 | 07 | 07 | 07 | 06 | 05 | 07 | 07 | 07 | 06 | 06 | 06 | 07 | 06 | 06 |           |                    |
|   | 8           | 7  | 4  | 3  | 5  | 5  | 8  | 8  | 5  | 1  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 7  | 3  | 2  | 3  | 2  | 8  | 8  | 3         | 7                  |
|   | 6           | 7  | 1  | 7  | 5  | 5  | 4  | 0  | 3  | 9  | 7  | 7  | 4  | 1  | 7  | 7  | 7  | 3  | 4  | 7  | 7  | 8  | 3  | 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                  |
|   | 1           | 1  | 1  | 1  | 2  | 2  | 3  | 3  | 4  | 4  | 4  | 4  | 4  | 4  | 6  | 6  | 7  | 7  | 7  | 7  | 9  | 9  | 9  | 9  | 9         |                    |
|   | 1           | 1  | 2  | 2  | 9  | 9  | 1  | 1  | 1  | 1  | 2  | 2  | 3  | 3  | 2  | 2  | 8  | 8  | 9  | 9  | 8  | 8  | 9  | 9  | 7         |                    |
|   | 1           | 2  | 1  | 2  | 1  | 2  | 1  | 2  | 1  | 2  | 2  | 1  | 2  | 2  | 1  | 2  | 1  | 2  | 1  | 2  | 1  | 2  | 1  | 2  | 1         |                    |

Harderian Gland +  
 Leukemia Mononuclear

**URINARY SYSTEM**

Kidney +  
 Leukemia Mononuclear X X X  
 Renal Tubule, Adenoma X

Urethra  
 Urinary Bladder +  
 Leukemia Mononuclear X X X  
 Transitional Epithelium, Papilloma X

**SYSTEMIC LESIONS**

Multiple Organ +  
 Histiocytic Sarcoma X  
 Leukemia Mononuclear X

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|   | 0737        | 0737 | 0737 | 0662 | 0660 | 0763 | 0664 | 0550 | 0777 | 0664 | 0558 | 0762 | 0660 | 0777 | 0668 | 0762 | 0663 | 0663 | 0661 | 0554 |          | 0773 |
| ANIMAL ID   | 0127        | 0118 | 0118 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114     |      |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 48   |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---------|
| Esophagus                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |         |
| Intestine Large, Ascending Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | +  | 47      |
| Intestine Large, Cecum<br>Leukemia Mononuclear | + | + | + | + | + | + | + | A | + | + | X | + | + | + | + | + | + | A | + | + | + | +  | 46<br>2 |
| Intestine Large, Descending Colon              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | +  | 47      |
| Intestine Large, Rectum                        | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47      |
| Intestine Large, Transverse Colon              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | +  | 47      |
| Intestine Small, Duodenum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48      |
| Intestine Small, Ileum<br>Leukemia Mononuclear | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | +  | 45<br>1 |
| Intestine Small, Jejunum                       | + | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | A | + | + | + | +  | 45      |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48      |
| Hepatocellular Adenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X  | 5       |
| Hepatocellular Carcinoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |    | 3       |
| Histiocytic Sarcoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1       |
| Leukemia Mononuclear                           |   |   |   |   |   |   | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X  | 26      |
| Mesentery                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |         |
| Leukemia Mononuclear                           |   |   |   |   |   |   | + | + | + |   |   | + |   |   |   |   |   |   | + | + |   |    | 10<br>1 |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             |                       |                  |                  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|
|   | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>1<br>2      | 0<br>6<br>4<br>0      | 0<br>7<br>3<br>4      | 0<br>6<br>6<br>0      | 0<br>5<br>5<br>0      | 0<br>7<br>3<br>7      | 0<br>6<br>6<br>4      | 0<br>4<br>7<br>6      | 0<br>5<br>6<br>8      | 0<br>6<br>2<br>0      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>3<br>8      | 0<br>7<br>3<br>2      | 0<br>6<br>7<br>3      | 0<br>6<br>1<br>3      | 0<br>6<br>8<br>1      |                       |                       | 0<br>5<br>4<br>3 | 0<br>7<br>3<br>2 |
|   | 0<br>1<br>2<br>7<br>2 | 0<br>1<br>2<br>8<br>1 | 0<br>1<br>2<br>8<br>2 | 0<br>1<br>4<br>1<br>2 | 0<br>1<br>4<br>1<br>4 | 0<br>1<br>4<br>1<br>4 | 0<br>1<br>4<br>4<br>2 | 0<br>1<br>4<br>5<br>2 | 0<br>1<br>4<br>5<br>2 | 0<br>1<br>4<br>6<br>1 | 0<br>1<br>4<br>6<br>2 | 0<br>1<br>4<br>6<br>1 | 0<br>1<br>4<br>4<br>2 | 0<br>1<br>4<br>7<br>1 | 0<br>1<br>4<br>7<br>2 | 0<br>1<br>4<br>8<br>1 | 0<br>1<br>4<br>4<br>2 | 0<br>1<br>4<br>5<br>1 | 0<br>1<br>4<br>5<br>9 | 0<br>1<br>4<br>7<br>2 | 0<br>1<br>4<br>8<br>0 | 0<br>1<br>4<br>0<br>2 |                  | <b>* TOTALS</b>  |

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |           |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|-----------|
| Oral Mucosa          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + |   | <b>2</b>  |
| Pancreas             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Leukemia Mononuclear |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | <b>2</b>  |
| Proximal Colon       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>44</b> |
| Salivary Glands      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Stomach, Forestomach |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Stomach, Glandular   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |

### CARDIOVASCULAR SYSTEM

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |           |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|-----------|
| Blood Vessel         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Leukemia Mononuclear |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | <b>1</b>  |
| Heart                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Leukemia Mononuclear |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | <b>14</b> |
| Schwannoma Malignant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | <b>1</b>  |

### ENDOCRINE SYSTEM

|                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |           |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|-----------|
| Adrenal Cortex          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Leukemia Mononuclear    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | <b>3</b>  |
| Adrenal Medulla         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | + | <b>48</b> |
| Leukemia Mononuclear    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |   | <b>6</b>  |
| Pheochromocytoma Benign |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   | <b>1</b>  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |   |
|---------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
| DAY ON TEST                     |  | 7 | 7 | 7 | 6 | 6 | 7 | 6 | 5 | 7 | 6 | 4 | 5 | 6 | 6 | 7 | 7 | 6 | 7 | 6 | 6 | 6 | 5        | 7 |
| FISCHER 344 RATS-NCTR RATS MALE |  | 3 | 3 | 3 | 1 | 4 | 3 | 6 | 5 | 3 | 7 | 9 | 6 | 2 | 5 | 3 | 3 | 3 | 3 | 7 | 1 | 8 | 4        | 3 |
| CONTROL WATER                   |  | 7 | 7 | 7 | 2 | 0 | 3 | 4 | 0 | 7 | 6 | 4 | 8 | 0 | 0 | 7 | 7 | 8 | 2 | 3 | 3 | 1 | 3        | 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 |
|                                 |  | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8        | 8 |
|                                 |  | 7 | 8 | 8 | 1 | 1 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 4 | 5 | 5 | 9 | 9 | 0        | 0 |
|                                 |  | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1        | 2 |
|                                 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|---|
| Pheochromocytoma Malignant            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |    |  | 3 |
| Bilateral, Pheochromocytoma Benign    |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 2 |   |    |  |   |
| Bilateral, Pheochromocytoma Malignant |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | 4  |  |   |
| Islets, Pancreatic                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |  |   |
| Adenoma                               |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 3 |   |   |    |  |   |
| Parathyroid Gland                     | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 47 |  |   |
| Adenoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1 |    |  |   |
| Pituitary Gland                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |  |   |
| Leukemia Mononuclear                  |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   | 5 |    |  |   |
| Pars Distalis, Adenoma                | X | X | X | X | X | X | X |   | X | X |   |   | X |   | X | X | X |   | X | X |   | X | X | 30 |  |   |
| Thyroid Gland                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |  |   |
| C-cell, Adenoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |    |  |   |
| C-cell, Carcinoma                     | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |    |  |   |
| Follicular Cell, Adenoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 2 |   |    |  |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5 |   |    |
| Carcinoma       |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 2 |    |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>1<br>2      | 0<br>6<br>4<br>0      | 0<br>7<br>3<br>3      | 0<br>6<br>6<br>4      | 0<br>5<br>5<br>0      | 0<br>7<br>3<br>7      | 0<br>6<br>6<br>4      | 0<br>4<br>5<br>8      | 0<br>5<br>6<br>0      | 0<br>6<br>6<br>0      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>3<br>8      | 0<br>7<br>3<br>2      | 0<br>6<br>7<br>3      | 0<br>6<br>1<br>3      | 0<br>5<br>8<br>1      |                       | 0<br>7<br>4<br>3      |
| ANIMAL ID   | 0<br>1<br>2<br>7<br>2 | 0<br>1<br>2<br>8<br>1 | 0<br>1<br>2<br>8<br>2 | 0<br>1<br>4<br>1<br>2 | 0<br>1<br>4<br>1<br>1 | 0<br>1<br>4<br>4<br>1 | 0<br>1<br>4<br>4<br>2 | 0<br>1<br>4<br>5<br>1 | 0<br>1<br>4<br>5<br>2 | 0<br>1<br>4<br>6<br>1 | 0<br>1<br>4<br>6<br>2 | 0<br>1<br>4<br>6<br>1 | 0<br>1<br>4<br>7<br>2 | 0<br>1<br>4<br>7<br>1 | 0<br>1<br>7<br>8<br>4 | 0<br>1<br>7<br>8<br>1 | 0<br>1<br>7<br>5<br>2 | 0<br>1<br>7<br>5<br>1 | 0<br>1<br>7<br>9<br>1 | 0<br>1<br>7<br>9<br>2 | 0<br>1<br>8<br>0<br>1 | 0<br>1<br>8<br>0<br>2 |
| Squamous Cell Carcinoma                             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Prostate  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Seminal Vesicle                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Testes  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Bilateral, Interstitial Cell, Adenoma               | X                     | X                     |                       | X                     | X                     |                       | X                     | X                     |                       |                       |                       | X                     | X                     | X                     |                       | X                     | X                     | X                     |                       |                       |                       | 27                    |
| Interstitial Cell, Adenoma                          |                       |                       |                       | X                     |                       |                       |                       |                       | X                     | X                     |                       |                       |                       | X                     |                       |                       |                       |                       | X                     | X                     |                       | 10                    |
| <b>HEMATOPOIETIC SYSTEM</b>                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone Marrow   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymph Node  |                       |                       |                       | +                     | +                     |                       |                       |                       | +                     | +                     |                       |                       |                       | +                     | +                     |                       |                       |                       | +                     | +                     | +                     | 24                    |
| Axillary, Leukemia Mononuclear                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Deep Cervical, Leukemia Mononuclear                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Hepatic, Leukemia Mononuclear                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 1                     |
| Inguinal, Leukemia Mononuclear                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lumbar, Histiocytic Sarcoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lumbar, Leukemia Mononuclear                        |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 6                     |
| Mediastinal, Histiocytic Sarcoma                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Mediastinal, Leukemia Mononuclear                   |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       | 9                     |
| Pancreatic, Leukemia Mononuclear                    |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       | X                     | 7                     |
| Renal, Leukemia Mononuclear                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 4                     |
| Lymph Node, Mandibular                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>1<br>2      | 0<br>6<br>4<br>0      | 0<br>7<br>3<br>3      | 0<br>6<br>6<br>4      | 0<br>5<br>5<br>0      | 0<br>7<br>3<br>7      | 0<br>6<br>6<br>4      | 0<br>4<br>5<br>8      | 0<br>5<br>6<br>0      | 0<br>6<br>2<br>0      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>3<br>8      | 0<br>7<br>3<br>2      | 0<br>6<br>7<br>3      | 0<br>6<br>1<br>3      | 0<br>6<br>8<br>1      |                       | 0<br>5<br>4<br>3      |
| ANIMAL ID   | 0<br>1<br>2<br>7<br>2 | 0<br>1<br>2<br>8<br>1 | 0<br>1<br>2<br>8<br>2 | 0<br>1<br>4<br>1<br>2 | 0<br>1<br>4<br>1<br>1 | 0<br>1<br>4<br>4<br>1 | 0<br>1<br>4<br>4<br>2 | 0<br>1<br>4<br>5<br>1 | 0<br>1<br>4<br>5<br>2 | 0<br>1<br>4<br>6<br>1 | 0<br>1<br>4<br>6<br>2 | 0<br>1<br>4<br>7<br>1 | 0<br>1<br>4<br>7<br>2 | 0<br>1<br>4<br>8<br>1 | 0<br>1<br>7<br>8<br>4 | 0<br>1<br>7<br>8<br>2 | 0<br>1<br>7<br>9<br>1 | 0<br>1<br>7<br>9<br>2 | 0<br>1<br>7<br>9<br>1 | 0<br>1<br>7<br>9<br>2 | 0<br>1<br>8<br>0<br>1 | 0<br>1<br>8<br>0<br>2 |
| Histiocytic Sarcoma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       |                       | X                     | X                     |                       | X                     |                       |                       |                       |                       |                       | 11                    |
| Lymph Node, Mesenteric                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       | X                     | X                     |                       |                       |                       | X                     |                       |                       | X                     |                       |                       | 10                    |
| Spleen  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Histiocytic Sarcoma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       | X                     |                       | X                     |                       | X                     | X                     | X                     | X                     | X                     |                       | X                     |                       |                       | X                     | X                     |                       | 26                    |
| Thymus  | +                     | +                     | +                     | M                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 8                     |
| <b>INTEGUMENTARY SYSTEM</b>                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mammary Gland                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | M                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Fibroadenoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 1                     |
| Leukemia Mononuclear                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Skin  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Fibroma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Granular Cell Tumor Benign                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Keratoacanthoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lipoma  |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>MUSCULOSKELETAL SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone, Femur   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Skeletal Muscle                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       | 2                     |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST | FISCHER 344 RATS-NCTR RATS MALE CONTROL WATER |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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 |
| 7           | 7   | 7 | 7 | 6 | 6 | 7 | 6 | 5 | 7 | 6 | 4 | 5 | 6 | 6 | 7 | 7 | 6 | 7 | 6 | 6 | 6         | 5 | 7               | 1 |   |
| 3           | 3   | 3 | 3 | 1 | 4 | 3 | 6 | 5 | 3 | 7 | 9 | 6 | 2 | 5 | 3 | 3 | 3 | 3 | 7 | 1 | 8         | 4 | 3               | 2 |   |
| 7           | 7   | 7 | 7 | 2 | 0 | 3 | 4 | 0 | 7 | 6 | 4 | 8 | 0 | 0 | 7 | 7 | 8 | 2 | 3 | 3 | 1         | 3 | 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               | 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 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7         | 8 | 8               | 2 |   |
| 7           | 8   | 8 | 1 | 1 | 1 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 4 | 5 | 5 | 9 | 9         | 0 | 0               | 1 |   |
| 2           | 1   | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1         | 2 | 1               | 2 |   |
|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>* TOTALS</b> |   |   |

**NERVOUS SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear       |   |   |   |   |   |   |   | X |   |   | X | X |   |   |   |   |   |   |   |   |   |   | 5  |
| Brain, Cerebellum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Brain, Cerebrum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear       |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Peripheral Nerve           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Histiocytic Sarcoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear |   |   |   |   | X |   | X |   | X | X | X | X | X |   | X |   |   | X | X |   | X |   | 24 |
| Nose                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Trachea              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

**SPECIAL SENSES SYSTEM**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 47 |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                        | FISCHER 344 RATS-NCTR RATS MALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | * TOTALS |      |
|------------------------------------|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------|------|
|                                    | 0737                            | 0737 | 0737 | 0662 | 0660 | 0763 | 0664 | 0550 | 0757 | 0664 | 0498 | 0562 | 0665 | 0737 | 0737 | 0668 | 0763 | 0663 | 0663 | 0661 |           |          | 0543 |
| CONTROL WATER                      | 0127                            | 0118 | 0118 | 0114 | 0114 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111      | 0111     |      |
| Harderian Gland                    | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +        | 48   |
| Leukemia Mononuclear               |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 1    |
| <b>URINARY SYSTEM</b>              |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          |      |
| Kidney                             | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +        | 48   |
| Leukemia Mononuclear               |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 4    |
| Renal Tubule, Adenoma              |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 1    |
| Urethra                            |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 1    |
| Urinary Bladder                    | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +        | 48   |
| Leukemia Mononuclear               |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 4    |
| Transitional Epithelium, Papilloma |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 1    |
| <b>SYSTEMIC LESIONS</b>            |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          |      |
| Multiple Organ                     | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +        | 48   |
| Histiocytic Sarcoma                |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 1    |
| Leukemia Mononuclear               |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |          | 27   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|  | 0596        | 0737 | 0737 | 0650 | 0725 | 0672 | 0748 | 0774 | 0777 | 0638 | 0633 | 0627 | 0666 | 0665 | 0724 | 0464 | 0676 | 0774 | 0466 | 0699 | 0733 | 0733 | 0733 | 0733 |           |                    |
|  | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0001      |                    |
|  | 6000        | 6000 | 7000 | 7000 | 5222 | 5566 | 7777 | 1568 | 1588 | 2644 | 2555 | 1667 | 1667 | 2799 | 1111 | 2222 | 1333 | 2888 | 3333 | 1444 | 2333 | 1888 | 1444 | 1222 | 1111      |                    |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon<br>Leukemia Mononuclear        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Lymphoid Tissue, Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + |
| Intestine Large, Colon  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon<br>Leukemia Mononuclear       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small<br>Mesothelioma Malignant                       |   |   |   |   |   | + | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + |
| Intestine Small, Ileum  | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + |
| Intestine Small, Jejunum<br>Carcinoma                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | M | + | + | + |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|  | 0596        | 0737 | 0737 | 0650 | 0725 | 0672 | 0743 | 0778 | 0778 | 0666 | 0666 | 0747 | 0467 | 0467 | 0677 | 0770 | 0469 | 0699 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |           |                    |
|  | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0001 |      |           |                    |
| Cholangiocarcinoma                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Hepatocellular Adenoma                                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Histiocytic Sarcoma                                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Leukemia Mononuclear                                   | X           |      | X    |      |      |      |      |      | X    | X    |      | X    | X    |      | X    | X    |      |      |      | X    | X    | X    | X    |      |      |           |                    |
| Mesentery  |             |      |      |      |      |      | +    |      |      |      |      |      |      |      | +    |      |      |      |      |      |      |      |      |      |      |           |                    |
| Leukemia Mononuclear                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Mesothelioma Malignant                                 |             |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Oral Mucosa  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Squamous Cell Papilloma                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Pancreas   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Leukemia Mononuclear                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Mesothelioma Malignant                                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Mixed Tumor Benign                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Acinar Cell, Adenoma                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Proximal Colon   | +           | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | M    | +    | +    | +    | +    |      |           |                    |
| Salivary Glands  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Leukemia Mononuclear                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Sublingual Gland, Adenoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Stomach, Forestomach                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Squamous Cell Papilloma                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Stomach, Glandular                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |

**CARDIOVASCULAR SYSTEM**

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males<br>(cont...) |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
|  | 0596        | 0737  | 0737  | 0650  | 0725  | 0672  | 0743  | 0778  | 0737  | 0667  | 0666  | 0774  | 0667  | 0665  | 0722  | 0470  | 0637  | 0770  | 0469  | 0699  | 0733  | 0733  | 0733  | 0733  | 0737  |                    |
| ANIMAL ID  | 00061       | 00072 | 00071 | 00022 | 00051 | 00022 | 00061 | 00022 | 00031 | 00032 | 00054 | 00052 | 00011 | 00022 | 00012 | 00091 | 00022 | 00011 | 00022 | 00071 | 00072 | 00083 | 00082 | 00084 | 00011 |                    |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Leukemia Mononuclear                                   |             | X     |       | X     |       |       |       |       |       |       | X     |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       |                    |
| Schwannoma Malignant                                   |             | X     |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
| Pericardium, Osteosarcoma, Metastatic, Bone            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |                    |
| <b>ENDOCRINE SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Adenoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
| Leukemia Mononuclear                                   |             | X     |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |                    |
| Mesothelioma Malignant                                 |             |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Leukemia Mononuclear                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |       |       |       |       |       | X     |                    |
| Pheochromocytoma Malignant                             |             |       |       |       | X     |       |       |       |       |       |       |       |       |       | X     | X     |       |       |       | X     |       |       | X     |       |       |                    |
| Bilateral, Pheochromocytoma Malignant                  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |                    |
| Islets, Pancreatic                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Adenoma  |             |       |       |       |       |       |       |       | X     |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       | X     |                    |
| Parathyroid Gland                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Adenoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |                    |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |
| Leukemia Mononuclear                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
| Pars Distalis, Adenoma                                 | X           | X     |       | X     | X     | X     |       | X     | X     |       | X     |       | X     |       | X     |       | X     | X     | X     | X     |       | X     |       |       |       |                    |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                 |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males<br>(cont...) |
|---------------------------------|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
| FISCHER 344 RATS-NCTR RATS MALE |  | 0596        | 0737  | 0737  | 0650  | 0725  | 0672  | 0743  | 0778  | 0733  | 0733  | 0622  | 0666  | 0665  | 0722  | 0474  | 0664  | 0737  | 0770  | 0499  | 0693  | 0733  | 0733  | 0733  | 0737  |                    |
| ALOEWHOLLEAF 0.5                |  | 00061       | 00072 | 00071 | 00072 | 00051 | 00052 | 00061 | 00062 | 00061 | 00062 | 00033 | 00033 | 00055 | 00055 | 00055 | 00055 | 00066 | 00066 | 00077 | 00077 | 00077 | 00088 | 00088 | 00088 |                    |
| ANIMAL ID                       |  | 00061       | 00072 | 00071 | 00072 | 00051 | 00052 | 00061 | 00062 | 00061 | 00062 | 00033 | 00033 | 00055 | 00055 | 00055 | 00055 | 00066 | 00066 | 00077 | 00077 | 00077 | 00088 | 00088 | 00088 | 00088              |

C-cell, Adenoma  
 C-cell, Carcinoma  
 Follicular Cell, Adenoma

X X X X

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesothelioma Malignant                |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Penis                                 |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Preputial Gland                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                               |   |   | X |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Prostate                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Seminal Vesicle                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesothelioma Malignant                |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Testes                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesothelioma Malignant                |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bilateral, Interstitial Cell, Adenoma |   | X | X |   |   | X |   | X |   | X |   |   | X | X | X | X | X |   |   | X | X | X | X | X | X | X | X |
| Interstitial Cell, Adenoma            |   |   |   | X | X | X |   |   | X |   | X |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 | 0 | 0 | 0                  |
|--|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | ANIMAL ID | 5 | 7 | 7 | 6 | 7 | 6 | 7 | 4 | 7 | 7 | 6 | 6 | 6 | 7 | 4 | 6 | 7 | 7 | 4 | 6 | 7 | 7 | 7 | 7 | 7                  |
|  |           | 9 | 3 | 3 | 5 | 2 | 1 | 3 | 8 | 3 | 3 | 2 | 6 | 5 | 2 | 7 | 0 | 3 | 0 | 9 | 9 | 3 | 3 | 3 | 3 | 3                  |
|  |           | 6 | 7 | 7 | 0 | 5 | 2 | 7 | 0 | 7 | 7 | 7 | 6 | 9 | 4 | 4 | 6 | 7 | 2 | 7 | 0 | 7 | 7 | 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 | 3 | 3 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8                  |
|  |           | 6 | 6 | 7 | 7 | 5 | 5 | 6 | 6 | 8 | 8 | 4 | 4 | 5 | 5 | 9 | 9 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4                  |
|  |           | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1                  |
|  |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |

**HEMATOPOIETIC SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Histiocytic Sarcoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                          |   |   |   | + | + |   |   |   |   |   |   |   |   |   | + |   | + |   |   | + |   |   |   |   |   |   |
| Axillary, Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Deep Cervical, Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Histiocytic Sarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Leukemia Mononuclear   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Leukemia Mononuclear    |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Histiocytic Sarcoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Leukemia Mononuclear         |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymph Node, Mesenteric              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   | X |   | X |   |   |   |   |   |   | X |   | X |   |   | X |   |   |   |   |   |   |   | X |   |
| Spleen                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear                |   |   | X |   | X |   |   |   |   | X |   | X |   | X | X |   | X | X |   |   | X | X |   | X | X |   |
| Mesothelioma Malignant              |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | M |   | + |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                 |                  | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |      |      |
|---------------------------------|------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|------|------|
|                                 |                  | 0596        | 0737 | 0737 | 0650 | 0725 | 0672 | 0743 | 0778 | 0733 | 0838 | 0733 | 0722 | 0666 | 0665 | 0722 | 0744 | 0664 | 0773 | 0774 | 0469 | 0699 | 0733 | 0733 | 0733 |                    | 0733 | 0733 |
| FISCHER 344 RATS-NCTR RATS MALE | ALOEWHOLLEAF 0.5 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
|                                 |                  | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
|                                 |                  | 0006        | 0007 | 0007 | 0007 | 0007 | 0006 | 0007 | 0004 | 0007 | 0007 | 0006 | 0006 | 0006 | 0007 | 0004 | 0006 | 0007 | 0007 | 0004 | 0006 | 0007 | 0007 | 0003 | 0003 | 0003               | 0003 | 0003 |
|                                 |                  | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000               | 0000 | 0001 |
|                                 |                  | 0006        | 0007 | 0007 | 0005 | 0005 | 0006 | 0006 | 0008 | 0008 | 0004 | 0004 | 0005 | 0005 | 0009 | 0009 | 0001 | 0001 | 0002 | 0002 | 0003 | 0003 | 0003 | 0004 | 0004 | 0004               | 0001 | 0001 |
|                                 |                  | 12          | 11   | 12   | 12   | 12   | 11   | 12   | 11   | 12   | 12   | 12   | 11   | 12   | 11   | 12   | 11   | 12   | 11   | 12   | 11   | 12   | 11   | 12   | 11   | 12                 | 11   |      |

**INTEGUMENTARY SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroadenoma                 |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin                         |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basal Cell Carcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Keratoacanthoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sebaceous Gland, Adenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibroma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**MUSCULOSKELETAL SYSTEM**

|                        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteoma                |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Rib, Osteosarcoma      |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Bone, Femur            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesothelioma Malignant |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

**NERVOUS SYSTEM**

|                      |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem    |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|  | 0596        | 0737 | 0737 | 0650 | 0725 | 0672 | 0743 | 0778 | 0733 | 0733 | 0626 | 0665 | 0722 | 0474 | 0646 | 0737 | 0740 | 0469 | 0699 | 0733 | 0733 | 0733 | 0733 | 0733 |           |                    |
|  | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0001      |                    |
|  | 0006        | 0067 | 0077 | 0007 | 0025 | 0056 | 0068 | 0088 | 0038 | 0038 | 0055 | 0055 | 0055 | 0066 | 0066 | 0077 | 0077 | 0077 | 0077 | 0088 | 0088 | 0088 | 0088 | 0044 | 0011      |                    |
|  | 1212        | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212 | 2212 | 1212      |                    |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Cerebellum<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Brain, Cerebrum<br>Leukemia Mononuclear   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Peripheral Nerve                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |
| Spinal Cord<br>Leukemia Mononuclear       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**RESPIRATORY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung<br>Alveolar/Bronchiolar Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Osteosarcoma, Metastatic, Bone       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Nose<br>Leukemia Mononuclear         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lacrimal Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|  |                         | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | males<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 |  |                    |
|  |                         | 5           | 7 | 7 | 6 | 7 | 6 | 7 | 4 | 7 | 7 | 6 | 6 | 6 | 7 | 4 | 6 | 7 | 7 | 4 | 6 | 7 | 7 | 7 | 7 |  |                    |
| <b>FISCHER 344 RATS-NCTR RATS MALE</b> |                         | 9           | 3 | 3 | 5 | 2 | 1 | 3 | 8 | 3 | 3 | 2 | 6 | 5 | 2 | 7 | 0 | 3 | 0 | 9 | 9 | 3 | 3 | 3 | 3 |  |                    |
|  | <b>ALOEWHOLLEAF 0.5</b> | 6           | 7 | 7 | 0 | 5 | 2 | 7 | 0 | 7 | 7 | 7 | 6 | 9 | 4 | 4 | 6 | 7 | 2 | 7 | 0 | 7 | 7 | 7 | 7 |  |                    |
|  | 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 | 2 | 2 | 2 | 2 | 3 | 3 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 |  |                    |
|  |                         | 6           | 6 | 7 | 7 | 5 | 5 | 6 | 6 | 8 | 8 | 4 | 4 | 5 | 5 | 9 | 9 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 |  |                    |
|  |                         | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 |  |                    |

Squamous Cell Carcinoma, Metastatic,  
 Zymbal'S Gland

X

Zymbal's Gland  
 Squamous Cell Carcinoma

+

+

X

X

**URINARY SYSTEM**

Kidney  
 Leukemia Mononuclear

+ +

Urinary Bladder  
 Leukemia Mononuclear  
 Transitional Epithelium, Papilloma

+  
 X  
 X

**SYSTEMIC LESIONS**

Multiple Organ  
 Histiocytic Sarcoma  
 Leukemia Mononuclear  
 Mesothelioma Malignant

+  
 X X X  
 X X X X X X X X X X

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>7      | 0<br>6<br>1<br>7      | 0<br>6<br>2<br>4      | 0<br>6<br>3<br>2      | 0<br>6<br>9<br>2      | 0<br>6<br>6<br>9      | 0<br>6<br>1<br>3      | 0<br>5<br>4<br>2      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>5<br>6<br>3      | 0<br>6<br>5<br>8      | 0<br>6<br>9<br>9      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>5<br>5<br>8      | 0<br>5<br>9<br>2      | 0<br>5<br>9<br>2      | 0<br>5<br>4<br>4      | 0<br>6<br>9<br>0      |                       | 0<br>5<br>7<br>1      |
| ANIMAL ID  | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>2<br>1 | 0<br>1<br>0<br>2<br>1 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>3<br>1 | 0<br>1<br>3<br>3<br>2 | 0<br>1<br>3<br>5<br>2 | 0<br>1<br>3<br>5<br>2 | 0<br>1<br>3<br>5<br>2 | 0<br>1<br>3<br>6<br>1 | 0<br>1<br>3<br>6<br>3 | 0<br>1<br>5<br>6<br>3 | 0<br>1<br>5<br>6<br>4 | 0<br>1<br>5<br>6<br>1 | 0<br>1<br>5<br>6<br>2 | 0<br>1<br>6<br>6<br>1 | 0<br>1<br>6<br>6<br>1 | 0<br>1<br>8<br>8<br>1 | 0<br>1<br>8<br>8<br>5 | 0<br>1<br>8<br>8<br>7 | 0<br>1<br>8<br>8<br>1 | 0<br>1<br>8<br>8<br>2 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|----|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +       | 48 |
| Intestine Large, Ascending Colon<br>Leukemia Mononuclear        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | X | + | + | 47<br>1 |    |
| Intestine Large, Cecum<br>Lymphoid Tissue, Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | X | + | A | 45<br>1 |    |
| Intestine Large, Colon  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | 1       |    |
| Intestine Large, Descending Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | 46      |    |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 47      |    |
| Intestine Large, Transverse Colon<br>Leukemia Mononuclear       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | X | + | + | 47<br>1 |    |
| Intestine Small<br>Mesothelioma Malignant                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1<br>1  |    |
| Intestine Small, Duodenum                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 46      |    |
| Intestine Small, Ileum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 45      |    |
| Intestine Small, Jejunum<br>Carcinoma                           | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | 44<br>1 |    |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |    |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |    |    |
|--|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|----|
|  | 07          | 06 | 06 | 06 | 06 | 06 | 06 | 05 | 07 | 07 | 05 | 06 | 06 | 07 | 07 | 07 | 05 | 05 | 05 | 05 |          | 06 | 05 | 05 |
| ANIMAL ID  | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01       | 01 | 01 |    |
| Cholangiocarcinoma                                     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | X  | 1  |
| Hepatocellular Adenoma                                 |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Histiocytic Sarcoma                                    |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Leukemia Mononuclear                                   |             | X  |    |    | X  | X  |    | X  |    |    |    | X  |    |    |    |    |    |    |    | X  | X        |    |    | 19 |
| Mesentery  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 10 |
| Leukemia Mononuclear                                   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Mesothelioma Malignant                                 |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 2  |
| Oral Mucosa  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Squamous Cell Papilloma                                |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Pancreas   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 48 |
| Leukemia Mononuclear                                   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 3  |
| Mesothelioma Malignant                                 |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Mixed Tumor Benign                                     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Acinar Cell, Adenoma                                   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Proximal Colon   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 44 |
| Salivary Glands  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 48 |
| Leukemia Mononuclear                                   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Sublingual Gland, Adenoma                              |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Stomach, Forestomach                                   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 47 |
| Squamous Cell Papilloma                                |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |
| Stomach, Glandular                                     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 47 |

**CARDIOVASCULAR SYSTEM**

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                                 | FISCHER 344 RATS-NCTR RATS MALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |  |
|---|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|--|
|   | 0737                            | 0667 | 0664 | 0662 | 0662 | 0669 | 0661 | 0664 | 0663 | 0667 | 0667 | 0663 | 0668 | 0669 | 0667 | 0667 | 0668 | 0662 | 0662 | 0664 |          | 0660 | 0661 | 0669 | 0668 |  |
| ANIMAL ID                                   | ALOEWHOLLEAF 0.5                |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |  |
|   | 0100                            | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100     | 0100 | 0100 | 0100 | 0100 |  |
| Blood Vessel                                | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 48   |  |
| Heart                                       | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 48   |  |
| Leukemia Mononuclear                        |                                 | X    |      |      | X    |      |      | X    |      |      |      |      |      |      |      |      |      |      |      | X    | X        |      |      | 10   |      |  |
| Schwannoma Malignant                        |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 2    |      |  |
| Pericardium, Osteosarcoma, Metastatic, Bone |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |      |  |
| <b>ENDOCRINE SYSTEM</b>                     |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |  |
| Adrenal Cortex                              | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 48   |  |
| Adenoma                                     |                                 |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |      |  |
| Leukemia Mononuclear                        |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |          |      |      | 3    |      |  |
| Mesothelioma Malignant                      |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |      |  |
| Adrenal Medulla                             | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +        | +    | +    | 47   |      |  |
| Leukemia Mononuclear                        |                                 |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        |      |      | 5    |      |  |
| Pheochromocytoma Malignant                  | X                               | X    |      |      |      |      |      |      | X    | X    |      | X    |      |      |      |      |      |      |      |      |          |      |      | 10   |      |  |
| Bilateral, Pheochromocytoma Malignant       |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 2    |      |  |
| Islets, Pancreatic                          | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | 48   |      |  |
| Adenoma                                     |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    |      | 4    |      |  |
| Parathyroid Gland                           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | 48   |      |  |
| Adenoma                                     |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |      |  |
| Pituitary Gland                             | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | 48   |      |  |
| Leukemia Mononuclear                        |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        |      |      | 1    |      |  |
| Pars Distalis, Adenoma                      | X                               |      |      | X    | X    |      | X    | X    |      | X    | X    | X    | X    |      | X    | X    |      | X    |      |      | X        | X    | X    | 30   |      |  |
| Thyroid Gland                               | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +        | +    | +    | 47   |      |  |

\* .. 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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TDMS No. 20116 - 03  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|
|  | 07          | 06  | 06  | 06  | 06  | 06  | 06  | 05  | 07  | 07  | 05  | 06  | 06  | 07  | 07  | 07  | 05  | 05  | 05  | 05  |          | 06  | 05  |
| ANIMAL ID  | 037         | 017 | 024 | 032 | 092 | 069 | 013 | 042 | 037 | 037 | 063 | 058 | 099 | 037 | 037 | 037 | 058 | 052 | 099 | 044 | 090      | 071 | 098 |
|  | 010         | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011      | 011 | 011 |
|  | 001         | 000 | 000 | 001 | 001 | 003 | 003 | 003 | 003 | 003 | 005 | 005 | 005 | 005 | 005 | 005 | 006 | 006 | 008 | 008 | 008      | 008 | 008 |
|  | 021         | 021 | 022 | 021 | 029 | 023 | 023 | 025 | 025 | 026 | 026 | 023 | 024 | 021 | 022 | 021 | 022 | 021 | 025 | 025 | 027      | 027 | 022 |

|                          |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |   |   |
|--------------------------|---|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|---|---|
| C-cell, Adenoma          | X | X |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |   |  | 7 |   |
| C-cell, Carcinoma        |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |   | 1 |
| Follicular Cell, Adenoma |   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  | X |  |   | 1 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Mesothelioma Malignant                |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   | 3  |
| Penis                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 4  |
| Squamous Cell Carcinoma               |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   | 2  |
| Squamous Cell Papilloma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Prostate                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |
| Seminal Vesicle                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Mesothelioma Malignant                |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Testes                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Mesothelioma Malignant                |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 2  |
| Bilateral, Interstitial Cell, Adenoma |   | X |   |   | X | X | X | X | X |   |   |   | X | X | X |   |   |   |   |   |   | X | 25 |
| Interstitial Cell, Adenoma            | X |   | X | X |   |   |   |   |   | X | X |   |   |   |   | X |   |   | X | X |   |   | 14 |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|  | 0737        | 0667 | 0664 | 0662 | 0662 | 0669 | 0661 | 0663 | 0662 | 0667 | 0667 | 0665 | 0666 | 0667 | 0667 | 0667 | 0665 | 0665 | 0665 | 0665 |          | 0666 |
| ANIMAL ID  | 0100        | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100     | 0100 |
|  | 1100        | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100 | 1100     | 1100 |
|  | 2100        | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100 | 2100     | 2100 |

**HEMATOPOIETIC SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Bone Marrow                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Histiocytic Sarcoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |    |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X  | 3  |
| Lymph Node                          |   |   | + |   |   | + |   |   |   | + |   |   | + | + | + |   |   |   |   |   | + |   | +  | 13 |
| Axillary, Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1  |
| Deep Cervical, Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1  |
| Lumbar, Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1  |
| Mediastinal, Histiocytic Sarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1  |
| Mediastinal, Leukemia Mononuclear   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 3  |
| Pancreatic, Leukemia Mononuclear    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 2  |
| Renal, Histiocytic Sarcoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1  |
| Renal, Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2  |
| Lymph Node, Mandibular              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 7  |
| Lymph Node, Mesenteric              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 10 |
| Spleen                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Hemangiosarcoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1  |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 20 |
| Mesothelioma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 2  |
| Thymus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 3  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 | 0               | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS MALE</b> | 7 | 3 | 1 | 2 | 3 | 9 | 6 | 1 | 4 | 3 | 3 | 6 | 5 | 9 | 3 | 3 | 3 | 5 | 9 | 9 | 4 | 9 | 7 | 9               | 8 |   |   |   |
|  | 7 | 7 | 4 | 2 | 2 | 9 | 3 | 2 | 7 | 7 | 3 | 8 | 9 | 7 | 7 | 7 | 8 | 2 | 2 | 4 | 0 | 1 | 1 | 8               |   |   |   |   |
| <b>ALOEWHOLLEAF 0.5</b>                | 0 | 0 | 0 | 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 |   |
|  | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 8 | 8 | 8 | 8 | 8 | 8               | 8 | 8 | 8 |   |
|  | 1 | 2 | 2 | 9 | 9 | 3 | 3 | 5 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 6 | 6 | 1 | 1 | 5 | 5 | 7 | 7 | 7               | 7 | 7 |   |   |
|  | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1               | 2 | 1 | 2 |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |   |   |

**INTEGUMENTARY SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|---|---|
| Mammary Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 46 |    |   |   |
| Adenocarcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |    |    |   | 1 |
| Fibroadenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4  |   |   |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |   |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48 |   |   |
| Basal Cell Carcinoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |   |
| Fibroma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | X  | 1 |   |
| Keratoacanthoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |   |
| Sebaceous Gland, Adenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |   |
| Subcutaneous Tissue, Fibroma |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |   |

**MUSCULOSKELETAL SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Osteoma                |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Rib, Osteosarcoma      |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Bone, Femur            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Skeletal Muscle        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Mesothelioma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |

**NERVOUS SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Brain, Brain Stem    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Leukemia Mononuclear |   | X |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 4 |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                    | FISCHER 344 RATS-NCTR RATS MALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
|--------------------------------|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|
|                                | 0737                            | 0617 | 0624 | 0632 | 0669 | 0669 | 0613 | 0542 | 0737 | 0737 | 0533 | 0668 | 0669 | 0737 | 0737 | 0737 | 0558 | 0559 | 0599 | 0544 |          | 0690 | 0571 |
| ANIMAL ID                      | ALOEWHOLLEAF 0.5                |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
|                                | 0100                            | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111     | 0111 | 0111 |
| Brain, Cerebellum              | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    |
| Leukemia Mononuclear           |                                 | X    |      |      | X    |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Brain, Cerebrum                | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    |
| Leukemia Mononuclear           |                                 | X    |      |      | X    |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Peripheral Nerve               |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Spinal Cord                    |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Leukemia Mononuclear           |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| <b>RESPIRATORY SYSTEM</b>      |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Lung                           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    |
| Alveolar/Bronchiolar Adenoma   |                                 |      |      |      |      |      |      |      |      |      |      |      |      | X    |      | X    | X    |      |      |      |          |      |      |
| Leukemia Mononuclear           |                                 | X    |      |      | X    | X    |      | X    |      |      |      |      |      |      |      |      |      |      | X    | X    |          |      |      |
| Osteosarcoma, Metastatic, Bone |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Nose                           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    |
| Leukemia Mononuclear           |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |          |      |      |
| Trachea                        | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    |
| <b>SPECIAL SENSES SYSTEM</b>   |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Eye                            | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +        | +    | +    |
| Harderian Gland                | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    |
| Lacrimal Gland                 |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 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 | 0 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | ANIMAL ID   | 7 | 6 | 6 | 6 | 6 | 6 | 5 | 7 | 7 | 5 | 6 | 6 | 7 | 7 | 7 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 |
|  |             | 3 | 1 | 2 | 3 | 9 | 6 | 1 | 4 | 3 | 3 | 6 | 5 | 9 | 3 | 3 | 3 | 5 | 9 | 9 | 4 | 9 | 7 | 9 |
|  |             | 7 | 7 | 4 | 2 | 2 | 9 | 3 | 2 | 7 | 7 | 3 | 8 | 9 | 7 | 7 | 8 | 2 | 2 | 4 | 0 | 1 | 8 |   |
|  |             | 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 |
|  |             | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 8 | 8 | 8 | 8 | 8 | 8 |
|  |             | 1 | 2 | 2 | 9 | 9 | 3 | 3 | 5 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 6 | 6 | 1 | 1 | 5 | 5 | 7 | 7 |
|  |             | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Squamous Cell Carcinoma, Metastatic, Zymbal'S Gland 1

Zymbal's Gland Squamous Cell Carcinoma 2

**URINARY SYSTEM**

Kidney Leukemia Mononuclear 48

Urinary Bladder Leukemia Mononuclear 48  
 Transitional Epithelium, Papilloma 2  
1

**SYSTEMIC LESIONS**

Multiple Organ Histiocytic Sarcoma 48  
 Leukemia Mononuclear 1  
 Mesothelioma Malignant 21  
3

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 | 0 | 0 | 0 | males<br>(cont...) |
|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
| FISCHER 344 RATS-NCTR RATS<br>MALE |  | 6 | 6 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 6 | 7 | 6 | 6 | 6 | 7 | 6 | 7 | 7 | 6 | 6 | 5 | 6 | 6 | 7 | 5 |                    |
| ALOEWHOLLEAF 1.0                   |  | 6 | 3 | 3 | 3 | 3 | 2 | 8 | 3 | 3 | 2 | 3 | 7 | 8 | 8 | 0 | 9 | 3 | 3 | 6 | 6 | 7 | 2 | 9 | 3 | 1 |                    |
| ANIMAL ID                          |  | 2 | 4 | 7 | 7 | 7 | 8 | 7 | 7 | 7 | 7 | 7 | 0 | 0 | 4 | 6 | 0 | 7 | 7 | 2 | 5 | 7 | 1 | 7 | 7 | 9 |                    |
|                                    |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
|                                    |  | 0 | 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 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 0 |                    |
|                                    |  | 5 | 5 | 6 | 6 | 8 | 8 | 3 | 3 | 4 | 4 | 9 | 9 | 0 | 0 | 2 | 2 | 5 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 6 |                    |
|                                    |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |                    |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           |   |   |   | X |   |   |   | X | X |   | X |   |   | X |   | X | X | X |   | X |   |   |   | X |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyoma                         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Colon            |   | + |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma                           |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma                         |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + |   |
| Adenoma                           |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males<br>(cont...) |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|
|  | 062         | 063 | 067 | 067 | 067 | 065 | 066 | 067 | 067 | 067 | 066 | 067 | 066 | 066 | 066 | 067 | 066 | 067 | 067 | 066 | 066 | 065 | 066 | 066 | 067 |           |                    |
| Intestine Small, Jejunum                               | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | A   | A   | +   | +   | +   | +   | +         |                    |
| Liver<br>Leukemia Mononuclear                          | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |
| Mesentery<br>Leukemia Mononuclear                      |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Oral Mucosa<br>Sarcoma<br>Squamous Cell Papilloma      |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Pancreas<br>Leukemia Mononuclear                       | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |
| Proximal Colon<br>Adenoma<br>Carcinoma                 | +           | +   | +   | +   | +   | M   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |
| Salivary Glands<br>Leukemia Mononuclear                | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |
| Stomach, Forestomach                                   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |
| Stomach, Glandular                                     | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |
| <b>CARDIOVASCULAR SYSTEM</b>                           |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Blood Vessel   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                    |

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

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

TDMS No. 20116 - 03  
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 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males<br>(cont...) |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|
|  | 062         | 063 | 067 | 067 | 067 | 065 | 066 | 067 | 067 | 067 | 066 | 067 | 066 | 066 | 067 | 066 | 067 | 067 | 066 | 066 | 065 | 066 | 066 | 067 | 065 |           |                    |
|  | 0           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 001       |                    |
|  | 1           | 1   | 1   | 1   | 1   | 1   | 3   | 3   | 3   | 3   | 4   | 4   | 5   | 5   | 5   | 5   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9   | 0   | 001       |                    |
|  | 5           | 5   | 6   | 6   | 8   | 8   | 3   | 3   | 4   | 4   | 9   | 9   | 0   | 0   | 2   | 2   | 5   | 5   | 6   | 6   | 3   | 3   | 4   | 4   | 6   | 001       |                    |
|  | 1           | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 001       |                    |

Heart  
 Leukemia Mononuclear  
 Schwannoma Malignant

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X |
| Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |

**ENDOCRINE SYSTEM**

Adrenal Cortex  
 Adenoma  
 Leukemia Mononuclear

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Leukemia Mononuclear |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |

Adrenal Medulla  
 Leukemia Mononuclear  
 Pheochromocytoma Benign  
 Pheochromocytoma Malignant  
 Bilateral, Pheochromocytoma Benign  
 Bilateral, Pheochromocytoma Malignant

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Medulla                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Pheochromocytoma Benign               |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pheochromocytoma Malignant            |   | X | X |   |   |   |   |   |   | X | X |   |   | X | X |   |   |   |   |   |   |   | X |   |   |
| Bilateral, Pheochromocytoma Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bilateral, Pheochromocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

Islets, Pancreatic  
 Adenoma

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |

Parathyroid Gland

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Pituitary Gland  
 Leukemia Mononuclear  
 Pars Distalis, Adenoma

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pituitary Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pars Distalis, Adenoma | X | X |   | X |   | X | X | X |   |   |   | X |   |   |   |   | X |   | X |   |   |   | X | X |   |

Thyroid Gland  
 C-cell, Adenoma  
 C-cell, Carcinoma  
 Follicular Cell, Adenoma

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Adenoma          |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| C-cell, Carcinoma        |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males<br>(cont...) |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|
|  | 062         | 063 | 067 | 067 | 067 | 065 | 066 | 067 | 067 | 066 | 067 | 066 | 066 | 066 | 067 | 066 | 067 | 066 | 066 | 065 | 066 | 066 | 067 | 065 |           |                    |
|  | 2           | 4   | 7   | 7   | 7   | 8   | 7   | 7   | 7   | 7   | 7   | 0   | 0   | 4   | 6   | 0   | 3   | 7   | 2   | 5   | 7   | 1   | 7   | 9   |           |                    |
|  | 001         | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 | 001 |           |                    |
|  | 51          | 52  | 61  | 62  | 81  | 82  | 31  | 32  | 34  | 39  | 21  | 22  | 51  | 52  | 21  | 22  | 51  | 52  | 61  | 62  | 31  | 32  | 41  | 61  |           |                    |

Follicular Cell, Carcinoma

**GENERAL BODY SYSTEM**

Tissue NOS  
 Scrotal, Mesothelioma Malignant

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis<br>Mesothelioma Malignant  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland<br>Adenoma<br>Carcinoma<br>Squamous Cell Papilloma                                      | + | + | + | + | + | + | + | + | X | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + |
| Prostate  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes<br>Mesothelioma Malignant<br>Bilateral, Interstitial Cell, Adenoma<br>Interstitial Cell, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   | X |   | X |   | X | X |   | X |   | X | X | X | X | X |   |   | X | X |   | X | X |
|   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   | X | X |   |   |   | X |   |

**HEMATOPOIETIC SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                                     |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
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Date Report Requested: 01/15/2010  
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| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males<br>(cont...) |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|
|  | 062         | 063 | 067 | 067 | 067 | 065 | 066 | 067 | 067 | 067 | 066 | 067 | 066 | 066 | 067 | 066 | 067 | 067 | 066 | 066 | 065 | 066 | 066 | 067 | 065 |           |                    |
|  | 0           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 001       |                    |
|  | 0           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 005       |                    |
|  | 1           | 1   | 1   | 1   | 1   | 1   | 3   | 3   | 3   | 3   | 4   | 4   | 5   | 5   | 5   | 5   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9   | 0   | 101       |                    |
|  | 5           | 5   | 6   | 6   | 8   | 8   | 3   | 3   | 4   | 4   | 9   | 9   | 0   | 2   | 2   | 2   | 5   | 5   | 6   | 6   | 3   | 3   | 4   | 4   | 6   | 105       |                    |
|  | 1           | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 101       |                    |
| Lymph Node   |             | +   |     |     | +   |     |     | +   |     |     |     | +   |     | +   | +   | +   | +   | +   |     |     |     |     | +   |     | +   |           |                    |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Axillary, Leukemia Mononuclear                         |             |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Brachial, Leukemia Mononuclear                         |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Cervical, Carcinoma, Metastatic, Thyroid Gland         |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Deep Cervical, Leukemia Mononuclear                    |             |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Iliac, Leukemia Mononuclear                            |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Inguinal, Leukemia Mononuclear                         |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Lumbar, Leukemia Mononuclear                           |             |     |     |     |     |     |     | X   |     |     |     |     | X   |     |     | X   |     |     |     |     |     |     |     | X   |     |           |                    |
| Mediastinal, Leukemia Mononuclear                      |             |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     | X   |     |     |           |                    |
| Pancreatic, Leukemia Mononuclear                       |             |     |     |     |     |     |     |     |     |     |     |     | X   |     |     | X   |     |     |     |     |     |     | X   |     |     | X         |                    |
| Renal, Leukemia Mononuclear                            |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Lymph Node, Mandibular                                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |           |                    |
| Leukemia Mononuclear                                   |             |     | X   |     |     |     | X   |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     | X   |     |     | X         |                    |
| Lymph Node, Mesenteric                                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |           |                    |
| Leukemia Mononuclear                                   |             |     |     |     |     |     | X   |     |     |     |     |     | X   |     |     | X   |     |     |     |     |     | X   |     |     |     | X         |                    |
| Spleen   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |           |                    |
| Leukemia Mononuclear                                   |             |     | X   |     |     |     | X   |     | X   |     |     | X   | X   |     |     | X   | X   |     |     |     |     | X   | X   | X   |     | X         |                    |
| Thymus   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     | M         |                    |
| Leukemia Mononuclear                                   |             |     | X   |     |     |     | X   |     |     |     |     | X   |     |     |     | X   |     |     |     |     |     | X   | X   |     |     |           |                    |
| <b>INTEGUMENTARY SYSTEM</b>                            |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Mammary Gland  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |     |           |                    |
| Adenocarcinoma   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST | FISCHER 344 RATS-NCTR RATS MALE ALOEWHOLLEAF 1.0 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males (cont...) |
|-------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-----------------|
|             | 062  | 064 | 067 | 067 | 067 | 065 | 066 | 067 | 067 | 067 | 066 | 067 | 066 | 066 | 066 | 067 | 066 | 067 | 067 | 066 | 066 | 065 | 066 | 066 | 067 |           |                 |
|             | 0  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 001151    |                 |

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Fibroadenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Fibroma                      |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Hemangiosarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Keratoacanthoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Lipoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Subcutaneous Tissue, Lipoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Subcutaneous Tissue, Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

**MUSCULOSKELETAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Bone           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Chondrosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Bone, Femur    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |

**NERVOUS SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Brain                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Meninges, Meningioma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Brain, Brain Stem              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Brain, Cerebellum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Brain, Cerebrum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |

**RESPIRATORY SYSTEM**

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                          | FISCHER 344 RATS-NCTR RATS MALE ALOEWHOLLEAF 1.0 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males (cont...) |
|--------------------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-----------------|
|                                      | 062  | 063 | 067 | 067 | 067 | 065 | 066 | 067 | 067 | 066 | 067 | 066 | 066 | 067 | 066 | 067 | 067 | 066 | 066 | 065 | 066 | 066 | 067 | 067 | 065 |           |                 |
| Lung                                 | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |
| Carcinoma, Metastatic, Thyroid Gland |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Chondrosarcoma, Metastatic, Bone     |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Leukemia Mononuclear                 |  |     | X   |     |     |     | X   |     |     |     | X   | X   |     | X   |     | X   |     |     |     |     | X   |     | X   |     |     |           |                 |
| Nose                                 | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |
| Sarcoma, Metastatic, Oral Mucosa     |  |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Trachea                              | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |
| <b>SPECIAL SENSES SYSTEM</b>         |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Eye                                  | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   | +   | +   | +   | +   | +   | +   |           |                 |
| Harderian Gland                      | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |
| Zymbal's Gland                       |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Carcinoma                            |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |           |                 |
| <b>URINARY SYSTEM</b>                |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Kidney                               | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |
| Leukemia Mononuclear                 |  |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |           |                 |
| Urinary Bladder                      | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |
| Leukemia Mononuclear                 |  |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| <b>SYSTEMIC LESIONS</b>              |  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                 |
| Multiple Organ                       | +  | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                 |

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

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

TDMS No. 20116 - 03

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010

Time Report Requested: 14:39:01

First Dose M/F: 04/17/05 / 04/17/05

Lab: NCTR

|  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DAY ON TEST                            |  | 6 | 6 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 6 | 7 | 6 | 6 | 6 | 7 | 6 | 7 | 7 | 6 | 6 | 5 | 6 | 6 | 7 | 5 |   |
| <b>FISCHER 344 RATS-NCTR RATS MALE</b> |  | 6 | 3 | 3 | 3 | 3 | 2 | 8 | 3 | 3 | 2 | 3 | 7 | 8 | 8 | 0 | 9 | 3 | 3 | 6 | 6 | 7 | 2 | 9 | 3 | 1 |   |
| <b>ALOEWHOLLEAF 1.0</b>                |  | 2 | 4 | 7 | 7 | 7 | 8 | 7 | 7 | 7 | 7 | 7 | 0 | 0 | 4 | 6 | 0 | 7 | 7 | 2 | 5 | 7 | 1 | 7 | 7 | 9 |   |
| ANIMAL ID                              |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |  | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 0 |   |
|  |  | 5 | 5 | 6 | 6 | 8 | 8 | 3 | 3 | 4 | 4 | 9 | 9 | 0 | 0 | 2 | 2 | 5 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 6 |   |
|  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |   |

males  
(cont...)

Leukemia Mononuclear  
Mesothelioma Malignant

X X

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
|  | 0730        | 0688  | 0659  | 0737  | 0777  | 0777  | 0777  | 0661  | 0579  | 0730  | 0733  | 0733  | 0341  | 0737  | 0737  | 0675  | 0737  | 0733  | 0660  | 0762  |          | 0762  | 0674  |
| ANIMAL ID  | 01062       | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062 | 01062    | 01062 | 01062 |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48 |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48 |
| Adenoma                           |   |   |   | X | X |   |   |   |   | X | X | X |   |   | X | X |   |   | X |   |   | X | 19 |    |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   | 4  |    |
| Leiomyoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Adenoma                           |   |   | X |   |   | X |   |   |   | X |   |   |   | X | X | X | X |   |   |   |   |   | 8  |    |
| Carcinoma                         |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | 3  |    |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |    |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1  |    |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   | X |   | 6  |    |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|--|-------------|------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|  | 0730        | 0688 | 0659      | 0737 | 0777 | 0777 | 0777 | 0777 | 0777 | 0651 | 0519 | 0730 | 0733 | 0733 | 0734 | 0737 | 0737 | 0675 | 0773 | 0773 | 0660 | 0763 | 0763 | 0660 | 0732 |          | 0734 |
| Intestine Small, Jejunum                               | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 46   |
| Liver  | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Leukemia Mononuclear                                   | X           |      |           | X    | X    |      | X    | X    |      |      |      |      |      |      |      |      | X    |      |      | X    | X    |      | X    | X    |      | X        | 20   |
| Mesentery  |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 4    |
| Leukemia Mononuclear                                   |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| Oral Mucosa  |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    |
| Sarcoma  |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| Squamous Cell Papilloma                                |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| Pancreas   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Leukemia Mononuclear                                   |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    |
| Proximal Colon   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 46   |
| Adenoma  |             |      | X         | X    |      |      |      | X    |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |          | 7    |
| Carcinoma  |             |      |           |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 4    |
| Salivary Glands  | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Leukemia Mononuclear                                   |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    |
| Stomach, Forestomach                                   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Stomach, Glandular                                     | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| <b>CARDIOVASCULAR SYSTEM</b>                           |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Blood Vessel   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0730        | 0688  | 0659  | 0737  | 0777  | 0777  | 0777  | 0631  | 0579  | 0730  | 0737  | 0737  | 0341  | 0737  | 0737  | 0635  | 0737  | 0672  | 0660  | 0732  |          | 0649 |
| ANIMAL ID  | 01062       | 01063 | 01064 | 01065 | 01066 | 01067 | 01068 | 01069 | 01070 | 01071 | 01072 | 01073 | 01074 | 01075 | 01076 | 01077 | 01078 | 01079 | 01080 | 01081 | 01082    |      |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |
| Leukemia Mononuclear                                   | X           |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       | X     |       |       |          | 8    |
| Schwannoma Malignant                                   |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| <b>ENDOCRINE SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |
| Adenoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Leukemia Mononuclear                                   |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | 4    |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |
| Leukemia Mononuclear                                   |             |       |       |       |       |       |       | X     |       | X     |       |       |       |       |       |       |       |       |       |       |          | 4    |
| Pheochromocytoma Benign                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Pheochromocytoma Malignant                             |             |       | X     | X     | X     |       | X     |       |       |       |       |       |       |       |       |       | X     |       | X     | X     |          | 14   |
| Bilateral, Pheochromocytoma Benign                     |             |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Bilateral, Pheochromocytoma Malignant                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Islets, Pancreatic                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |
| Adenoma  |             |       |       |       | X     |       |       |       |       |       |       |       |       | X     |       |       |       |       |       | X     |          | 5    |
| Parathyroid Gland                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +        | 46   |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Leukemia Mononuclear                                   | X           |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | 3    |
| Pars Distalis, Adenoma                                 |             | X     | X     |       | X     | X     |       |       | X     |       |       | X     | X     |       | X     |       | X     | X     | X     | X     | X        | 27   |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |
| C-cell, Adenoma  |             |       |       |       | X     |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          | 3    |
| C-cell, Carcinoma                                      |             | X     |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |          | 3    |
| Follicular Cell, Adenoma                               |             |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | ANIMAL ID |    |          |          |          |          |    |    |
|--|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----|----------|----------|----------|----------|----|----|
|  | 07<br>30    | 06<br>88 | 06<br>59 | 07<br>37 | 07<br>37 | 07<br>37 | 07<br>18 | 07<br>37 | 06<br>11 | 05<br>19 | 07<br>30 | 07<br>33 | 07<br>33 | 03<br>41 | 07<br>37 | 07<br>37 | 06<br>30 | 07<br>33 | 07<br>32 | 06<br>60 |           |    | 07<br>32 | 06<br>72 | 06<br>34 | 06<br>49 |    |    |
|  | 01          | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01       | 01        | 01 | 01       | 01       |          | * TOTALS |    |    |
|  | 00          | 01       | 01       | 01       | 01       | 01       | 03       | 03       | 03       | 03       | 04       | 04       | 06       | 06       | 07       | 07       | 08       | 08       | 08       | 08       | 08        | 08 | 08       | 08       |          |          |    |    |
| Follicular Cell, Carcinoma                             |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 1        |          |          |          |    |    |
| <b>GENERAL BODY SYSTEM</b>                             |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           |    |          |          |          |          |    |    |
| Tissue NOS   |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | +  | 1        |          |          |          |    |    |
| Scrotal, Mesothelioma Malignant                        |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 1        |          |          |          |    |    |
| <b>GENITAL SYSTEM</b>                                  |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           |    |          |          |          |          |    |    |
| Epididymis   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +         | +  | +        | +        | +        |          | 48 |    |
| Mesothelioma Malignant                                 |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 1        |          |          |          |    |    |
| Preputial Gland  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +         | +  | +        | +        | +        |          | 48 |    |
| Adenoma  |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           |    | 2        |          |          |          |    |    |
| Carcinoma  |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 3        |          |          |          |    |    |
| Squamous Cell Papilloma                                |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 3        |          |          |          |    |    |
| Prostate   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +         | +  | +        | +        | +        |          | 48 |    |
| Seminal Vesicle  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +         | +  | +        | +        | +        |          | 48 |    |
| Testes   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +         | +  | +        | +        | +        |          | 48 |    |
| Mesothelioma Malignant                                 |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 1        |          |          |          |    |    |
| Bilateral, Interstitial Cell, Adenoma                  | X           | X        |          |          | X        | X        | X        |          |          |          |          | X        | X        | X        | X        | X        | X        | X        | X        | X        | X         | X  | X        | X        | X        | X        |    | 28 |
| Interstitial Cell, Adenoma                             |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 7        |          |          |          |    |    |
| <b>HEMATOPOIETIC SYSTEM</b>                            |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           |    |          |          |          |          |    |    |
| Bone Marrow  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +         | +  | +        | +        | +        |          | 48 |    |
| Leukemia Mononuclear                                   |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |           | X  | 3        |          |          |          |    |    |

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

M .. Missing tissue  
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TDMS No. 20116 - 03  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|
|  | 0730        | 0688  | 0659  | 0737  | 0777  | 0777  | 0777  | 0631  | 0579  | 0730  | 0737  | 0737  | 0341  | 0737  | 0737  | 0737  | 0675  | 0737  | 0737  | 0660  |          | 0737  | 0676  | 0734  | 0764  |
| ANIMAL ID  | 01062       | 01131 | 01132 | 01141 | 01142 | 01151 | 01152 | 01161 | 01162 | 01171 | 01172 | 01181 | 01182 | 01191 | 01192 | 01201 | 01202 | 01211 | 01212 | 01221 | 01222    | 01231 | 01232 | 01241 | 01242 |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lymph Node                                     | + | M | + |   |   |   | + |   |   |   |   | M | + |   |   |   |   | + |   | + |   |   |   |   |   | 19 |
| Leukemia Mononuclear                           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Axillary, Leukemia Mononuclear                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Brachial, Leukemia Mononuclear                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Cervical, Carcinoma, Metastatic, Thyroid Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 1  |
| Deep Cervical, Leukemia Mononuclear            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Iliac, Leukemia Mononuclear                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Inguinal, Leukemia Mononuclear                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lumbar, Leukemia Mononuclear                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Mediastinal, Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreatic, Leukemia Mononuclear               | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Renal, Leukemia Mononuclear                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear                           | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  |
| Lymph Node, Mesenteric                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear                           | X |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Spleen   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear                           | X |   |   |   | X | X |   | X |   | X |   |   |   |   | X | X |   |   | X | X |   | X | X |   | X | 23 |
| Thymus   | + | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Leukemia Mononuclear                           |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |

**INTEGUMENTARY SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenocarcinoma |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |       |       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|-------|
|  | 0730        | 0688  | 0659  | 0737  | 0777  | 0777  | 0778  | 0777  | 0661  | 0579  | 0770  | 0773  | 0773  | 0341  | 0773  | 0773  | 0777  | 0665  | 0773  | 0773  |          | 0660  | 0773  | 0662  | 0773  | 0664  |
| ANIMAL ID  | 01062       | 01131 | 01132 | 01141 | 01151 | 01171 | 01181 | 01191 | 01201 | 01211 | 01221 | 01231 | 01241 | 01251 | 01261 | 01271 | 01281 | 01291 | 01301 | 01311 | 01321    | 01331 | 01341 | 01351 | 01361 | 01371 |

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fibroadenoma                 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibroma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |
| Hemangiosarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Keratoacanthoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Lipoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Subcutaneous Tissue, Lipoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Subcutaneous Tissue, Sarcoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |

**MUSCULOSKELETAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone           | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Chondrosarcoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Bone, Femur    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**NERVOUS SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Meninges, Meningioma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Brain, Brain Stem              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|
|  | 0730        | 0688  | 0659  | 0737  | 0777  | 0777  | 0778  | 0777  | 0661  | 0579  | 0730  | 0777  | 0777  | 0371  | 0777  | 0777  | 0675  | 0772  | 0772  | 0660  |          | 0732  | 0662  | 0764  |
| ANIMAL ID  | 01062       | 01133 | 01134 | 01144 | 01155 | 01157 | 01162 | 01173 | 01183 | 01193 | 01202 | 01214 | 01224 | 01236 | 01246 | 01257 | 01267 | 01278 | 01288 | 01298 | 01308    | 01318 | 01328 | 01338 |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| Carcinoma, Metastatic, Thyroid Gland                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Chondrosarcoma, Metastatic, Bone                       |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Leukemia Mononuclear                                   | X           |       |       |       |       |       |       | X     | X     |       |       |       |       |       |       |       |       | X     | X     |       |          |       |       | 13    |
| Nose   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47    |
| Sarcoma, Metastatic, Oral Mucosa                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| <b>SPECIAL SENSES SYSTEM</b>                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47    |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| Zymbal's Gland   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Carcinoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| <b>URINARY SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Kidney   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| Leukemia Mononuclear                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2     |
| Urinary Bladder  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| Leukemia Mononuclear                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| <b>SYSTEMIC LESIONS</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Multiple Organ   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |     |
|--|-------------|------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|-----|
|  | 0730        | 0688 | 0659      | 0737 | 0777 | 0777 | 0777 | 0777 | 0777 | 0651 | 0571 | 0777 | 0777 | 0777 | 0373 | 0777 | 0777 | 0777 | 0676 | 0777 | 0777 | 0666 |          | 0777 | 0676 | 0777 |     |
|  | 010         | 011  | 011       | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011      | 011  | 011  | 011  | 011 |
|  | 006         | 003  | 003       | 004  | 004  | 005  | 005  | 007  | 007  | 009  | 009  | 000  | 000  | 000  | 009  | 009  | 001  | 001  | 001  | 001  | 001  | 002  | 002      | 003  | 003  | 003  | 002 |
| Leukemia Mononuclear                                   | X           |      |           | X    | X    |      | X    | X    |      |      |      |      |      |      | X    | X    |      |      | X    | X    |      |      | X        | X    |      |      | 24  |
| Mesothelioma Malignant                                 |             | X    |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      | 1   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|
|  | 0642        | 0646 | 0649 | 0673 | 0677 | 0677 | 0677 | 0677 | 0677 | 0666 | 0666 | 0677 | 0666 | 0666 | 0666 | 0677 | 0677 | 0644 | 0666 | 0666 | 0655 | 0633 | 0611 | 0666 |           |                    | 0677 |
|  | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000      | 0000               |      |
|  | 1111        | 3333 | 3333 | 3333 | 3333 | 4444 | 4444 | 6666 | 6666 | 8888 | 8888 | 7777 | 7777 | 4444 | 4444 | 5555 | 5555 | 7777 | 7777 | 8888 | 8888 | 8888 | 8888 | 9999 | 9999      | 0000               | 0000 |
|  | 12          | 11   | 11   | 22   | 22   | 22   | 22   | 44   | 44   | 44   | 44   | 55   | 55   | 77   | 77   | 88   | 88   | 88   | 88   | 88   | 88   | 99   | 99   | 00   | 00        | 00                 | 00   |

ALIMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon  | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           |   | X | X |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X | X |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           | X |   |   | X | X |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma, Multiple                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Intestine Large, Colon            | + |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma                           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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





TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS MALE ALOEWHOLLEAF 1.5  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males (cont...) |     |   |   |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------------|-----|---|---|
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |                 | 0   |   |   |
|   | 642         | 646   | 697   | 737   | 777   | 777   | 777   | 777   | 777   | 777   | 666   | 666   | 777   | 777   | 777   | 777   | 777   | 777   | 777   | 777   |                 | 777 |   |   |
| ANIMAL ID   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0               |     |   |   |
|   | 00011       | 00012 | 00013 | 00021 | 00022 | 00023 | 00041 | 00042 | 00043 | 00044 | 00051 | 00052 | 00053 | 00054 | 00055 | 00056 | 00057 | 00058 | 00059 | 00111 | 00112           |     |   |   |
| Stomach, Glandular Leukemia Mononuclear   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | X |
| <b>CARDIOVASCULAR SYSTEM</b>  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                 |     |   |   |
| Blood Vessel  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | + |
| Heart Leukemia Mononuclear Schwannoma Malignant   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | X     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | X   | X |   |
| <b>ENDOCRINE SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                 |     |   |   |
| Adrenal Cortex Leukemia Mononuclear   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | + |
| Adrenal Medulla Leukemia Mononuclear Pheochromocytoma Benign Pheochromocytoma Malignant Bilateral, Pheochromocytoma Malignant | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | + |
| Islets, Pancreatic Adenoma Leukemia Mononuclear   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | + |
| Parathyroid Gland Adenoma   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | + |
| Pituitary Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +               | +   | + | + |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST | FISCHER 344 RATS-NCTR RATS MALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males (cont...) |      |      |      |
|-------------|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-----------------|------|------|------|
|             | 0642                            | 0646 | 0649 | 0673 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0666 | 0666 | 0677 | 0666 | 0666 | 0666 | 0677 | 0677 | 0644 | 0666 | 0666 | 0655 | 0633 |           |                 | 0611 | 0666 | 0677 |
|             | 000                             | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000       | 000             | 000  | 000  | 000  |
|             | 000                             | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000  | 000       | 000             | 000  | 000  | 000  |
|             | 111                             | 113  | 111  | 333  | 333  | 333  | 444  | 444  | 666  | 666  | 888  | 888  | 777  | 777  | 444  | 444  | 555  | 555  | 666  | 666  | 666  | 666  | 999  | 999       | 000             | 000  | 000  | 000  |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Leukemia Mononuclear<br>Pars Distalis, Adenoma                 | X | X | X |   |   |   | X | X | X | X |   |   |   |   | X | X |   | X |   |   |   |   |   |   |   |   | X |
| Thyroid Gland<br>Bilateral, C-cell, Adenoma<br>C-cell, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |

**GENERAL BODY SYSTEM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| Tissue NOS<br>Mediastinum, Leukemia Mononuclear<br>Scrotal, Mesothelioma Malignant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + | X |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis<br>Leukemia Mononuclear<br>Mesothelioma Malignant       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Preputial Gland<br>Adenoma<br>Carcinoma<br>Squamous Cell Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|  |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Prostate   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Seminal Vesicle<br>Leukemia Mononuclear                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Testes<br>Mesothelioma Malignant                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |   |   |   |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|---|---|---|
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 |   |   |   |
|  | 6           | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 6 | 6 | 6 | 7 | 7 | 4 | 6 | 6 | 5 |                    | 3 | 1 | 6 | 7 |
|  | 4           | 4 | 9 | 3 | 3 | 3 | 0 | 3 | 8 | 9 | 3 | 2 | 6 | 8 | 3 | 3 | 8 | 3 | 0 | 7 | 3                  | 1 | 6 | 3 | 2 |
|  | 2           | 6 | 7 | 7 | 7 | 7 | 0 | 7 | 0 | 1 | 7 | 2 | 5 | 9 | 7 | 7 | 2 | 1 | 7 | 4 | 8                  | 7 | 0 | 7 | 7 |
| 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 | 1                  | 1 | 1 | 1 | 1 |
|  | 0           | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 0                  | 0 | 1 | 1 | 1 |
|  | 1           | 1 | 3 | 3 | 3 | 4 | 4 | 6 | 6 | 8 | 8 | 7 | 7 | 4 | 4 | 5 | 5 | 6 | 6 | 9 | 9                  | 0 | 0 | 0 | 0 |
|  | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1                  | 2 | 1 | 2 | 1 |
| Bilateral, Interstitial Cell, Adenoma                  |             |   |   | X | X | X |   | X |   |   |   | X | X | X | X |   | X |   |   |   |                    | X |   |   |   |
| Interstitial Cell, Adenoma                             | X           | X |   |   |   |   | X |   | X |   | X |   |   |   |   |   |   | X | X |   |                    | X |   |   |   |

**HEMATOPOIETIC SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |
| Lymph Node                          |   |   | + |   |   |   |   | + | + | + |   |   | + | + |   |   |   |   |   |   | + | + |   | + |
| Axillary, Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Deep Cervical, Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Leukemia Mononuclear   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Leukemia Mononuclear    |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |
| Renal, Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lymph Node, Mandibular              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   | X |
| Lymph Node, Mesenteric              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear                |   |   | X |   | X |   |   | X |   |   |   |   | X | X | X |   |   |   | X |   |   | X | X | X |
| Thymus                              | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |

**INTEGUMENTARY SYSTEM**

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5 | 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    | 0    | 0    | males<br>(cont...) |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|
|  | 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    |                    |
|  | ANIMAL ID   | 0001 | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0009 | 0010 | 0011 | 0012 | 0013 | 0014 | 0015 | 0016 | 0017 | 0018 | 0019 | 0020 | 0021 | 0022 | 0023 | 0024 |                    |
|  |             | 6    | 6    | 6    | 7    | 7    | 7    | 7    | 6    | 6    | 7    | 6    | 6    | 6    | 7    | 7    | 4    | 6    | 6    | 5    | 3    | 1    | 6    | 7    | 6    |                    |
|  |             | 4    | 4    | 9    | 3    | 3    | 3    | 0    | 3    | 8    | 9    | 3    | 2    | 6    | 8    | 3    | 3    | 8    | 3    | 0    | 7    | 3    | 1    | 6    | 3    |                    |
|  |             | 2    | 6    | 7    | 7    | 7    | 7    | 0    | 7    | 0    | 1    | 7    | 2    | 5    | 9    | 7    | 2    | 1    | 7    | 4    | 8    | 7    | 0    | 7    | 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    | 1    | 1    | 1    | 1    |                    |
|  |             | 0    | 0    | 0    | 0    | 2    | 2    | 2    | 2    | 4    | 4    | 4    | 4    | 5    | 5    | 7    | 7    | 8    | 8    | 8    | 8    | 0    | 0    | 1    | 1    |                    |
|  |             | 1    | 1    | 3    | 3    | 3    | 4    | 4    | 6    | 6    | 8    | 8    | 7    | 7    | 4    | 4    | 5    | 5    | 6    | 6    | 9    | 9    | 0    | 0    |      |                    |
|  |             | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    |      |                    |

Fibroadenoma  
 Leukemia Mononuclear

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Skin                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibroma              |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Keratoacanthoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   | + |   |   |   |

**NERVOUS SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |
| Brain, Cerebellum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | X |   |   |
| Brain, Cerebrum      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Peripheral Nerve     |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   | + |   |   |
| Spinal Cord          |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   | + |   |

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

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

TDMS No. 20116 - 03  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 | 0 | 0 | 0 | 0 |
|--|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS MALE</b> |                  | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 6 | 6 | 6 | 7 | 7 | 4 | 6 | 6 | 5 | 3 | 1 | 6 | 7 | 6 | 6 |   |
|  |                  | 4 | 4 | 9 | 3 | 3 | 3 | 0 | 3 | 8 | 9 | 3 | 2 | 6 | 8 | 3 | 3 | 8 | 3 | 0 | 7 | 3 | 1 | 6 | 3 | 2 |   |
| <b>ALOEWHOLLEAF 1.5</b>                |                  | 2 | 6 | 7 | 7 | 7 | 7 | 0 | 7 | 0 | 1 | 7 | 2 | 5 | 9 | 7 | 2 | 1 | 7 | 4 | 8 | 7 | 0 | 7 | 7 |   |   |
|  | <b>ANIMAL ID</b> | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |   |
|  |                  | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 0 | 0 | 1 | 1 | 1 |   |
|  |                  | 1 | 1 | 3 | 3 | 3 | 4 | 4 | 6 | 6 | 8 | 8 | 7 | 7 | 4 | 4 | 5 | 5 | 6 | 6 | 9 | 9 | 0 | 0 | 0 | 0 |   |
|  |                  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |   |

males  
(cont...)

Astrocytoma Malignant

X

**RESPIRATORY SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear         |   |   | X |   |   |   |   |   | X |   |   | X |   |   |   |   | X |   |   | X | X | X |   |   |   |
| Sarcoma, Metastatic, Skin    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

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

**URINARY SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear  |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |
| Renal Tubule, Adenoma |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   | X | X |   |   |   | X |   |   | X | X | X |   |   |   | X |   |   | X | X | X |   |   |   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| <b>FISCHER 344 RATS-NCTR RATS MALE</b><br><b>ALOEWHOLLEAF 1.5</b> | DAY ON TEST | 0642 | 0646 | 0697 | 0737 | 0777 | 0777 | 0777 | 0630 | 0668 | 0669 | 0732 | 0666 | 0668 | 0733 | 0733 | 0488 | 0663 | 0667 | 0574 | 0338 | 0161 | 0667 | 0766 | 0766 |
|   | ANIMAL ID   | 0001 | 0002 | 0003 | 0003 | 0003 | 0003 | 0004 | 0004 | 0004 | 0005 | 0005 | 0007 | 0007 | 0008 | 0008 | 0008 | 0008 | 0008 | 0008 | 0011 | 0011 | 0011 | 0011 | 0011 |

males  
(cont...)

Mesothelioma Malignant

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |     |     |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|-----|
|  | 050         | 055 | 073 | 077 | 068 | 077 | 077 | 050 | 066 | 055 | 066 | 077 | 044 | 044 | 066 | 066 | 066 | 055 | 044 | 077 |          | 077 | 077 | 077 | 077 |
| ANIMAL ID  | 011         | 012 | 012 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013      | 013 | 013 | 013 | 013 |
|  | 0           | 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   | 6   | 6   | 6   | 6   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9        | 9   | 9   | 9   | 9   |
|  | 2           | 2   | 2   | 3   | 3   | 1   | 1   | 2   | 2   | 0   | 0   | 5   | 5   | 6   | 6   | 7   | 7   | 0   | 0   | 1   | 1        | 1   | 2   | 2   |     |
|  | 2           | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2        | 1   | 2   | 1   | 2   |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Ascending Colon  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Adenoma                           |   |   | X | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   | X |   |   |   |   | X | X |   | 8  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma                           |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 7  |
| Adenoma, Multiple                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 2  |
| Leiomyosarcoma                    |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   | 5  |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 2  |
| Intestine Large, Descending Colon | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Transverse Colon | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 3  |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |     |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|
|  | 050         | 035 | 073 | 073 | 068 | 073 | 073 | 050 | 066 | 056 | 074 | 044 | 044 | 066 | 066 | 066 | 054 | 045 | 072 | 073 |          | 073 | 073 | 073 |
| ANIMAL ID  | 011         | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011      | 011 | 011 | 011 |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1   |
| Intestine Small, Ileum                                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   | 48  |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |          |     |     | 2   |
| Intestine Small, Jejunum                               | A           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 46  |     |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 2   |
| Liver  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |     |
| Hepatocellular Carcinoma                               |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1   |
| Leukemia Mononuclear                                   |             |     |     |     | X   | X   | X   |     |     |     | X   | X   | X   | X   | X   | X   | X   |     | X   |     | X        | X   | 22  |     |
| Mesentery  |             |     |     |     | +   |     |     |     | +   |     |     |     |     |     |     |     |     |     |     |     |          |     | 5   |     |
| Mesothelioma Malignant                                 |             |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |     |
| Oral Mucosa  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |     |
| Squamous Cell Papilloma                                |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |     |
| Pancreas   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |     |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |          | X   | 4   |     |
| Acinar Cell, Adenoma                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |     |
| Proximal Colon   | A           | M   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   | M   | +   | +   | +   | M   | +   | +   | +   | +        | +   | 41  |     |
| Adenoma  |             |     |     | X   |     |     |     | X   |     | X   |     |     |     | X   |     |     |     | X   |     | X   |          | X   | 10  |     |
| Carcinoma  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |          |     | 4   |     |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |     |
| Salivary Glands  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |     |
| Stomach, Forestomach                                   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 Aloe vera whole leaf extract (native)  
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| DAY ON TEST                           | FISCHER 344 RATS-NCTR RATS MALE |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |
|---------------------------------------|---------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|
|                                       | 050                             | 035 | 073 | 073 | 069 | 073 | 073 | 050 | 068 | 054 | 073 | 047 | 044 | 062 | 066 | 066 | 054 | 045 | 072 | 073 |          | 073 | 073 |
| ANIMAL ID                             | ALOEWHOLLEAF 1.5                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
|                                       | 011                             | 012 | 012 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013      | 013 | 013 |
| Stomach, Glandular                    | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Leukemia Mononuclear                  |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | X   |     |
| <b>CARDIOVASCULAR SYSTEM</b>          |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Blood Vessel                          | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Heart                                 | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Leukemia Mononuclear                  |                                 |     |     |     |     |     | X   |     |     |     |     | X   |     |     |     |     |     |     | X   |     | X        |     |     |
| Schwannoma Malignant                  |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |          |     |     |
| <b>ENDOCRINE SYSTEM</b>               |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Adrenal Cortex                        | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Leukemia Mononuclear                  |                                 |     |     | X   |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X        |     |     |
| Adrenal Medulla                       | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Leukemia Mononuclear                  |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     | X        |     |     |
| Pheochromocytoma Benign               |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |          | X   |     |
| Pheochromocytoma Malignant            |                                 |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   | X   |          |     |     |
| Bilateral, Pheochromocytoma Malignant |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |
| Islets, Pancreatic                    | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Adenoma                               |                                 |     | X   |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |          |     |     |
| Leukemia Mononuclear                  |                                 |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |          |     |     |
| Parathyroid Gland                     | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Adenoma                               | X                               |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Pituitary Gland                       | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5                             | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|
|  | 050         | 035 | 073 | 073 | 069 | 073 | 073 | 050 | 068 | 054 | 073 | 047 | 044 | 062 | 066 | 067 | 054 | 045 | 072 | 073 |          | 073 | 073 |
| ANIMAL ID  | 011         | 012 | 012 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013      | 013 | 013 |
| Leukemia Mononuclear<br>Pars Distalis, Adenoma                                     |             |     | X   |     | X   |     | X   | X   |     | X   |     | X   | X   |     | X   |     | X   |     | X   |     | X        |     | X   |
| Thyroid Gland<br>Bilateral, C-cell, Adenoma<br>C-cell, Adenoma                     | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| <b>GENERAL BODY SYSTEM</b>   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Tissue NOS<br>Mediastinum, Leukemia Mononuclear<br>Scrotal, Mesothelioma Malignant |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| <b>GENITAL SYSTEM</b>  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Epididymis<br>Leukemia Mononuclear<br>Mesothelioma Malignant                       | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Preputial Gland<br>Adenoma<br>Carcinoma<br>Squamous Cell Carcinoma                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Prostate   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Seminal Vesicle<br>Leukemia Mononuclear  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |
| Testes<br>Mesothelioma Malignant   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010

Time Report Requested: 14:39:01

First Dose M/F: 04/17/05 / 04/17/05

Lab: NCTR

| DAY ON TEST | FISCHER 344 RATS-NCTR RATS MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|             | ALOEWHOLLEAF 1.5                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ANIMAL ID   | 0                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 5                               | 3 | 7 | 7 | 6 | 7 | 7 | 5 | 6 | 5 | 7 | 4 | 4 | 6 | 6 | 6 | 5 | 4 | 7 | 7 | 7 |
|             | 5                               | 5 | 3 | 3 | 9 | 3 | 3 | 0 | 8 | 4 | 3 | 7 | 9 | 2 | 6 | 7 | 4 | 5 | 2 | 3 | 1 |
|             | 0                               | 5 | 7 | 7 | 8 | 7 | 1 | 9 | 1 | 9 | 7 | 8 | 6 | 6 | 9 | 0 | 9 | 2 | 2 | 7 | 7 |
|             | 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                               | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 |
|             | 2                               | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2 | 0 | 0 | 5 | 5 | 6 | 7 | 7 | 0 | 0 | 1 | 1 | 2 |
|             | 2                               | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 |
|             | <b>* TOTALS</b>                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                       |  |   |   |   |   |   |  |  |   |   |   |  |   |   |   |  |   |   |   |  |           |
|---------------------------------------|--|---|---|---|---|---|--|--|---|---|---|--|---|---|---|--|---|---|---|--|-----------|
| Bilateral, Interstitial Cell, Adenoma |  | X | X | X | X | X |  |  |   | X | X |  | X | X | X |  | X | X | X |  | <b>23</b> |
| Interstitial Cell, Adenoma            |  |   |   |   |   |   |  |  | X | X | X |  |   |   |   |  |   |   |   |  | <b>11</b> |

**HEMATOPOIETIC SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear                |   |   |   |   |   | X |   |   |   | X | X | X |   |   |   |   |   |   |   |   | <b>6</b>  |
| Lymph Node                          |   |   |   | + |   |   |   | + |   |   | + | + | + |   |   | + |   | + |   |   | <b>17</b> |
| Axillary, Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Deep Cervical, Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lumbar, Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | <b>1</b>  |
| Mediastinal, Leukemia Mononuclear   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | <b>5</b>  |
| Pancreatic, Leukemia Mononuclear    |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   | X |   | <b>7</b>  |
| Renal, Leukemia Mononuclear         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | <b>3</b>  |
| Lymph Node, Mandibular              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   | <b>6</b>  |
| Lymph Node, Mesenteric              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear                |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   | X |   | X |   | <b>7</b>  |
| Spleen                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear                |   |   |   |   | X | X | X |   |   | X | X | X | X | X | X | X |   | X |   | X | <b>24</b> |
| Thymus                              | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |
| Leukemia Mononuclear                |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   | X |   | <b>5</b>  |

**INTEGUMENTARY SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Mammary Gland | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>41</b> |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |     |     |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|
|  | 050         | 035 | 073 | 073 | 069 | 073 | 073 | 050 | 068 | 056 | 074 | 043 | 047 | 062 | 066 | 067 | 054 | 045 | 072 | 073 |          | 073 | 073 |
| ANIMAL ID  | 011         | 012 | 012 | 012 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013 | 013      | 013 |     |
| Fibroadenoma   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |
| Skin   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |
| Fibroma  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |
| Keratoacanthoma  |             |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | X   | 2   |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     | X        |     | 2   |
| Sarcoma  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 2   |
| <b>MUSCULOSKELETAL SYSTEM</b>                          |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Bone   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 1   |
| Bone, Femur  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |
| Skeletal Muscle  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 2   |
| <b>NERVOUS SYSTEM</b>                                  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |
| Brain, Brain Stem                                      | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 6   |
| Brain, Cerebellum                                      | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 7   |
| Brain, Cerebrum  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | 48  |
| Leukemia Mononuclear                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 5   |
| Peripheral Nerve                                       |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 3   |
| Spinal Cord  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | 3   |

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

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

TDMS No. 20116 - 03

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010

Time Report Requested: 14:39:01

First Dose M/F: 04/17/05 / 04/17/05

Lab: NCTR

| DAY ON TEST<br><b>FISCHER 344 RATS-NCTR RATS<br/>MALE<br/>ALOEWHOLLEAF 1.5</b> | ANIMAL ID       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |
|--|-----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|
|  | 050122          | 0355 | 0737 | 0737 | 0693 | 0733 | 0733 | 0500 | 0688 | 0544 | 0677 | 0644 | 0666 | 0666 | 0544 | 0477 | 0477 | 0331 | 0331 | 0777 |  |
|  | 0112            | 0122 | 0122 | 0122 | 0123 | 0133 | 0133 | 0102 | 0102 | 0106 | 0106 | 0106 | 0106 | 0106 | 0109 | 0109 | 0109 | 0109 | 0109 | 0111 |  |
|  | 22              | 11   | 22   | 22   | 33   | 11   | 12   | 22   | 22   | 00   | 12   | 22   | 12   | 12   | 22   | 22   | 22   | 22   | 22   | 22   |  |
|  | <b>* TOTALS</b> |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |

Astrocytoma Malignant

1

**RESPIRATORY SYSTEM**

|                              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Lung                         | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Alveolar/Bronchiolar Adenoma |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Leukemia Mononuclear         |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 16 |
| Sarcoma, Metastatic, Skin    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Nose                         | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Trachea                      | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |

**SPECIAL SENSES SYSTEM**

|                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|-----------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Eye             | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Harderian Gland | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |

**URINARY SYSTEM**

|                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|-----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Kidney                | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Leukemia Mononuclear  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3  |
| Renal Tubule, Adenoma |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Urinary Bladder       | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |

**SYSTEMIC LESIONS**

|                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Multiple Organ       | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Leukemia Mononuclear |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 24 |

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M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|   | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>0<br>1      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>7      | 0<br>7<br>0<br>2      | 0<br>4<br>8<br>6      | 0<br>5<br>4<br>8      | 0<br>6<br>6<br>2      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>0<br>4      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>4<br>0<br>4      | 0<br>7<br>3<br>7      | 0<br>6<br>3<br>7      | 0<br>7<br>8<br>4      |                       |                      |
|   | 0<br>0<br>0<br>9<br>1 | 0<br>0<br>0<br>9<br>2 | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>2<br>1 | 0<br>0<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>1 | 0<br>0<br>6<br>6<br>1 | 0<br>0<br>6<br>6<br>2 | 0<br>0<br>6<br>6<br>3 | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>8<br>8<br>1 | 0<br>0<br>8<br>8<br>2 | 0<br>0<br>8<br>8<br>1 | 0<br>0<br>8<br>8<br>2 | 0<br>0<br>9<br>9<br>1 | 0<br>0<br>9<br>9<br>2 | 0<br>0<br>9<br>9<br>1 | 0<br>0<br>9<br>9<br>2 | 0<br>0<br>9<br>9<br>1 | 0<br>0<br>9<br>9<br>2 |                      |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   | X | X |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                         |   |   | + | + |   |   | + |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Proximal Colon                    | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER             | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|--|
|   | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>9<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>4<br>8<br>6 | 0<br>5<br>4<br>8 | 0<br>6<br>6<br>2 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>4 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>4<br>0<br>4 | 0<br>7<br>3<br>7 | 0<br>6<br>3<br>7 | 0<br>7<br>3<br>7 |           |                      |  |
| Salivary Glands<br>Leukemia Mononuclear                           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |  |
| Stomach, Forestomach<br>Squamous Cell Papilloma                   | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |  |
| Stomach, Glandular  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |  |
| <b>CARDIOVASCULAR SYSTEM</b>                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Blood Vessel  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |  |
| Heart<br>Leukemia Mononuclear<br>Schwannoma Malignant             | +                | +                | +                | X                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |  |
| <b>ENDOCRINE SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Adrenal Cortex  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |  |
| Adrenal Medulla<br>Leukemia Mononuclear                           | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | X                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +         |                      |  |
| Islets, Pancreatic  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |  |
| Parathyroid Gland   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |  |
| Pituitary Gland<br>Leukemia Mononuclear<br>Pars Distalis, Adenoma | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |  |
|   | X                | X                | X                |                  | X                | X                |                  | X                | X                |                  | X                | X                | X                | X                |                  | X                | X                | X                |                  | X                | X                | X                |                  | X                | X         | X                    |  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|   |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |       |       |
|---|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|-------|-------|
| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER |  | 0737        | 0737  | 0737  | 0670  | 0773  | 0772  | 0486  | 0588  | 0662  | 0777  | 0773  | 0774  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0477  | 0774  |                      | 0678  | 0684  |
| ANIMAL ID   |  | 00091       | 00092 | 00001 | 00011 | 00033 | 00033 | 00033 | 00044 | 00044 | 00066 | 00066 | 00066 | 00066 | 00066 | 00077 | 00077 | 00088 | 00088 | 00088 | 00088 | 00099                | 00099 | 00011 |

Pars Distalis, Carcinoma X

Thyroid Gland + + + + + + + + + + X + + + + + + + + + + + + + + + + +

C-cell, Adenoma X

C-cell, Carcinoma X

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland  
 Adenoma X  
 Carcinoma X

Ovary  
 Leukemia Mononuclear X

Uterus  
 Leiomyosarcoma X  
 Polyp Stromal X

Vagina  
 Leiomyosarcoma, Metastatic, Uterus X

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
 Leukemia Mononuclear + + + + X +

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

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



TDMS No. 20116 - 03  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                   |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  | females<br>(cont...) |
|-----------------------------------|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|----------------------|
| FISCHER 344 RATS-NCTR RATS FEMALE |  | 0737        | 0737  | 0737  | 0737  | 0693  | 0737  | 0737  | 0486  | 0548  | 0662  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0473  | 0737  | 0684  |  |                      |
| CONTROL WATER                     |  | 0000        | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  |  |                      |
|                                   |  | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  |                      |
|                                   |  | 00091       | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 | 00002 | 00001 |  |                      |

Ear, Squamous Cell Papilloma

**MUSCULOSKELETAL SYSTEM**

Bone, Femur +

**NERVOUS SYSTEM**

Brain, Brain Stem +

Brain, Cerebellum +  
 Carcinoma, Metastatic, Pituitary Gland X

Brain, Cerebrum +  
 Leukemia Mononuclear

**RESPIRATORY SYSTEM**

Lung +  
 Alveolar/Bronchiolar Adenoma X X X X  
 Leukemia Mononuclear

Nose +

Trachea +

**SPECIAL SENSES SYSTEM**

Eye +

Harderian Gland +

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | 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 | 6 | 7 | 7 | 4 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         |                      |
|   | 3           | 3 | 3 | 0 | 9 | 3 | 0 | 8 | 4 | 6 | 3 | 3 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         |                      |
|   | 7           | 7 | 7 | 1 | 0 | 7 | 2 | 6 | 8 | 2 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 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 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 9 | 9 |           |                      |
|   | 9           | 9 | 0 | 0 | 0 | 0 | 2 | 2 | 4 | 4 | 1 | 1 | 3 | 3 | 4 | 4 | 7 | 7 | 0 | 0 | 9 | 9 | 0 | 0 | 1 |           |                      |
|   | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |           |                      |

Zymbal's Gland  
 Squamous Cell Carcinoma

+  
 X

**URINARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder<br>Transitional Epithelium, Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   | X | X |   |   |   |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 |
|---|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER | ANIMAL ID | 7 | 6 | 5 | 7 | 7 | 7 | 7 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 7 | 7 | 6 | 7 | 6 | 7 |
|   |           | 3 | 8 | 9 | 3 | 3 | 3 | 3 | 7 | 7 | 2 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 5 | 3 |
|   |           | 7 | 8 | 7 | 7 | 7 | 7 | 1 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 4 | 7 | 0 | 7 | 5 |
|   |           | 0 | 0 | 0 | 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 |
|   |           | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|   |           | 1 | 2 | 2 | 7 | 7 | 0 | 0 | 5 | 5 | 6 | 6 | 2 | 2 | 3 | 3 | 3 | 6 | 6 | 7 | 7 | 8 | 8 |
|   |           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |
| <b>* TOTALS</b>                                       |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |           |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | +         | <b>47</b> |
| Intestine Large, Cecum            | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>47</b> |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | +         | <b>47</b> |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>48</b> |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | +         | <b>47</b> |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>48</b> |
| Intestine Small, Ileum            | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>47</b> |
| Intestine Small, Jejunum          | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>47</b> |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>48</b> |
| Hepatocellular Adenoma            |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |           |
| Leukemia Mononuclear              |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   | X |   | X |   | X | <b>9</b>  |           |
| Mesentery                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   | + |   |   |   |   | <b>6</b>  |           |
| Pancreas                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>48</b> |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |           |
| Proximal Colon                    | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + | + | + | A | + | +         | <b>43</b> |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |       |      |  |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|------|--|
|   | 0737        | 0688  | 0597  | 0773  | 0773  | 0773  | 0773  | 0471  | 0677  | 0725  | 0737  | 0737  | 0737  | 0737  | 0737  | 0031  | 0733  | 0737  | 0674  | 0737  |          | 0650  | 0737  | 0535  | 0735  | 0757 |  |
| ANIMAL ID   | 00912       | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912    | 00912 | 00912 | 00912 | 00912 |      |  |
| Salivary Glands                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Leukemia Mononuclear                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |  |
| Stomach, Forestomach                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Squamous Cell Papilloma                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |  |
| Stomach, Glandular                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| <b>CARDIOVASCULAR SYSTEM</b>                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |      |  |
| Blood Vessel  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Heart   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Leukemia Mononuclear                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 5    |  |
| Schwannoma Malignant                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |  |
| <b>ENDOCRINE SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |      |  |
| Adrenal Cortex  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Adrenal Medulla                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 47   |  |
| Leukemia Mononuclear                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 4    |  |
| Islets, Pancreatic                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Parathyroid Gland                                     | +           | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 47   |  |
| Pituitary Gland                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48   |  |
| Leukemia Mononuclear                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |  |
| Pars Distalis, Adenoma                                | X           | X     | X     | X     | X     | X     | X     | X     | X     |       |       |       |       | X     | X     |       |       | X     | X     | X     |          |       |       |       |       | 32   |  |

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

M .. Missing tissue  
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 BLANK .. Not examined microscopically

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|  |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |   |   |
|--|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |   |   |
|  |           | 7           | 6 | 5 | 7 | 7 | 7 | 7 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 7 | 7 | 6 | 7               | 6 | 7 | 5 |
| <b>CONTROL WATER</b>                     |           | 0           | 0 | 0 | 0 | 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 |
|  |           | 3           | 8 | 9 | 3 | 3 | 3 | 3 | 7 | 7 | 2 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 5               | 3 | 5 |   |
|  |           | 7           | 8 | 7 | 7 | 7 | 7 | 1 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 4 | 7 | 0 | 7               | 5 | 7 |   |
|  | ANIMAL ID | 9           | 9 | 9 | 9 | 9 | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7               | 8 | 8 |   |
|  |           | 1           | 2 | 2 | 7 | 7 | 0 | 0 | 5 | 5 | 6 | 6 | 2 | 2 | 3 | 3 | 3 | 6 | 6 | 7 | 7 | 8               | 8 |   |   |
|  |           | 2           | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2               | 1 | 2 |   |
|  |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |   |

Pars Distalis, Carcinoma

1

Thyroid Gland

+ +

48

C-cell, Adenoma

X

X

X

X

5

C-cell, Carcinoma

1

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland

+ +

48

Adenoma

X

X

5

Carcinoma

X

3

Ovary

+ +

48

Leukemia Mononuclear

X

X

3

Uterus

+ +

48

Leiomyosarcoma

1

Polyp Stromal

X

X

X

X

11

Vagina

+

4

Leiomyosarcoma, Metastatic, Uterus

1

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ +

48

Leukemia Mononuclear

1

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 Lab: NCTR

| DAY ON TEST | FISCHER 344 RATS-NCTR RATS FEMALE CONTROL WATER |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | * TOTALS |      |
|-------------|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------|------|
|             | 0737  | 0688 | 0597 | 0737 | 0777 | 0777 | 0467 | 0677 | 0727 | 0737 | 0737 | 0737 | 0737 | 0737 | 0077 | 0777 | 0677 | 0737 | 0677 | 0737 |           |          | 0537 |
|             | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 0        | 0    |
|             | 0   | 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    | 0    | 0    | 2    | 2    | 2    | 2    | 4    | 4    | 4    | 4    | 7    | 7    | 7    | 7    | 7    | 7         | 7        | 7    |
|             | 1   | 2    | 2    | 7    | 7    | 0    | 0    | 5    | 5    | 6    | 6    | 2    | 2    | 3    | 3    | 3    | 6    | 6    | 7    | 7    | 8         | 8        | 8    |
|             | 2   | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2         | 1        | 2    |

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lymph Node                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9 |
| Axillary, Leukemia Mononuclear    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |
| Lumbar, Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 3 |
| Mediastinal, Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 5 |
| Pancreatic, Leukemia Mononuclear  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 5 |
| Renal, Leukemia Mononuclear       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 2 |
| Lymph Node, Mandibular            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 5 |
| Lymph Node, Mesenteric            | + | + | A | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 7 |
| Spleen                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Hemangiosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1 |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 9 |
| Thymus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 3 |

| INTEGUMENTARY SYSTEM |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |   |
| Adenocarcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |
| Fibroadenoma         | X | X |   |   | X |   |   | X |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |
| Skin                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Basal Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1 |
| Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
|   | 0737        | 0688  | 0597  | 0737  | 0777  | 0777  | 0467  | 0677  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0077  | 0777  | 0677  | 0737  | 0657  |          | 0737  | 0537  |
| ANIMAL ID   | 00912       | 00912 | 00912 | 00912 | 00912 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102 | 01102    | 01102 | 01102 |
| Ear, Squamous Cell Papilloma                          |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| <b>MUSCULOSKELETAL SYSTEM</b>                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Bone, Femur   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| <b>NERVOUS SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Brain, Brain Stem                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| Brain, Cerebellum                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| Carcinoma, Metastatic, Pituitary Gland                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Brain, Cerebrum                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| Leukemia Mononuclear                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X     | 1     |
| <b>RESPIRATORY SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Lung  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| Alveolar/Bronchiolar Adenoma                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Leukemia Mononuclear                                  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       | X     |       | X     |          | X     | 8     |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| Trachea   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| <b>SPECIAL SENSES SYSTEM</b>                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Eye   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |
| Harderian Gland                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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 Lab: NCTR

|  |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |   |  |
|--|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|--|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> |   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |   |   |  |
|  |   | 7           | 6 | 5 | 7 | 7 | 7 | 7 | 4 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 7 | 7 | 6 | 7               | 5 |   |  |
|  |   | 3           | 8 | 9 | 3 | 3 | 3 | 3 | 7 | 7 | 2 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 5               | 3 | 5 |  |
| <b>CONTROL WATER</b>                     |   | 0           | 0 | 0 | 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 |  |
|  |   | 9           | 9 | 9 | 9 | 9 | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7               | 7 | 7 |  |
|  | 1 | 2           | 2 | 7 | 7 | 0 | 0 | 5 | 5 | 6 | 6 | 2 | 2 | 3 | 3 | 3 | 3 | 6 | 6 | 7 | 7 | 8               | 8 |   |  |
|  | 2 | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1               | 2 |   |  |
|  |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |  |

Zymbal's Gland  
 Squamous Cell Carcinoma

1  
 1

**URINARY SYSTEM**

Kidney  
 Urinary Bladder  
 Transitional Epithelium, Papilloma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>1</b> |

**SYSTEMIC LESIONS**

Multiple Organ  
 Leukemia Mononuclear

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   | X |   | X |   |   | X |   | <b>10</b> |

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

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

**TDMS No. 20116 - 03**  
**Test Type: CHRONIC**  
**Route: DOSED WATER**  
**Species/Strain: RATS/F 344/NCTR**

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
Aloe vera whole leaf extract (native)  
**CAS Number: ALOEVLEAFEXT**

**Date Report Requested: 01/15/2010**  
**Time Report Requested: 14:39:01**  
**First Dose M/F: 04/17/05 / 04/17/05**  
**Lab: NCTR**

| 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 | 0 | 0 | 0 | ANIMAL ID | females<br>(cont...) |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 0.5 |  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 6 | 7 | 7 |   |           |                      |
|  |  | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 3 | 7 | 0 |           |                      |
|  |  | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 7 | 2 | 7 | 7 | 7 | 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 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 0 |           |                      |
|  |  | 5 | 5 | 8 | 8 | 7 | 8 | 8 | 7 | 9 | 0 | 0 | 3 | 3 | 6 | 6 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 1 |           |                      |
|  |  | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 |           |                      |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Lipoma               | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon              | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Rectum                        | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Transverse Colon              | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum                      | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum<br>Leukemia Mononuclear | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Jejunum                       | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver<br>Leukemia Mononuclear                  | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa<br>Squamous Cell Papilloma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
|  | 0720        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |                      |
|  | 0000        | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  |                      |
| ANIMAL ID  | 00051       | 00052 | 00058 | 00081 | 00082 | 00087 | 00088 | 00088 | 00087 | 00079 | 00092 | 00091 | 00092 | 00091 | 00092 | 00091 | 00092 | 00091 | 00092 | 00091 | 00092 | 00091 | 00092 |                      |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pancreas             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Proximal Colon       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**CARDIOVASCULAR SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex<br>Adenoma<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + |
| Islets, Pancreatic                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                                 | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 A .. Autolysis precludes evaluation  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                      |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |       |       |       |       |
|--------------------------------------|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|-------|-------|-------|-------|
| FISCHER 344 RATS-NCTR RATS<br>FEMALE |  | 07          | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    |                      | 07    | 07    | 07    | 07    |
| ALOEWHOLLEAF 0.5                     |  | 20          | 37    | 37    | 37    | 37    | 37    | 37    | 37    | 44    | 37    | 37    | 37    | 57    | 37    | 66    | 37    | 37    | 37    | 37    | 37    | 17    | 37    | 37    | 77    |                      | 37    | 37    | 37    | 37    |
| ANIMAL ID                            |  | 00051       | 00055 | 00088 | 00088 | 00077 | 00077 | 00088 | 00088 | 00077 | 00077 | 00099 | 00099 | 00044 | 00044 | 00055 | 00055 | 00055 | 00055 | 00077 | 00077 | 00088 | 00088 | 00088 | 00088 | 00011                | 00011 | 00011 | 00022 | 00022 |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pars Distalis, Adenoma   | X |   |   | X | X | X |   | X | X | X | X |   | X | X | X | X |   | X |   | X |   | X | X | X |   | X |   | X |   |
| Pars Distalis, Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Adenoma          |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |
| C-cell, Carcinoma        |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma           |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma, Multiple |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma         |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Ovary             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Polyp Stromal     |   | X | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Vagina            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### HEMATOPOIETIC SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 | 0 | 0 | 0 | 0 | 0 | 0 | females<br>(cont...) |
|-----------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| FISCHER 344 RATS-NCTR RATS FEMALE |  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
| ALOEWHOLLEAF 0.5                  |  | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 3 | 7 | 3 | 3 | 7 |                      |
| 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                    |
| Lymph Node                        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Brachial, Leukemia Mononuclear    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Lumbar, Leukemia Mononuclear      |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Mediastinal, Leukemia Mononuclear |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Pancreatic, Leukemia Mononuclear  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Thoracic, Leukemia Mononuclear    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Lymph Node, Mandibular            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Leukemia Mononuclear              |  |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Lymph Node, Mesenteric            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Leukemia Mononuclear              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X | X |   |   |   |   |   |   |                      |
| Spleen                            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Leukemia Mononuclear              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Thymus                            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |

| INTEGUMENTARY SYSTEM |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland        |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma       |  |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroadenoma         |  | X |   |   | X | X |   |   |   |   |   |   |   | X |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |
| Skin                 |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

### INTEGUMENTARY SYSTEM

|                |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenocarcinoma |  |   |   |   |   |   |   |   |   |   |   | X | X |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroadenoma   |  | X |   |   | X | X |   |   |   |   |   |   |   | X |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |
| Skin           |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

### MUSCULOSKELETAL SYSTEM

|      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Bone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | 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 |
|  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 6         | 7                    | 7 | 7 |
|  | 2           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 1 | 3 | 3         | 7                    | 3 | 3 |
|  | 0           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 7 | 2 | 7 | 7         | 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 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 7 | 7 | 8         | 8                    | 8 | 8 |
|  | 5           | 5 | 8 | 8 | 7 | 7 | 8 | 8 | 7 | 7 | 9 | 9 | 0 | 0 | 3 | 3 | 6 | 6 | 0 | 0 | 1         | 1                    | 1 | 2 |
|  | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1         | 2                    | 1 | 2 |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

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





TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 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 | ANIMAL ID |   |   |   |                 |   |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|---|---|---|-----------------|---|
|  |             | 6 | 7 | 7 | 3 | 6 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 5 | 4 | 7 | 7 | 5 |           |   | 4 | 7 | 7               | 7 |
|  |             | 4 | 3 | 3 | 5 | 9 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 8 | 5 | 9 | 3 | 3 | 3 | 7 | 7         | 3 | 1 | 3 |                 |   |
|  |             | 7 | 7 | 7 | 6 | 8 | 3 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 6 | 6 | 6 | 7 | 7 | 2 | 2         | 7 | 1 | 1 |                 |   |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 | 0 | 0 |                 |   |
|  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         | 1 | 1 | 1 |                 |   |
|  |             | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 8 | 8 | 8         | 8 | 8 |   |                 |   |
|  |             | 3 | 4 | 4 | 7 | 7 | 8 | 8 | 0 | 0 | 4 | 4 | 5 | 5 | 2 | 2 | 3 | 3 | 4 | 4 | 6 | 6 | 8         | 8 | 8 |   |                 |   |
|  |             | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1         | 2 | 1 |   |                 |   |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   | <b>* TOTALS</b> |   |

### ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Esophagus                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | <b>47</b>             |
| Intestine Large, Ascending Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Intestine Large, Cecum<br>Lipoma               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>1</b> |
| Intestine Large, Descending Colon              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Intestine Large, Rectum                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Intestine Large, Transverse Colon              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Intestine Small, Duodenum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Intestine Small, Ileum<br>Leukemia Mononuclear | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>1</b> |
| Intestine Small, Jejunum                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Liver<br>Leukemia Mononuclear                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>9</b> |
|  | X |   |   |   | X |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   | X |   |                       |
| Mesentery                                      |   |   |   | + |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   | <b>9</b>              |
| Oral Mucosa<br>Squamous Cell Papilloma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b><br><b>1</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |      |  |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|------|--|
|  | 0647        | 0737  | 0737  | 0356  | 0698  | 0523  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0684  | 0556  | 0496  | 0737  | 0737  | 0527  |          | 0472  | 0737  | 0711  | 0731 |  |
| ANIMAL ID  | 01032       | 01041 | 01044 | 01071 | 01077 | 01081 | 01088 | 01090 | 01092 | 01093 | 01094 | 01095 | 01095 | 01096 | 01096 | 01096 | 01096 | 01096 | 01096 | 01096 | 01096    | 01096 | 01096 | 01096 |      |  |
| Pancreas   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Proximal Colon   | +           | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | M     | +        | +     | +     | 45    |      |  |
| Salivary Glands  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Stomach, Forestomach                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Stomach, Glandular                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| <b>CARDIOVASCULAR SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Leukemia Mononuclear                                     | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2     |      |  |
| <b>ENDOCRINE SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Adenoma  |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |          |       |       | 1     |      |  |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |          |       |       | 1     |      |  |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 46    |      |  |
| Islets, Pancreatic                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |
| Parathyroid Gland  | +           | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +        | +     | +     | 45    |      |  |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |      |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b><br><b>ALOEWHOLLEAF 0.5</b> |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |           |                 |
|---|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-----------------|
|   |  | 0647        | 0737  | 0737  | 0356  | 0698  | 0523  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0684  | 0556  | 0493  | 0737  | 0752  | 0477  | 0731  |       | 0773  |           |                 |
| ANIMAL ID   |  | 01032       | 01041 | 01044 | 01071 | 01077 | 01088 | 01088 | 01000 | 01000 | 01022 | 01022 | 01033 | 01033 | 01055 | 01055 | 01066 | 01066 | 01066 | 01066 | 01088 | 01088 | 01088 | 01088     | <b>* TOTALS</b> |
| Pars Distalis, Adenoma  |  |             | X     | X     | X     | X     | X     |       | X     | X     | X     | X     | X     | X     |       | X     | X     |       | X     | X     | X     | X     |       | <b>35</b> |                 |
| Pars Distalis, Carcinoma  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | <b>1</b>  |                 |
| Thyroid Gland   |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | <b>48</b> |                 |
| C-cell, Adenoma   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | <b>3</b>  |                 |
| C-cell, Carcinoma   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | <b>1</b>  |                 |
| <b>GENERAL BODY SYSTEM</b>  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |           |                 |
| NONE  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |           |                 |
| <b>GENITAL SYSTEM</b>   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |           |                 |
| Clitoral Gland  |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | <b>48</b> |                 |
| Adenoma   |  |             |       |       |       | X     |       |       |       |       |       |       | X     |       |       |       | X     | X     |       |       |       |       | X     | <b>8</b>  |                 |
| Adenoma, Multiple   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | <b>1</b>  |                 |
| Carcinoma   |  |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       | X     |       |       |       | <b>4</b>  |                 |
| Ovary   |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | <b>48</b> |                 |
| Uterus  |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | <b>48</b> |                 |
| Polyp Stromal   |  |             | X     |       |       |       | X     |       | X     |       |       |       |       | X     |       | X     | X     |       | X     |       |       |       | X     | <b>13</b> |                 |
| Vagina  |  | +           |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       | +     |       |       | <b>3</b>  |                 |
| Polyp   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       | <b>1</b>  |                 |
| <b>HEMATOPOIETIC SYSTEM</b>   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |           |                 |
| Bone Marrow   |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | <b>48</b> |                 |
| Leukemia Mononuclear  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | <b>1</b>  |                 |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |      |  |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|------|--|
|  | 0647        | 0737  | 0737  | 0356  | 0698  | 0523  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0684  | 0556  | 0496  | 0737  | 0737  | 0572  |          | 0477  | 0737  | 0737  | 0737 |  |
| ANIMAL ID  | 01032       | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032    | 01032 | 01032 | 01032 |      |  |
| Lymph Node   | +           |       |       |       | +     |       |       |       |       |       |       |       |       | +     |       |       |       |       |       |       |          |       |       |       | 7    |  |
| Brachial, Leukemia Mononuclear                           |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       |       |       | 1    |  |
| Lumbar, Leukemia Mononuclear                             | X           |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       |       |       | 2    |  |
| Mediastinal, Leukemia Mononuclear                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 1    |  |
| Pancreatic, Leukemia Mononuclear                         | X           |       |       |       | X     |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       |       |       | 4    |  |
| Thoracic, Leukemia Mononuclear                           |             |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 1    |  |
| Lymph Node, Mandibular                                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 47   |  |
| Leukemia Mononuclear                                     | X           | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 4    |  |
| Lymph Node, Mesenteric                                   | +           | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 47   |  |
| Leukemia Mononuclear                                     | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 4    |  |
| Spleen   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 48   |  |
| Leukemia Mononuclear                                     | X           | X     |       |       | X     |       |       |       |       |       |       | X     |       | X     |       | X     |       |       |       |       | X        |       | X     |       | 12   |  |
| Thymus   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +        | +     | +     | +     | 45   |  |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Mammary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 48   |  |
| Adenocarcinoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 4    |  |
| Fibroadenoma   |             |       |       |       | X     | X     |       | X     |       | X     |       | X     |       | X     |       |       |       |       | X     |       | X        |       |       |       | 15   |  |
| Skin   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | 48   |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |      |  |
| Bone   |             |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       | 2    |  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS FEMALE | DAY ON TEST | 0647  | 0737  | 0737  | 0359  | 0622  | 0573  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0684  | 0555  | 0493  | 0733  | 0733  | 0572  | 0472  | 0737  | 0737  | 0131  | 0737  | * TOTALS |  |
|-----------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|--|
| ALOEWHOLLEAF 0.5                  | ANIMAL ID   | 01032 | 01044 | 01044 | 01077 | 01077 | 01088 | 01088 | 01002 | 01022 | 01033 | 01033 | 01055 | 01055 | 01066 | 01066 | 01066 | 01066 | 01066 | 01088 | 01088 | 01066 | 01066 | 01088 | 01088 |          |  |
| Bone, Femur                       |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| Skeletal Muscle                   |             |       |       |       | +     |       |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3        |  |
| <b>NERVOUS SYSTEM</b>             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| Brain, Brain Stem                 |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| Brain, Cerebellum                 |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| Brain, Cerebrum                   |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| Peripheral Nerve                  |             |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |  |
| Spinal Cord                       |             |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |  |
| <b>RESPIRATORY SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| Lung                              |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| Alveolar/Bronchiolar Adenoma      |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |  |
| Leukemia Mononuclear              |             | X     |       |       |       | X     |       |       |       |       |       | X     |       | X     |       |       |       |       |       |       |       |       |       |       |       | 6        |  |
| Nose                              |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| Trachea                           |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |
| <b>SPECIAL SENSES SYSTEM</b>      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |
| Eye                               |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |  |

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

M .. Missing tissue  
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 BLANK .. Not examined microscopically

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
**CAS Number: ALOEVLEAFEXT**

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 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 |
|--|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | ANIMAL ID   | 6               | 7 | 7 | 3 | 6 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 5 | 4 | 7 | 7 | 5 | 4 | 7 | 7 |
|  |             | 4               | 3 | 3 | 5 | 9 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 8 | 5 | 9 | 3 | 3 | 2 | 7 | 3 | 1 |
|  |             | 7               | 7 | 7 | 6 | 8 | 3 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 6 | 6 | 7 | 7 | 2 | 7 | 7 | 1 |
|  |             | 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 |
|  |             | 0               | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 8 | 8 | 8 | 8 |
|  |             | 3               | 4 | 4 | 7 | 7 | 8 | 8 | 0 | 4 | 4 | 5 | 5 | 2 | 2 | 3 | 3 | 4 | 4 | 6 | 6 | 8 |
|  |             | 2               | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |
|  |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Harderian Gland  |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lacrimal Gland   |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |             | <b>48</b>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |             | <b>1</b>        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>URINARY SYSTEM</b>                                    |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Kidney   |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Urinary Bladder  |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|  |             | <b>48</b>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>SYSTEMIC LESIONS</b>                                  |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Multiple Organ   |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Leukemia Mononuclear                                     |             | X               | X |   | X |   |   |   |   |   | X | X | X |   |   |   |   | X | X |   |   |   |
|  |             | <b>48</b>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |             | <b>12</b>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010

Time Report Requested: 14:39:01

First Dose M/F: 04/17/05 / 04/17/05

Lab: NCTR

| 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 | 0 | 0 | 0 | females<br>(cont...) |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> | 7 | 7 | 5 | 6 | 7 | 5 | 7 | 7 | 7 | 4 | 5 | 7 | 4 | 7 | 7 | 7 | 6 | 5 | 6 | 5 | 7 | 7 | 6 | 7 | 7 |                      |
| <b>ALOEWHOLLEAF 1.0</b>                  | 3 | 3 | 0 | 8 | 3 | 5 | 3 | 3 | 3 | 1 | 9 | 3 | 7 | 2 | 3 | 3 | 1 | 7 | 6 | 7 | 3 | 3 | 5 | 3 | 3 |                      |
| ANIMAL ID                                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 0 |                      |
|  | 3 | 3 | 4 | 4 | 7 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 1 | 1 | 7 | 7 | 8 | 8 | 5 | 5 | 6 | 6 | 6 | 5 |   |                      |
|  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |                      |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma               |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Intestine Large, Colon            |   |   | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma               |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leiomyoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leiomyosarcoma                    |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | M |   |   |   |   |   |   |   |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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 X .. Lesion present  
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M .. Missing tissue  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|
|  | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>5<br>0<br>6 | 0<br>6<br>8<br>7 | 0<br>7<br>3<br>7 | 0<br>5<br>5<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>4<br>1<br>5 | 0<br>5<br>9<br>6 | 0<br>7<br>3<br>7 | 0<br>4<br>7<br>7 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>7 | 0<br>6<br>1<br>9 | 0<br>5<br>7<br>2 | 0<br>6<br>6<br>6 | 0<br>5<br>7<br>2 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>5<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>5<br>7 | 0<br>7<br>3<br>7 |           |                      |
| Intestine Small, Jejunum                                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Liver  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Histiocytic Sarcoma                                      |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Leukemia Mononuclear                                     |                  | X                |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  | X                |                  |                  |                  |                  | X                | X                | X                |                  |                  |           |                      |
| Mesentery  | +                |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |           |                      |
| Histiocytic Sarcoma                                      |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Leukemia Mononuclear                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Oral Mucosa  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Squamous Cell Carcinoma                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Pancreas   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Histiocytic Sarcoma                                      |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Leukemia Mononuclear                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Proximal Colon   | +                | +                | M                | +                | +                | +                | +                | +                | +                | M                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Adenoma  | X                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Carcinoma  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Salivary Glands  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Leukemia Mononuclear                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Stomach, Forestomach                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Leukemia Mononuclear                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Stomach, Glandular                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         |                      |
| Leukemia Mononuclear                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                      |                  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|--------------------------------------|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| FISCHER 344 RATS-NCTR RATS<br>FEMALE | ALOEWHOLLEAF 1.0 | 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 | 5 | 6 | 7 | 5 | 7 | 7 | 7 | 4 | 5 | 7 | 4 | 7 | 7 | 7 | 6 | 5 | 6 | 5 | 7 | 7 | 6 | 7 | 7 |                      |
|                                      |                  | 3           | 3 | 0 | 8 | 3 | 5 | 3 | 3 | 3 | 1 | 9 | 3 | 7 | 2 | 3 | 3 | 1 | 7 | 6 | 7 | 3 | 3 | 5 | 3 | 3 |                      |
|                                      |                  | 7           | 7 | 6 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 9 | 7 | 7 | 9 | 2 | 6 | 2 | 7 | 7 | 7 | 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 |                      |
|                                      |                  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 0 |                      |
|                                      |                  | 3           | 3 | 4 | 4 | 7 | 9 | 9 | 0 | 0 | 5 | 5 | 6 | 6 | 1 | 1 | 7 | 7 | 8 | 8 | 5 | 5 | 6 | 6 | 5 |   |                      |
|                                      |                  | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |                      |

**CARDIOVASCULAR SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ENDOCRINE SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma          |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pheochromocytoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic           | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pituitary Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pars Distalis, Adenoma       | X | X |   |   | X | X |   | X | X |   | X | X | X | X |   | X |   | X |   | X | X |   |   |   |   |
| Thyroid Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma          |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bilateral, C-cell, Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|  |                  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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 | 5 | 6 | 7 | 5 | 7 | 7 | 7 | 4 | 5 | 7 | 4 | 7 | 7 | 7 | 6 | 5 | 6 | 5 | 7 | 7 | 6 | 7 | 7 |                      |
| <b>FISCHER 344 RATS-NCTR RATS<br/>FEMALE</b> |                  | 3           | 3 | 0 | 8 | 3 | 5 | 3 | 3 | 3 | 1 | 9 | 3 | 7 | 2 | 3 | 3 | 1 | 7 | 6 | 7 | 3 | 3 | 5 | 3 | 3 |                      |
|  |                  | 7           | 7 | 6 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 9 | 7 | 7 | 9 | 2 | 6 | 2 | 7 | 7 | 7 | 7 | 3 |                      |
| <b>ALOEWHOLLEAF 1.0</b>                      |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  | <b>ANIMAL ID</b> | 0           | 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 | 2 | 2 | 3 | 3 | 3 | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 |   |                      |
|  |                  | 3           | 3 | 4 | 4 | 7 | 7 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 1 | 1 | 7 | 7 | 8 | 8 | 5 | 5 | 6 | 6 | 5 |   |                      |
|  |                  | 1           | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |   |                      |

C-cell, Adenoma  
 C-cell, Carcinoma

X

X

### GENERAL BODY SYSTEM

Tissue NOS  
 Mediastinum, Histiocytic Sarcoma

### GENITAL SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                     | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ovary                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Mononuclear        |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Uterus                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal               |   |   |   |   |   |   |   |   |   | X | X | X |   |   |   | X |   |   |   |   |   |   |   | X |   |
| Endometrium, Adenocarcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                      |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### HEMATOPOIETIC SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|
|  | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>5<br>0<br>6 | 0<br>6<br>8<br>7 | 0<br>7<br>3<br>7 | 0<br>5<br>5<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>4<br>1<br>5 | 0<br>5<br>9<br>6 | 0<br>7<br>3<br>7 | 0<br>4<br>7<br>7 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>7 | 0<br>6<br>1<br>9 | 0<br>5<br>7<br>2 | 0<br>6<br>6<br>6 | 0<br>5<br>7<br>2 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>5<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 |           |                      | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 |

Lymph Node  
 Axillary, Leukemia Mononuclear  
 Lumbar, Leukemia Mononuclear  
 Mediastinal, Histiocytic Sarcoma  
 Mediastinal, Leukemia Mononuclear  
 Pancreatic, Leukemia Mononuclear  
 Renal, Leukemia Mononuclear

Lymph Node, Mandibular  
 Leukemia Mononuclear

Lymph Node, Mesenteric  
 Histiocytic Sarcoma  
 Leukemia Mononuclear

Spleen  
 Histiocytic Sarcoma  
 Leukemia Mononuclear

Thymus  
 Histiocytic Sarcoma  
 Leukemia Mononuclear

**INTEGUMENTARY SYSTEM**

Mammary Gland  
 Fibroadenoma

Skin  
 Basal Cell Carcinoma

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

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 A .. Autolysis precludes evaluation  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>5<br>0<br>6      | 0<br>6<br>8<br>7      | 0<br>7<br>3<br>7      | 0<br>5<br>5<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>4<br>1<br>5      | 0<br>5<br>9<br>6      | 0<br>7<br>3<br>7      | 0<br>4<br>7<br>7      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>7      | 0<br>6<br>1<br>9      | 0<br>5<br>7<br>2      | 0<br>6<br>6<br>6      | 0<br>5<br>7<br>2      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>5<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>7<br>7      | 0<br>7<br>3<br>7      |                       |                      |
|  | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>5<br>6<br>1 | 0<br>0<br>6<br>6<br>2 | 0<br>0<br>6<br>6<br>1 | 0<br>0<br>6<br>8<br>2 | 0<br>0<br>6<br>8<br>2 | 0<br>0<br>9<br>5<br>1 | 0<br>0<br>9<br>5<br>2 | 0<br>0<br>9<br>6<br>1 | 0<br>0<br>9<br>6<br>1 | 0<br>0<br>9<br>6<br>2 | 0<br>0<br>9<br>6<br>5 | 0<br>1<br>0<br>5<br>1 |                      |

Fibroma X  
 Sarcoma X  
 Subcutaneous Tissue, Fibroma

**MUSCULOSKELETAL SYSTEM**

Bone, Femur +

**NERVOUS SYSTEM**

Brain, Brain Stem +  
 Leukemia Mononuclear

Brain, Cerebellum +  
 Leukemia Mononuclear

Brain, Cerebrum +  
 Astrocytoma Malignant X  
 Leukemia Mononuclear

**RESPIRATORY SYSTEM**

Lung +  
 Carcinoma, Metastatic, Thyroid Gland X  
 Histiocytic Sarcoma X  
 Leukemia Mononuclear X X X X X X

Nose +

Trachea +

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                      |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |        |                      |
|--------------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|--------|----------------------|
| DAY ON TEST                          |  | 0<br>7                | 0<br>7                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>5                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>4                | 0<br>5                | 0<br>7                | 0<br>4                | 0<br>7                | 0<br>7                | 0<br>6                | 0<br>5                | 0<br>6                | 0<br>5                | 0<br>7                | 0<br>7                | 0<br>6                | 0<br>7                | 0<br>7                | 0<br>6                | 0<br>7                | 0<br>7 | 0<br>7 | females<br>(cont...) |
| FISCHER 344 RATS-NCTR RATS<br>FEMALE |  | 3<br>7                | 3<br>7                | 0<br>6                | 8<br>7                | 3<br>7                | 5<br>5                | 3<br>7                | 3<br>7                | 3<br>7                | 1<br>5                | 9<br>6                | 3<br>7                | 7<br>7                | 2<br>9                | 3<br>7                | 3<br>7                | 1<br>9                | 7<br>2                | 6<br>6                | 5<br>7                | 6<br>7                | 5<br>3                | 7<br>7                | 3<br>5                | 3<br>7                | 3<br>7                | 3<br>3 |        |                      |
| ALOEWHOLLEAF 1.0                     |  | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>5<br>6<br>1 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>6<br>1<br>1 | 0<br>0<br>6<br>1<br>2 | 0<br>0<br>6<br>6<br>7 | 0<br>0<br>6<br>8<br>8 | 0<br>0<br>6<br>8<br>5 | 0<br>0<br>6<br>8<br>1 | 0<br>0<br>6<br>8<br>2 | 0<br>0<br>9<br>9<br>5 | 0<br>0<br>9<br>9<br>5 | 0<br>0<br>9<br>9<br>6 | 0<br>0<br>9<br>9<br>6 | 0<br>1<br>0<br>5<br>1 |        |        |                      |
| ANIMAL ID                            |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |        |                      |

**SPECIAL SENSES SYSTEM**

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Ear                                     | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eye                                     | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Harderian Gland<br>Leukemia Mononuclear | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zymbal's Gland<br>Carcinoma             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**URINARY SYSTEM**

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Kidney<br>Leukemia Mononuclear          | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urinary Bladder<br>Leukemia Mononuclear | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SYSTEMIC LESIONS**

|                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Multiple Organ<br>Histiocytic Sarcoma | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Leukemia Mononuclear                  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                       |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |      |
|-----------------------------------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|------|
|                                   | 0737      | 0737  | 0737  | 0737  | 0577  | 0777  | 0777  | 0777  | 0777  | 0777  | 0477  | 0676  | 0666  | 0766  | 0666  | 0766  | 0766  | 0565  | 0565  | 0767  |          | 0767  | 0565  | 0565 |
| FISCHER 344 RATS-NCTR RATS FEMALE |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |      |
| ALOEWHOLLEAF 1.0                  | ANIMAL ID | 01052 | 01057 | 01058 | 01061 | 01062 | 01066 | 01068 | 01071 | 01072 | 01074 | 01075 | 01076 | 01077 | 01078 | 01081 | 01082 | 01083 | 01084 | 01087 | 01088    | 01091 | 01092 |      |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | 46 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Carcinoma                         | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | 46 |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 47 |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | 46 |
| Histiocytic Sarcoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leiomyoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | A | + | + | + | + | A | + | 43 |
| Leiomyosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|
|  | 0737        | 0737 | 0737 | 0737 | 0533 | 0737 | 0737 | 0737 | 0737 | 0737 | 0433 | 0733 | 0633 | 0633 | 0722 | 0622 | 0622 | 0522 | 0522 | 0733 |          | 0733 | 0536 | 0733 |
| ANIMAL ID  | 0102        | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102 | 0102     | 0102 | 0102 | 0102 |
| Intestine Small, Jejunum                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | A    | +    | A    | +    | +    | +    | +    | +    | +        | +    | +    | 45   |
| Liver  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | 48   |
| Histiocytic Sarcoma                                      |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 2    |
| Leukemia Mononuclear                                     |             | X    |      |      |      | X    |      |      |      |      | X    |      |      | X    | X    | X    | X    |      |      |      |          | X    |      | 16   |
| Mesentery  | +           |      |      |      |      |      |      |      |      |      |      |      | +    | +    | +    |      | +    | +    |      | +    |          |      |      | 10   |
| Histiocytic Sarcoma                                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      | X    |      |      |      |          |      |      | 2    |
| Oral Mucosa  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |
| Squamous Cell Carcinoma                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |
| Pancreas   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | 48   |
| Histiocytic Sarcoma                                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 1    |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    |      | 1    |
| Proximal Colon   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | A    | +    | A    | +    | +    | +    | +    | +    | +        | +    | 42   |      |
| Adenoma  |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      | 4    |
| Carcinoma  |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |          |      |      | 2    |
| Salivary Glands  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |      |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    |      | 1    |
| Stomach, Forestomach                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |      |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    |      | 1    |
| Stomach, Glandular                                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |      |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    |      | 1    |

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

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TDMS No. 20116 - 03  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 Lab: NCTR

|  |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |   |
|--|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> |           | 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 | 5 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 6 | 6 | 7 | 6 | 7 | 6 | 5 | 5 | 7               | 7 | 5 |
| <b>ALOEWHOLLEAF 1.0</b>                  |           | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 6 | 2 | 2 | 2 | 9 | 0 | 3 | 3 | 3               | 6 |   |
|  |           | 7           | 7 | 7 | 7 | 0 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 8 | 9 | 5 | 3 | 2 | 2 | 6 | 7 | 7               | 5 |   |
|  | 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               | 1 |   |
|  |           | 0           | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 8               | 8 |   |
|  |           | 5           | 7 | 7 | 8 | 8 | 6 | 6 | 8 | 8 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 2 | 2 | 4               | 4 |   |
|  |           | 2           | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1               | 2 |   |
|  |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |

**CARDIOVASCULAR SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear |   | X |   |   |   |   |   |   |   |   | X |   | X |   | X | X |   |   |   |   |   |   | <b>5</b>  |

**ENDOCRINE SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Adrenal Cortex               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   | <b>2</b>  |
| Adrenal Medulla              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Histiocytic Sarcoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>  |
| Pheochromocytoma Malignant   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | <b>2</b>  |
| Islets, Pancreatic           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>  |
| Parathyroid Gland            | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Adenoma                      |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Pituitary Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Leukemia Mononuclear         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>  |
| Pars Distalis, Adenoma       | X | X |   | X |   | X | X | X | X |   | X | X |   | X | X | X |   |   |   | X | X | X | <b>30</b> |
| Thyroid Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Histiocytic Sarcoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Bilateral, C-cell, Carcinoma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |       |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|------|
|  | 0737        | 0737  | 0737  | 0737  | 0533  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0433  | 0733  | 0639  | 0636  | 0722  | 0622  | 0520  | 0533  | 0733  |          | 0733  | 0536  | 0537  | 0737  | 0536 |
| ANIMAL ID  | 01052       | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052    | 01052 | 01052 | 01052 | 01052 |      |
| Lymph Node   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 8    |
| Axillary, Leukemia Mononuclear                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 2    |
| Lumbar, Leukemia Mononuclear                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 2    |
| Mediastinal, Histiocytic Sarcoma                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |
| Mediastinal, Leukemia Mononuclear                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 2    |
| Pancreatic, Leukemia Mononuclear                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 3    |
| Renal, Leukemia Mononuclear                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |
| Lymph Node, Mandibular                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 48   |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 6    |
| Lymph Node, Mesenteric                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 48   |
| Histiocytic Sarcoma                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 7    |
| Spleen   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 48   |
| Histiocytic Sarcoma                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 19   |
| Thymus   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 45   |
| Histiocytic Sarcoma                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 4    |

**INTEGUMENTARY SYSTEM**

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Mammary Gland        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Fibroadenoma         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 9  |
| Skin                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Basal Cell Carcinoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |   |  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|---|--|
|                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |   |  |
| FISCHER 344 RATS-NCTR RATS<br>FEMALE | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 6 | 6 | 7 | 6 | 7 | 6 | 5 | 5 | 7        | 7 | 5 |  |
|                                      | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 6 | 2 | 2 | 2 | 9 | 0 | 3 | 3        | 3 | 6 |  |
| ALOEWHOLLEAF 1.0                     | 7 | 7 | 7 | 7 | 0 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 8 | 9 | 9 | 5 | 3 | 2 | 2 | 6 | 7        | 7 | 5 |  |
|                                      | 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                            | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1 | 1 |  |
|                                      | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 8        | 8 | 8 |  |
|                                      | 5 | 7 | 7 | 8 | 8 | 6 | 6 | 8 | 8 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 2 | 2 | 4        | 4 | 4 |  |
|                                      | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1        | 2 | 2 |  |

|                              |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |
|------------------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| Fibroma                      |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |   |
| Sarcoma                      |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   | 2 |
| Subcutaneous Tissue, Fibroma |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |   | 1 |

**MUSCULOSKELETAL SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**NERVOUS SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear  |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Brain, Cerebellum     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear  |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   | 2  |
| Brain, Cerebrum       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Astrocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear  |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   | 2  |

**RESPIRATORY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Carcinoma, Metastatic, Thyroid Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear                 |   |   | X |   |   | X |   |   |   | X |   |   | X | X | X | X |   |   |   |   |   |   |   |   | 12 |
| Nose                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Trachea                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                   |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|-----------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| DAY ON TEST                       |  | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 4 | 7 | 6 | 6 | 7 | 6 | 7 | 6 | 5 | 5 | 7 | 7 | 5 | 5 |   |          |
| FISCHER 344 RATS-NCTR RATS FEMALE |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 6 | 2 | 2 | 2 | 9 | 0 | 3 | 3 | 3 | 6 | 6 |   |          |
| ALOEWHOLLEAF 1.0                  |  | 7 | 7 | 7 | 7 | 0 | 7 | 7 | 7 | 7 | 6 | 7 | 8 | 9 | 9 | 5 | 3 | 2 | 2 | 6 | 7 | 7 | 5 | 5 |   |          |
| 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 |   |          |
|                                   |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |          |
|                                   |  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 8 | 8 | 8 |   |          |
|                                   |  | 5 | 7 | 7 | 8 | 8 | 6 | 6 | 8 | 8 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 2 | 2 | 4 | 4 | 4 |   |          |
|                                   |  | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 |   |          |
|                                   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |

**SPECIAL SENSES SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Ear                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Eye                  | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | 46 |   |
| Harderian Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Zymbal's Gland       |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Carcinoma            |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |

**URINARY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Urinary Bladder      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |

**SYSTEMIC LESIONS**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Histiocytic Sarcoma  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Leukemia Mononuclear |   | X | X |   | X |   |   |   |   | X |   |   | X | X | X | X | X |   |   |   |   |   | X |   | 19 |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |       |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|-------|------|
|  | 0524        | 0737  | 0737  | 0737  | 0737  | 0737  | 0576  | 0466  | 0673  | 0773  | 0443  | 0577  | 0677  | 0777  | 0777  | 0777  | 0679  | 0777  | 0777  | 0777  | 0777  | 0672  | 0737  | 0737  |                      | 0662  | 0662 |
| ANIMAL ID  | 00021       | 00022 | 00041 | 00042 | 00011 | 00012 | 00022 | 00022 | 00044 | 00044 | 00044 | 00055 | 00055 | 00055 | 00055 | 00066 | 00066 | 00077 | 00077 | 00077 | 00055 | 00066 | 00077 | 00077 | 00066                | 00077 |      |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       | X    |
| Liver  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     | X     | X     | X     |       |       | X     | X     | X     | X     | X                    | X     | X    |
| Mesentery  |             |       |       |       |       |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       |      |
| Pancreas   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       | X    |
| Proximal Colon   | M           | +     | +     | +     | +     | +     | A     | M     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Adenoma  |             |       | X     |       | X     |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       | X     |       |       |       |                      |       |      |
| Carcinoma  |             |       |       |       | X     | X     |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |                      |       |      |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |                      |       |      |
| Salivary Glands  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Stomach, Forestomach                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Squamous Cell Papilloma                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       |      |
| Stomach, Glandular                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| <b>CARDIOVASCULAR SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       |      |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    | +     | +    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       | X    |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       | X    |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       | X    |
| <b>ENDOCRINE SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       |      |

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

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







TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | females<br>(cont...) |      |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------------------|------|
|  | 0524        | 0737 | 0773 | 0773 | 0770 | 0776 | 0546 | 0467 | 0673 | 0743 | 0443 | 0737 | 0677 | 0773 | 0773 | 0773 | 0676 | 0773 | 0771 | 0723 | 0773 | 0773 | 0669 | 0770 |           |                      | 0773 |
| Leukemia Mononuclear                                     |             |      |      |      | X    |      |      |      |      |      |      |      |      | X    |      | X    | X    | X    |      |      | X    | X    | X    | X    | X         |                      |      |
| Thymus   | +           | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +         |                      |      |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |           |                      |      |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| Mammary Gland  | +           | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +                    | +    |
| Fibroadenoma   |             |      | X    | X    |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |           |                      |      |
| Skin   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +                    | +    |
| Head, Basal Cell Carcinoma                               |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| <b>MUSCULOSKELETAL SYSTEM</b>                            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| Bone, Femur  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +                    | +    |
| Skeletal Muscle  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| <b>NERVOUS SYSTEM</b>                                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| Brain, Brain Stem  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +                    | +    |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |           |                      |      |
| Brain, Cerebellum  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +                    | +    |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |           |                      |      |
| Meningioma Malignant                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                      |      |
| Brain, Cerebrum  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +         | +                    | +    |
| Leukemia Mononuclear                                     |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      | X    |      |           |                      |      |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|                                      |                  | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |      |      |
|--------------------------------------|------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|------|------|
| FISCHER 344 RATS-NCTR RATS<br>FEMALE | ALOEWHOLLEAF 1.5 | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |      |      |
|                                      |                  | 0524        | 0737 | 0777 | 0777 | 0777 | 0777 | 0575 | 0464 | 0667 | 0773 | 0773 | 0444 | 0573 | 0777 | 0677 | 0777 | 0677 | 0777 | 0777 | 0777 | 0777 | 0777 | 0677 | 0777 |                      | 0777 | 0677 |
|                                      |                  | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000                 | 0000 | 0000 |

Meningioma Malignant

Peripheral Nerve

Spinal Cord

**RESPIRATORY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   | X | X | X |
| Nose                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Zymbal's Gland          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| 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 | 0 | 0 |
|--|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> | 7               | 7 | 7 | 4 | 6 | 4 | 6 | 7 | 6 | 4 | 7 | 7 | 7 | 7 | 7 | 4 | 6 | 3 | 2 | 7 | 5 | 6 | 7 |   |
| <b>ALOEWHOLLEAF 1.5</b>                  | 3               | 3 | 3 | 8 | 9 | 8 | 5 | 2 | 5 | 5 | 3 | 3 | 3 | 1 | 3 | 5 | 9 | 1 | 9 | 3 | 8 | 8 | 3 |   |
| <b>ANIMAL ID</b>                         | 7               | 7 | 7 | 4 | 5 | 2 | 0 | 6 | 6 | 4 | 7 | 7 | 7 | 8 | 7 | 7 | 9 | 9 | 9 | 7 | 3 | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|  | 8               | 8 | 8 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 8 | 8 |   |   |
|  | 7               | 8 | 8 | 1 | 1 | 1 | 1 | 4 | 4 | 9 | 9 | 0 | 0 | 7 | 7 | 8 | 8 | 9 | 9 | 8 | 8 | 9 |   |   |
|  | 2               | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |   |
|  | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>5</b>  |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Adenoma                           |   |   | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>5</b>  |
| Adenoma, Multiple                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Large, Colon            |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Adenoma                           |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Leukemia Mononuclear              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | <b>47</b> |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Leiomyosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | <b>44</b> |
| Intestine Small, Jejunum          | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | <b>43</b> |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
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 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0737        | 0737  | 0737  | 0484  | 0645  | 0462  | 0670  | 0666  | 0447  | 0737  | 0737  | 0737  | 0737  | 0413  | 0659  | 0639  | 0279  | 0583  | 0688  | 0730  |          |
| ANIMAL ID  | 00872       | 00881 | 00882 | 00111 | 00112 | 00112 | 00112 | 00114 | 00112 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 |          |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
| Adenoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       | X     | X     |       |       |       |       |       | 4        |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       | X     |       |       | 5        |
| Bilateral, Pheochromocytoma Malignant                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Islets, Pancreatic                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
| Parathyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Adenoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | 47       |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       | 2        |
| Pars Distalis, Adenoma                                   | X           |       |       |       |       |       | X     |       |       | X     | X     | X     |       | X     |       |       |       | X     | X     | X     | 18       |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| C-cell, Adenoma  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3        |
| <b>GENERAL BODY SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| NONE   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| <b>GENITAL SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Clitoral Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
| Adenoma  | X           |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3        |
| Carcinoma  |             |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |

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

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

TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| DAY ON TEST                       | FISCHER 344 RATS-NCTR RATS FEMALE |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|-----------------------------------|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                                   | 0737                              | 0737  | 0737  | 0484  | 0695  | 0482  | 0650  | 0726  | 0646  | 0777  | 0777  | 0777  | 0777  | 0777  | 0489  | 0639  | 0299  | 0737  | 0583  | 0687  |          | 0730  |
| ALOEWHOLLEAF 1.5                  | ANIMAL ID                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|                                   | 00872                             | 00882 | 00882 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 |          | 01112 |
| Ovary                             | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Leukemia Mononuclear              |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     | X     |       |       |       |          | 3     |
| Uterus                            | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Leiomyoma                         |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Leukemia Mononuclear              |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |          | 2     |
| Polyp Stromal                     | X                                 | X     | X     |       | X     |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |          | 8     |
| Endometrium, Adenocarcinoma       |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Vagina                            |                                   |       |       |       |       |       |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |          | 4     |
| <b>HEMATOPOIETIC SYSTEM</b>       |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Bone Marrow                       | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47    |
| Leukemia Mononuclear              |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |          | 2     |
| Lymph Node                        |                                   |       |       |       |       |       |       |       |       | +     |       |       |       |       | +     | +     |       |       | +     |       |          | 9     |
| Axillary, Leukemia Mononuclear    |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Lumbar, Leukemia Mononuclear      |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |          | 2     |
| Mediastinal, Leukemia Mononuclear |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       | X     |       |          | 3     |
| Pancreatic, Leukemia Mononuclear  |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |          | 5     |
| Renal, Leukemia Mononuclear       |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |          | 3     |
| Lymph Node, Mandibular            | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | 47    |
| Leukemia Mononuclear              |                                   |       |       |       |       |       |       |       |       |       |       |       | X     |       | X     |       |       | X     |       |       |          | 6     |
| Lymph Node, Mesenteric            | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | 47    |
| Leukemia Mononuclear              |                                   |       |       |       |       |       |       |       |       |       |       |       |       |       | X     | X     | X     | X     |       |       |          | 9     |
| Spleen                            | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |

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

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



TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0737        | 0737  | 0737  | 0484  | 0665  | 0462  | 0670  | 0666  | 0456  | 0737  | 0737  | 0737  | 0737  | 0431  | 0737  | 0469  | 0329  | 0273  | 0583  | 0687  |          | 0730 |
| ANIMAL ID  | 00872       | 00881 | 00882 | 00111 | 00112 | 00112 | 00112 | 00114 | 00112 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00112    |      |
| Leukemia Mononuclear                                     | X           | X     |       |       |       |       |       |       |       |       | X     | X     | X     | X     | X     |       | X     |       |       |       |          |      |
| Thymus   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | A        | +    |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Mammary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |      |
| Fibroadenoma   | X           |       |       |       |       |       | X     |       |       |       |       |       | X     |       |       |       |       | X     | X     |       |          |      |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Skin   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |      |
| Head, Basal Cell Carcinoma                               |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |      |
| <b>MUSCULOSKELETAL SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Bone, Femur  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |      |
| Skeletal Muscle  |             |       |       |       |       |       |       |       |       |       |       |       |       |       | +     |       |       | +     |       |       |          |      |
| <b>NERVOUS SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain, Brain Stem  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |      |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain, Cerebellum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |      |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          |      |
| Meningioma Malignant                                     |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain, Cerebrum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |      |
| Leukemia Mononuclear                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          |      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

|  |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
|--|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> |  | 0737        | 0737  | 0737  | 0484  | 0665  | 0482  | 0650  | 0766  | 0644  | 0777  | 0777  | 0777  | 0777  | 0481  | 0639  | 0329  | 0273  | 0588  | 0683  | 0730  |          |
| <b>ALOEWHOLLEAF 1.5</b>                  |  | 00872       | 00881 | 00882 | 01112 | 01112 | 01122 | 01141 | 01142 | 01142 | 01133 | 01133 | 01155 | 01155 | 01177 | 01188 | 01199 | 01199 | 01188 | 01188 | 01199 |          |
|  |  | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
| Meningioma Malignant                     |  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Peripheral Nerve                         |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Spinal Cord                              |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| <b>RESPIRATORY SYSTEM</b>                |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Lung                                     |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |
| Leukemia Mononuclear                     |  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 11       |
| Nose                                     |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |
| Trachea                                  |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |
| <b>SPECIAL SENSES SYSTEM</b>             |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Eye                                      |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 46       |
| Harderian Gland                          |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |
| Zymbal's Gland                           |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Squamous Cell Carcinoma                  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| <b>URINARY SYSTEM</b>                    |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Kidney                                   |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |
| Leukemia Mononuclear                     |  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |
| Sarcoma                                  |  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Urinary Bladder                          |  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |

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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
**CAS Number: ALOEVLEAFEXT**

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:01  
 First Dose M/F: 04/17/05 / 04/17/05  
 Lab: NCTR

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 1.5 | DAY ON TEST |       | ANIMAL ID |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |    |  |
|--|-------------|-------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|----|--|
|  | 07737       | 07737 | 07737     | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 |          | 07737 |    |  |
|  | 07737       | 07737 | 07737     | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737 | 07737    | 07737 |    |  |
|  | 0872        | 0872  | 0872      | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872  | 0872     | 0872  |    |  |
| Leukemia Mononuclear                                     |             |       |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2     |    |  |
| <b>SYSTEMIC LESIONS</b>                                  |             |       |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    |  |
| Multiple Organ   | +           | +     | +         | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48 |  |
| Leukemia Mononuclear                                     | X           |       | X         |       |       |       |       |       |       |       |       |       | X     | X     | X     | X     | X     |       |       | X     |       |       |          |       | 18 |  |

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

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