

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

**P09: NON-NEOPLASTIC LESIONS 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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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																				males (cont...)					
FISCHER 344 RATS-NCTR RATS MALE	CONTROL WATER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
		4	6	6	7	6	5	6	6	6	7	7	7	6	5	7	7	7	6	6	6		7	6	6	7	7
		8	7	4	3	5	5	8	8	5	1	3	3	3	3	3	3	7	3	2	3	2	8	8	3	3	7
		6	7	1	7	5	5	4	0	3	9	7	4	1	7	7	7	3	4	7	7	8	3	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	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	2	2	3	3	4	4	4	4	4	6	6	7	7	7	7	9	9	9	9	9	9	2
		1	1	2	2	9	9	1	1	1	1	2	2	3	3	2	2	8	8	9	9	8	9	9	9	7	
		1	2	1	2	2	1	2	1	2	1	2	2	1	2	2	1	2	1	2	1	2	1	2	1	1	

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Inflammation																										
Ulcer																										
Mucosa, Hyperplasia																										
Intestine Large, Ascending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Dilatation																										
Hyperplasia																										1
Inflammation																										2
Intestine Large, Descending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Transverse Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mucosa, Hyperplasia																										2
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hyperplasia																										1
Inflammation																										2
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoid Tissue, Hyperplasia																										2

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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 6 5 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			
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	0 0 1 1 1 1	males (cont...)
Cyst Multilocular Degeneration, Cystic								2		2										3	2	2				
Eosinophilic Focus												X				X										
Eosinophilic Focus, Multiple Granuloma	2					2																				
Hepatodiaphragmatic Nodule Necrosis, Coagulative														X												
Vacuolization Cytoplasmic	2	1	3	2		2								3								3				
Bile Duct, Hyperplasia																			2		2	2	1			
Centrilobular, Necrosis																								2		
Left Lateral Lobe, Developmental Malformation				X																						
Mesentery													+													
Hemorrhage																										
Thrombosis																										
Fat, Necrosis														3						4	3					
Oral Mucosa																										
Epithelium, Hyperplasia																										
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Polyarteritis																										
Acinar Cell, Atrophy	1				3					1					2			2				2				
Proximal Colon	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Inflammation																										
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		

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	0 4 8 6	0 6 7 7	0 6 4 1	0 7 3 7	0 6 5 5	0 6 5 4	0 6 8 0	0 6 5 3	0 7 1 9	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 6 4	0 6 2 7	0 7 3 7	0 6 2 8	0 6 8 3			0 7 3 7	0 0 1 1	0 0 2 1	0 0 1 2	0 0 2 1	0 0 2 2	0 0 3 1	0 0 3 1	0 0 4 1	0 0 4 1	0 0 4 2	0 0 6 2	0 0 6 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

Stomach, Forestomach	+																					
Edema																					4	
Hyperplasia																					2	3
Inflammation																					4	3
Ulcer																						

Stomach, Glandular	+																					
Edema																					4	
Erosion																						
Inflammation																						3
Mineralization																						
Mucosa, Hyperplasia																						2
Mucosa, Necrosis, Focal																					1	

**CARDIOVASCULAR SYSTEM**

Blood Vessel	+																					
Heart	+																					
Cardiomyopathy																					2	2
Atrium, Thrombus																						

**ENDOCRINE SYSTEM**

Adrenal Cortex	+																					
Angiectasis																						2
Atrophy																						2
Hyperplasia, Focal																						3
Hypertrophy, Focal																					2	2

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	0 4 8 6	0 6 7 7	0 6 4 1	0 7 3 7	0 6 5 5	0 6 5 4	0 6 8 0	0 6 5 3	0 6 8 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 3 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 1	0 0 2 1	0 0 3 2	0 0 4 1	0 0 4 1	0 0 4 2	0 0 4 2	0 0 4 1	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 9 8	0 0 9 9	0 0 9 9	0 0 9 9	0 0 9 7		

Vacuolization Cytoplasmic	3	3	2	2	3	2	3			2	3	2		2	2	3		3							
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Angiectasis																			2						2
Hyperplasia, Focal							2	4		3	2			3		3	1								
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pars Distalis, Cyst	X																								
Pars Distalis, Hyperplasia	1					2								2					4						
Pars Intermedia, Cyst																							X		
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-cell, Hyperplasia		2									2		2			1								3	
Follicular Cell, Hyperplasia				2																					

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Exfoliated Germ Cell		3	2	2	3		3	2	3	2			2		2	2	3		2	2		3	2		
Hypospermia			2		3		3		3		4			2	4	4		4	4	4	3	2	3	4	
Inflammation																								2	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

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	0 4 8 6	0 6 7 7	0 6 4 1	0 7 3 7	0 6 5 5	0 6 5 4	0 6 8 0	0 6 5 3	0 7 1 9	0 7 3 7	0 6 3 4	0 5 3 1	0 7 3 7	0 7 3 7	0 6 3 3	0 6 2 7	0 6 3 4	0 7 3 7	0 6 2 8	0 6 8 3	0 7 3 7	0 7 3 7				
Pancreatic, Infiltration Cellular, Plasma Cell	2																									
Renal, Degeneration, Cystic	1																									
Lymph Node, Mandibular	+																									
Atrophy, Lymphocyte	+																									
Degeneration, Cystic	+																									
Hematopoietic Cell Proliferation	+																									
Hyperplasia, Lymphoid	+																									
Infiltration Cellular, Plasma Cell	+																									
Necrosis, Lymphoid	+																									
Lymph Node, Mesenteric	+																									
Degeneration, Cystic	+																									
Hemorrhage	+																									
Infiltration Cellular, Plasma Cell	+																									
Necrosis, Lymphoid	+																									
Spleen	+																									
Accessory Spleen	+																									
Congestion	+																									
Hematopoietic Cell Proliferation	+																									
Hyperplasia, Lymphoid	+																									
Hyperplasia, Focal	+																									
Infarct	+																									
Pigmentation	+																									
Thrombus	+																									
Lymphoid Follicle, Necrosis	+																									
Thymus	+																									
Atrophy	+																									

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	0486	0667	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000		0000
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	4	6	6	7	6	5	6	6	6	7	7	7	6	5	7	7	7	6	6	6	7	6	6	
	8	7	4	3	5	5	8	8	5	1	3	3	3	3	3	3	3	7	3	2	3	2	8	
	6	7	1	7	5	5	4	0	3	9	7	4	1	7	7	7	3	4	7	7	8	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	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	4	4	4	4	4	4	6	6	7	7	7	7	9	9	9	9	
	1	1	2	2	9	9	1	1	1	1	2	2	3	2	2	8	8	9	9	8	8	9	9	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	1	2	1	2	

Cyst X

**INTEGUMENTARY SYSTEM**

Mammary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Galactoceles		X	X									X										X	X
Lactation		3	2		3		2	2	2	1	1			2				2		2			
Alveolus, Hyperplasia		3												2					2		1		
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cyst Epithelial Inclusion																							
Inflammation																						3	
Epidermis, Necrosis																						3	

**MUSCULOSKELETAL SYSTEM**

Bone, Femur	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Osteopetrosis																						3	
Skeletal Muscle																							+

**NERVOUS SYSTEM**

Brain, Brain Stem	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hypothalamus, Compression																						2	
Brain, Cerebellum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Brain, Cerebrum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

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	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 2	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 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		

Peripheral Nerve +  
 Spinal Cord +

**RESPIRATORY SYSTEM**

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemorrhage							2																	
Alveolar Epithelium, Hyperplasia																				2				
Alveolus, Infiltration Cellular, Histiocyte		1				1																		
Alveolus, Inflammation																							3	
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fungus																								X
Inflammation						1								2						2				
Goblet Cell, Hyperplasia														3										
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**SPECIAL SENSES SYSTEM**

Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cataract																								X
Retina, Degeneration						2						2		3										
Sclera, Metaplasia, Osseous						2					3													
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Atrophy						2																		
Infiltration Cellular, Lymphocyte	2	1												1						1	2			

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		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		4	6	6	7	6	5	6	6	6	7	7	7	6	5	7	7	7	6	6	6	7	6	6
FISCHER 344 RATS-NCTR RATS MALE		8	7	4	3	5	5	8	8	5	1	3	3	3	3	3	3	7	3	2	3	2	8	
CONTROL WATER		6	7	1	7	5	5	4	0	3	9	7	7	4	1	7	7	7	3	4	7	7	8	
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
		1	1	1	1	2	2	3	3	4	4	4	4	4	4	6	6	7	7	7	7	9	9	
		1	1	2	2	9	9	1	1	1	1	2	2	3	3	2	2	8	8	9	9	8	9	
		1	2	1	2	1	2	1	2	1	2	2	1	2	2	1	2	1	2	1	2	1	2	1
<b>males (cont...)</b>																								

**URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Nephropathy	2	4	4	4	3	3	3	3	2	2	2	3	4	4	3	4	4	3	3	3	2	2	4	3
Cortex, Cyst												X												
Urethra																								
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Dilatation																								

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 + .. Tissue examined microscopically  
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 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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	* TOTALS			
	07	07	07	06	06	07	06	05	07	06	04	05	06	06	07	07	06	07	06	06			06	05	07
	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	2	0	3	4	0	7	6	4	8	0	0	7	7	8	2	3	3	1	3	2		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	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	7	8	8		
	7	8	8	1	1	4	4	5	5	6	6	7	7	8	4	4	5	5	9	9	0	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		

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Inflammation																							1	3.0
Ulcer																							1	3.0
Mucosa, Hyperplasia																							1	3.0
Intestine Large, Ascending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	47	
Intestine Large, Cecum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	46	
Dilatation												X											1	
Hyperplasia																							1	1.0
Inflammation																							1	2.0
Intestine Large, Descending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	47	
Intestine Large, Rectum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47	
Intestine Large, Transverse Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	47	
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Mucosa, Hyperplasia																							1	2.0
Intestine Small, Ileum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	45	
Hyperplasia																							1	1.0
Inflammation																							1	2.0
Intestine Small, Jejunum	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	45	
Lymphoid Tissue, Hyperplasia																							1	2.0

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 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				* TOTALS	
	0 7 3 7	0 7 3 7	0 7 3 7	0 6 1 2	0 6 4 0	0 7 3 4	0 6 6 0	0 5 5 0	0 7 3 7	0 6 6 4	0 4 5 8	0 6 2 0	0 6 5 0	0 7 3 7	0 7 3 8	0 6 3 2	0 7 3 3	0 6 1 3	0 6 8 1	0 5 4 3		0 7 3 2
ANIMAL ID	0 1 2 7 2	0 1 2 8 1	0 1 2 1 2	0 1 4 1 2	0 1 4 1 4	0 1 4 1 2	0 1 4 4 5	0 1 4 4 5	0 1 4 4 5	0 1 4 4 6	0 1 4 4 6	0 1 4 4 7	0 1 4 4 8	0 1 4 7 8	0 1 4 7 4	0 1 4 7 4	0 1 4 7 5	0 1 4 7 5	0 1 4 7 9	0 1 4 7 9	0 1 4 8 0	0 1 4 0 2
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Cyst Multilocular			X																			1
Degeneration, Cystic		2			3													2			2	9 2.2
Eosinophilic Focus									X								X					4
Eosinophilic Focus, Multiple														X								1
Granuloma																						2 2.0
Hepatodiaphragmatic Nodule																						1
Necrosis, Coagulative								3														1 3.0
Vacuolization Cytoplasmic			2		3		3		2								3					12 2.4
Bile Duct, Hyperplasia	1	1	2	4				2	3		2				2	2					3	15 2.1
Centrilobular, Necrosis				2																		1 2.0
Left Lateral Lobe, Developmental Malformation																						1
Mesentery					+	+		+		+			+					+	+			10
Hemorrhage								4														1 4.0
Thrombosis											X											1
Fat, Necrosis					3	3												3	3			7 3.1
Oral Mucosa																+						2
Epithelium, Hyperplasia																4						1 4.0
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Polyarteritis																						4
Acinar Cell, Atrophy				1								1						2			1	12 1.8
Proximal Colon	+	+	+	+	+	+	+	A	+	+	M	+	+	+	+	+	+	A	+	+	+	44
Inflammation																						1 2.0
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				* TOTALS	
	0 7 3 7	0 7 3 7	0 7 3 7	0 6 1 2	0 6 4 0	0 7 3 4	0 6 6 0	0 5 5 0	0 7 3 7	0 6 7 6	0 4 9 4	0 5 6 8	0 6 2 0	0 7 3 7	0 7 3 7	0 6 3 8	0 7 3 2	0 6 7 3	0 6 1 3	0 5 8 3		0 7 4 2
ANIMAL ID	0 1 2 7 2	0 1 2 8 1	0 1 2 8 2	0 1 4 1 1	0 1 4 1 2	0 1 4 4 1	0 1 4 4 2	0 1 4 5 1	0 1 4 5 2	0 1 4 6 1	0 1 4 7 2	0 1 4 7 1	0 1 4 8 2	0 1 4 8 1	0 1 7 4 1	0 1 7 4 2	0 1 7 5 1	0 1 7 5 2	0 1 7 9 1	0 1 7 9 2	0 1 8 0 1	0 1 0 0 2
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Edema																						1 4.0
Hyperplasia					2		2										2					10 2.2
Inflammation					4		2											3				11 2.9
Ulcer																		3				3 2.7
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Edema																						1 4.0
Erosion																						1 2.0
Inflammation																						1 3.0
Mineralization																				2		1 2.0
Mucosa, Hyperplasia																						1 2.0
Mucosa, Necrosis, Focal																				2		2 1.5
<b>CARDIOVASCULAR SYSTEM</b>																						
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Cardiomyopathy	1	3	3	1	2	2			2	2					2	3	2			2	1	34 2.0
Atrium, Thrombus			X																			6
<b>ENDOCRINE SYSTEM</b>																						
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Angiectasis																						2 2.0
Atrophy																						1 3.0
Hyperplasia, Focal																			2			2 2.5
Hypertrophy, Focal																						3 2.0

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				ANIMAL ID	* TOTALS	
	0 7 3 7	0 7 3 7	0 7 3 7	0 6 1 2	0 6 4 0	0 7 3 4	0 6 6 0	0 5 5 0	0 7 3 7	0 6 6 0	0 4 7 6	0 5 6 8	0 6 2 0	0 6 5 0	0 7 3 7	0 7 3 8	0 6 3 2	0 6 7 3	0 6 1 3	0 5 4 3			0 7 3 2
	0 1 2 7 2	0 1 2 8 1	0 1 2 8 2	0 1 4 1 2	0 1 4 1 4	0 1 4 4 2	0 1 4 4 5	0 1 4 5 2	0 1 4 5 2	0 1 4 6 1	0 1 4 6 2	0 1 4 6 7	0 1 4 4 2	0 1 4 4 1	0 1 7 8 2	0 1 7 4 1	0 1 7 4 2	0 1 7 5 1	0 1 7 9 2	0 1 7 0 1	0 1 8 0 2	0 1 0 0 0	

Vacuolization Cytoplasmic																					2	2	3	3			2	2	3	2	2			3			24	2.5																									
Adrenal Medulla	+																																								48																						
Angiectasis																																																													3	2.0	
Hyperplasia, Focal																					4	1																						10	2.5																		
Islets, Pancreatic	+																																								48																						
Parathyroid Gland	+																																								47																						
Pituitary Gland	+																																								48																						
Pars Distalis, Cyst																																																													1		
Pars Distalis, Hyperplasia																																																													5	2.2	
Pars Intermedia, Cyst																																																													1		
Thyroid Gland	+																																								48																						
C-cell, Hyperplasia																																																													8	1.9	
Follicular Cell, Hyperplasia																																																													1	2.0	

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis	+																																								48																					
Exfoliated Germ Cell																					2	2	2	3	2	4	3	1	2	2	3	3	3	2	3	2	2	2	3	4	37	2.4																				
Hypospermia																					4	4	2		2	2	4																						28	3.2												
Inflammation																																																													1	2.0
Preputial Gland	+																																								48																					

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				* TOTALS			
	0 7 3 7	0 7 3 7	0 7 3 7	0 6 1 2	0 6 4 0	0 7 3 4	0 6 6 0	0 5 5 0	0 7 3 7	0 6 6 4	0 4 5 8	0 6 2 0	0 6 5 0	0 7 3 7	0 7 3 8	0 6 3 2	0 7 3 3	0 6 1 3	0 6 8 1	0 5 4 3		0 7 3 2		
ANIMAL ID	0 1 2 7 2	0 1 2 8 1	0 1 2 8 1	0 1 4 1 2	0 1 4 1 4	0 1 4 4 2	0 1 4 4 5	0 1 4 4 1	0 1 4 5 2	0 1 4 5 6	0 1 4 6 1	0 1 4 7 2	0 1 4 7 8	0 1 4 7 8	0 1 7 8 4	0 1 7 5 2	0 1 7 5 1	0 1 7 9 2	0 1 7 9 1	0 1 7 0 0	0 1 8 0 2			
Inflammation Duct, Ectasia		2	1	2		3	2	2	4	2	2	3		2	2	3	2	2		2	4	3	3	38 2.6 6 2.7
Prostate Inflammation	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 34 2.2	
Seminal Vesicle Atrophy Decreased Secretory Fluid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 4 2.0 7 2.7	
Testes Granuloma Sperm Inflammation Polyarteritis Interstitial Cell, Hyperplasia Seminiferous Tubule, Atrophy	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 1 2.0 1 2.0 1 2.0 3 2.3 17 2.8	

**HEMATOPOIETIC SYSTEM**

Bone Marrow Atrophy Hyperplasia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 8 2.1 7 2.6
Lymph Node Lumbar, Degeneration, Cystic Mediastinal, Degeneration, Cystic Mediastinal, Hemorrhage Medulla, Pancreatic, Sinus, Dilatation Medulla, Sinus, Dilatation Pancreatic, Hyperplasia, Lymphoid				+	+					+	+			+	+			+	+		+		24 4 3.0 1 2.0 1 4.0 1 2.0 1 2.0 1 2.0

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				* TOTALS							
	0 7 3 7	0 7 3 7	0 7 3 7	0 6 1 2	0 6 4 0	0 7 3 4	0 6 6 0	0 5 5 0	0 7 3 7	0 6 6 4	0 4 9 6	0 5 6 2	0 6 6 5	0 7 3 3	0 7 3 8	0 6 3 2	0 6 6 3	0 6 6 1	0 5 8 3	0 7 4 2								
ANIMAL ID	0 1 2 7 2	0 1 2 8 1	0 1 2 8 2	0 1 4 1 2	0 1 4 1 2	0 1 4 4 1	0 1 4 4 2	0 1 4 5 1	0 1 4 5 2	0 1 4 6 1	0 1 4 6 2	0 1 4 7 1	0 1 4 7 2	0 1 4 8 1	0 1 7 8 2	0 1 7 4 2	0 1 7 5 1	0 1 7 5 2	0 1 7 9 1	0 1 7 9 2	0 1 8 0 0							
Pancreatic, Infiltration Cellular, Plasma Cell																					1	2.0						
Renal, Degeneration, Cystic																						2	1.5					
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48						
Atrophy, Lymphocyte																						1	1.0					
Degeneration, Cystic	2	3		2				2			2			2	2							11	2.5					
Hematopoietic Cell Proliferation																						1	1.0					
Hyperplasia, Lymphoid																						1	2.0					
Infiltration Cellular, Plasma Cell															2				2	2		9	2.2					
Necrosis, Lymphoid																				2		1	2.0					
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47						
Degeneration, Cystic	2			3		2									2	3						8	2.5					
Hemorrhage																						2	3.0					
Infiltration Cellular, Plasma Cell																						1	2.0					
Necrosis, Lymphoid																				2		1	2.0					
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48						
Accessory Spleen																						1						
Congestion																						1	3.0					
Hematopoietic Cell Proliferation				2																		3	2.3					
Hyperplasia, Lymphoid											2											1	2.0					
Hyperplasia, Focal																						1	3.0					
Infarct			X							X							X				X	6						
Pigmentation					3		2															3	2.7					
Thrombus																						1						
Lymphoid Follicle, Necrosis																				4		1	4.0					
Thymus	+	+	+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46						
Atrophy	2	3	2		3	2		2	2	2				3	2	3	2		2	2	3	3	3	3	3	3	38	2.4

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

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
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 CAS Number: ALOEVLEAFEXT

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 Lab: NCTR

FISCHER 344 RATS-NCTR RATS MALE CONTROL WATER	DAY ON TEST																				* TOTALS	
	077	077	077	066	066	077	066	055	077	066	044	055	066	066	077	077	066	077	066	066		055
ANIMAL ID	012	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011

Cyst 1

**INTEGUMENTARY SYSTEM**

Mammary Gland	+	+	+	+	+	+	+	M	+	+	M	+	+	M	+	+	+	+	+	+	+	+	44
Galactoceles			X				X							X							X		9
Lactation	1	1		2	2				2	1				4		2		3	2	1		1	23 1.9
Alveolus, Hyperplasia		1				2			2					4			2	3	1			1	12 2.0
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Cyst Epithelial Inclusion																					X		1
Inflammation																							1 3.0
Epidermis, Necrosis																							1 3.0

**MUSCULOSKELETAL SYSTEM**

Bone, Femur	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Osteopetrosis																							1 3.0
Skeletal Muscle																							2

**NERVOUS SYSTEM**

Brain, Brain Stem	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Hypothalamus, Compression	2	2	1	2	1											3			2				11 2.1
Brain, Cerebellum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Brain, Cerebrum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48

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 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				* TOTALS	
	0 7 3 7	0 7 3 7	0 7 3 7	0 6 1 2	0 6 4 0	0 7 3 3	0 6 6 4	0 5 5 0	0 7 3 7	0 6 6 4	0 4 5 8	0 6 2 0	0 6 5 0	0 7 3 7	0 7 3 7	0 6 3 8	0 7 3 2	0 6 7 3	0 6 1 3	0 6 8 1		0 5 4 3
	0 1 2 7 2	0 1 2 8 1	0 1 2 8 2	0 1 4 1 2	0 1 4 1 2	0 1 4 4 1	0 1 4 4 2	0 1 4 5 2	0 1 4 5 2	0 1 4 6 1	0 1 4 7 2	0 1 4 8 1	0 1 4 8 2	0 1 7 4 1	0 1 7 4 2	0 1 7 5 1	0 1 7 5 2	0 1 7 9 1	0 1 7 9 2	0 1 7 9 1	0 1 8 0 2	0 1 8 0 2

Peripheral Nerve	1
Spinal Cord	1

**RESPIRATORY SYSTEM**

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Hemorrhage																							1	2.0
Alveolar Epithelium, Hyperplasia																							2	2.0
Alveolus, Infiltration Cellular, Histiocyte																							3	1.0
Alveolus, Inflammation																							2	2.5
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Fungus																							1	
Inflammation																							4	1.8
Goblet Cell, Hyperplasia																							1	3.0
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	

**SPECIAL SENSES SYSTEM**

Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	47	
Cataract																	X					2	
Retina, Degeneration																						5	2.8
Sclera, Metaplasia, Osseous																						2	2.5
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Atrophy																						1	2.0
Infiltration Cellular, Lymphocyte																						7	1.3

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER	DAY ON TEST																				ANIMAL ID				
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		
	7	7	7	6	6	7	6	5	7	6	4	5	6	6	7	7	6	7	6	6	6	5	7		
	3	3	3	1	4	3	6	5	3	7	9	6	2	5	3	3	3	3	7	1	8	4	3		
	7	7	7	2	0	3	4	0	7	6	4	8	0	0	7	7	8	2	3	3	1	3	2		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	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	4	7	7	7	7	7	7	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		
																							<b>* TOTALS</b>		

**URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>48</b>		
Nephropathy	3	3	4	2	4	2	4	1	4	3	2	2	2	4	4	4	2	4	4	2	3	2	4		<b>48 3.0</b>
Cortex, Cyst										X														<b>2</b>	
Urethra				+																				<b>1</b>	
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>48</b>		
Dilatation								X																<b>1</b>	

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 I .. Insufficient tissue  
 M .. Missing tissue  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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 (cont...)			
		0596	0737	0737	0650	0725	0672	0743	0778	0733	0622	0666	0666	0727	0446	0673	0774	0469	0699	0733	0733		0733	0733	0733
<b>FISCHER 344 RATS-NCTR RATS MALE</b>	<b>ALOEWHOLLEAF 0.5</b>																								
		ANIMAL ID																							
		00061	00062	00067	00068	00069	00070	00071	00072	00073	00074	00075	00076	00077	00078	00079	00080	00081	00082	00083	00084	00085	00086	00087	00088

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Inflammation												4												
Ulcer												4												
Intestine Large, Ascending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mucosa, Hyperplasia		2	2		1		2		2	4		1		3		2	2		1	1	2		2	1
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	
Lymphoid Tissue, Hyperplasia																								
Mucosa, Hyperplasia									2		1		2						1	1				1
Intestine Large, Colon																								
Mucosa, Hyperplasia																								
Intestine Large, Descending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoid Tissue, Hyperplasia																								
Mucosa, Hyperplasia					1		1	2		4		1		2				1	2			1	1	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mucosa, Hyperplasia			1																					
Intestine Large, Transverse Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoid Tissue, Hyperplasia																								
Mucosa, Hyperplasia		2	2		1		2		2	3		1		2			2	2		1	1	2		2
Intestine Small					+																			
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+

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 + .. Tissue examined microscopically  
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 1-4 .. Lesion qualified as:  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 0.5	DAY ON TEST																								ANIMAL ID	males (cont...)	
	0596	0737	0737	0650	0725	0672	0743	0778	0833	0733	0722	0666	0666	0774	0467	0673	0774	0466	0679	0799	0333	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	0000	0001	
Mucosa, Hyperplasia	3	2				3							2														
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+
Lymphoid Tissue, Hyperplasia																										2	
Mucosa, Hyperplasia																											
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	M	+	+
Lymphoid Tissue, Hyperplasia													2														
Mucosa, Hyperplasia																											
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Basophilic Focus, Multiple																											X
Degeneration, Cystic													2														
Granuloma				1					1					1													2
Hematopoietic Cell Proliferation																											1
Hepatodiaphragmatic Nodule									X																		X
Infiltration Cellular, Lymphocyte																											
Necrosis, Coagulative																											
Vacuolization Cytoplasmic	4					4	2						2								2					3	
Artery, Media, Hypertrophy																											2
Bile Duct, Hyperplasia																											1
Centrilobular, Degeneration																											
Centrilobular, Necrosis						4																					
Left Lateral Lobe, Developmental Malformation																											
Periductular, Fibrosis																											
Mesentery																											
Polyarteritis																											
Fat, Necrosis																											

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 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 0.5	DAY ON TEST																								ANIMAL ID	males (cont...)				
	0596	0737	0737	0650	0725	0672	0744	0773	0838	0733	0732	0666	0665	0722	0474	0664	0773	0744	0669	0993	0733	0733	0733	0733			0733			
Oral Mucosa																														
Pancreas																														
Acinar Cell, Atrophy		1		2					2			1		2																
Proximal Colon																														
Inflammation				2		2		M									M													
Ulcer																														
Mucosa, Hyperplasia		2	2		3		2			2		1	2	4				3	2		2	2	2		1	1				
Salivary Glands																														
Acinar Cell, Atrophy																														
Sublingual Gland, Infiltration Cellular																														
Stomach, Forestomach																														
Edema																														
Hyperplasia	4				3		2				3			2																
Inflammation	4				3											3														
Perforation																														
Ulcer																														
Stomach, Glandular																														
Diverticulum																														
Edema																														
Inflammation																														
Ulcer																														
Mucosa, Hyperplasia	3				2	3				2				3				3												

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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1-4 .. Lesion qualified as:  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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 ALOEWOLLEAF 0.5	DAY ON TEST																								ANIMAL ID	males (cont...)	
	0596	0737	0737	0650	0725	0672	0743	0778	0733	0733	0622	0666	0665	0722	0474	0646	0737	0770	0499	0693	0733	0733	0733	0737			0737
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Cardiomyopathy	2	2	2	2	2			2	2	2	2	2		2	2	1	3	2	2	2	2		2	2			
Atrium, Thrombus					X									X			X		X	X							
Atrium, Myocardium, Degeneration																											
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Accessory Adrenal Cortical Nodule																											
Angiectasis																											
Atrophy																									3		
Hyperplasia, Focal																											
Necrosis, Coagulative																											
Vacuolization Cytoplasmic	3					3						2	3		3	2			3		4						
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Angiectasis																									1		
Hyperplasia, Focal																			2								
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Hyperplasia																											
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Angiectasis																								3			
Hemorrhage															2												
Pars Distalis, Cyst															X								X				

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

P09: NON-NEOPLASTIC LESIONS 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 (cont...)		
FISCHER 344 RATS-NCTR RATS MALE		0596	0737	0737	0650	0725	0672	0748	0774	0774	0666	0666	0774	0446	0677	0774	0446	0666	0774	0446	0666	0774	0774	0774	0774		0774	
ALOEWHOLLEAF 0.5		0006	0006	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007	0007		0007	0007
ANIMAL ID		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

Pars Intermedia, Cyst

X

Thyroid Gland

+ +

Ultimobranchial Cyst

C-cell, Hyperplasia

Follicular Cell, Hyperplasia

2 2 2 1

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Epididymis  
 Atrophy  
 Exfoliated Germ Cell  
 Hypospermia

+  
 3  
 2 3 3 3 3 2 1 1 1 3 3 3 2 2 2 2 2 2 2 2 2 2 2  
 4 4 4 4 4 4 3 3 4 2 4 4 4 4 4 4 4 4 4 4 4

Penis

+

Preputial Gland  
 Atrophy  
 Inflammation  
 Duct, Ectasia  
 Duct, Hyperplasia

+  
 3 3 3 3 3 2 2 3 2 2 2 2 2 3 2 3 2 3 3 2 1  
 2 2 2 2 2 2 3 2 2 2 2 2 2 2 2 2 3 2 1 3 3

Prostate

Atrophy

Inflammation

+  
 3  
 2 2 2 2 2 2 2 2 3 2 2 2 3 2 1 2

Seminal Vesicle

+ +

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

**P09: NON-NEOPLASTIC LESIONS 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 |
|--|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS MALE</b> | <b>ALOEWHOLLEAF 0.5</b> | 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 | 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 | 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 | 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 |
|  |                         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 8 | 8 | 0 |
|  |                         | 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 | 4 | 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 | 1 | 2 |

males (cont...)

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Atrophy                        |   |   |   | 2 |   |   |   |   | 3 |   | 2 |   |   |   |   |   |   |   | 2 |   | 3 | 2 | 2 | 2 |   |   |   | 2 |
| Decreased Secretory Fluid      | 4 |   |   |   |   |   |   |   |   |   |   |   | 2 | 2 | 3 |   |   |   | 3 |   |   |   |   |   |   |   |   |   |
| Testes                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Interstitial Cell, Hyperplasia | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Seminiferous Tubule, Atrophy   |   | 2 | 3 |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   | 3 |   | 4 |   |   |   |   |   |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Atrophy                                    | 3 |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia                                |   |   |   | 2 | 2 |   |   |   |   |   |   |   |   | 4 | 3 |   |   |   |   | 2 |   | 3 |   |   |   |   |   |   |
| Myeloid Cell, Hyperplasia                  |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                                 |   |   |   | + | + |   |   |   |   |   |   |   |   | + | + |   | + |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Degeneration, Cystic               |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Hyperplasia, Lymphoid              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Infiltration Cellular, Plasma Cell |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Hemorrhage                    |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Pigmentation                  |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Medulla, Renal, Sinus, Dilatation          |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Hyperplasia, Lymphoid          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Degeneration, Cystic                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Hyperplasia, Lymphoid               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Renal, Infiltration Cellular, Plasma Cell  |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Atrophy, Lymphocyte                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Degeneration, Cystic                       |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 | 1 |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

|  |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
|--|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
| FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 0.5 | 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 | 0 |                    |   |
|  |           | 5           | 7 | 7 | 6 | 7 | 6 | 7 | 4 | 7 | 7 | 6 | 6 | 6 | 7 | 4 | 6 | 7 | 7 | 4 | 6 | 7 | 7 | 4 | 6 | 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                  | 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 | 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 | 1 | 2 | 2 | 3 | 3 | 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 | males<br>(cont...) |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
| Hyperplasia, Lymphoid Infiltration Cellular, Plasma Cell Medulla, Sinus, Dilatation                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| Lymph Node, Mesenteric Degeneration, Cystic Hemorrhage Medulla, Sinus, Dilatation                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
| Spleen Atrophy Congestion Fibrosis Hematopoietic Cell Proliferation Hyperplasia, Lymphoid Infarct Pigmentation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
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| Thymus Atrophy Cyst Ectopic Thyroid  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
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**INTEGUMENTARY SYSTEM**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Mammary Gland Galactocele Lactation Alveolus, Hyperplasia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 M .. Missing tissue  
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 BLANK .. Not examined microscopically  
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 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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 0.5 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males (cont...) |
|---|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-----------------|
|   | 0596   | 0737 | 0737 | 0650 | 0725 | 0672 | 0743 | 0778 | 0733 | 0627 | 0666 | 0666 | 0774 | 0446 | 0673 | 0774 | 0446 | 0666 | 0774 | 0774 | 0733 | 0733 | 0733 | 0733 |           |                 |
|   | 0  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 00061     |                 |
| Lung  | +  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                 |
| Infiltration Cellular, Lymphocyte           |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |
| Alveolar Epithelium, Hyperplasia            |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2         |                 |
| Alveolus, Infiltration Cellular, Histiocyte |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | 2               |
| Nose  | +  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                 |
| Inflammation                                |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |
| Goblet Cell, Hyperplasia                    |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2         |                 |
| Trachea                                     | +  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                 |
| Mucosa, Cyst                                |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | X               |
| <b>SPECIAL SENSES SYSTEM</b>                |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |
| Eye   | +  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                 |
| Retina, Degeneration                        |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |
| Sclera, Metaplasia, Osseous                 |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | 2               |
| Harderian Gland                             | +  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                 |
| Infiltration Cellular, Lymphocyte           |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1         | 1 1 1           |
| Lacrimal Gland                              |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | +               |
| Zymbal's Gland                              |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | +               |
| <b>URINARY SYSTEM</b>                       |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |
| Kidney                                      | +  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                 |
| Hydronephrosis                              |  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                 |
| Nephropathy                                 | 4  | 4    | 4    | 3    | 2    | 3    | 4    | 2    | 3    | 4    | 3    | 4    | 2    | 4    |      | 2    | 4    | 4    | 2    | 3    | 4    | 3    | 3    | 3    | 4         |                 |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 0.5</b> | DAY ON TEST | 0596  | 0737  | 0737  | 0650  | 0725  | 0672  | 0480  | 0787  | 0737  | 0666  | 0666  | 0744  | 0644  | 0676  | 0772  | 0469  | 0699  | 0733  | 0733  | 0733  | 0733  | 0733  | <b>males</b><br><b>(cont...)</b> |
|   | ANIMAL ID   | 00061 | 00072 | 00071 | 00002 | 00022 | 00022 | 00022 | 00033 | 00033 | 00055 | 00055 | 00055 | 00066 | 00066 | 00077 | 00077 | 00011 | 00011 | 00022 | 00033 | 00034 | 00044 |                                  |

Renal Tubule, Necrosis

3

Urinary Bladder  
 Dilatation

+  
 X

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
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 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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>1<br>2 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>3<br>1<br>2 | 0<br>1<br>3<br>3<br>2 | 0<br>1<br>3<br>3<br>1 | 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>2 | 0<br>1<br>5<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>8<br>2 | 0<br>1<br>8<br>8<br>1 | 0<br>1<br>8<br>8<br>2 | 0<br>1<br>8<br>7<br>1 | 0<br>1<br>8<br>7<br>2 |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |     |     |     |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-----|-----|-----|-----|
| Esophagus<br>Inflammation<br>Ulcer   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48 | 1   | 4.0 | 1   | 4.0 |
| Intestine Large, Ascending Colon<br>Mucosa, Hyperplasia                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 47 | 30 | 1.9 |     |     |     |
| Intestine Large, Cecum<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | 45 | 2  | 2.5 | 13  | 1.5 |     |
| Intestine Large, Colon<br>Mucosa, Hyperplasia  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   | 1  | 1  | 3.0 |     |     |     |
| Intestine Large, Descending Colon<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | 46 | 1  | 2.0 | 17  | 1.5 |     |
| Intestine Large, Rectum<br>Mucosa, Hyperplasia   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 47 | 1  | 1.0 |     |     |     |
| Intestine Large, Transverse Colon<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 47 | 1  | 2.0 | 30  | 1.8 |     |
| Intestine Small  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |     |     |     |     |
| Intestine Small, Duodenum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 46 |    |     |     |     |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01       | 01 | 01 |
| Mucosa, Hyperplasia                                    | 2           |    |    |    |    |    | 3  |    |    |    |    |    |    | 2  |    |    |    |    | 2  | 3  |          | 1  |    |
| Intestine Small, Ileum                                 | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | A  | +  | +  | +        | +  | +  |
| Lymphoid Tissue, Hyperplasia                           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |
| Mucosa, Hyperplasia                                    | 1           |    |    |    |    |    | 2  |    |    |    |    |    |    |    |    |    |    |    |    | 2  |          |    |    |
| Intestine Small, Jejunum                               | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | A  | +  | +  | +  | +  | A  | +  | +  | +  | +        | +  | +  |
| Lymphoid Tissue, Hyperplasia                           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |
| Mucosa, Hyperplasia                                    |             |    |    |    |    |    |    |    |    |    |    | 2  |    |    |    |    |    |    |    |    |          |    |    |
| Liver  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  |
| Basophilic Focus, Multiple                             |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |
| Degeneration, Cystic                                   |             |    |    |    | 1  |    | 2  |    |    |    |    |    |    | 1  | 2  |    |    |    | 2  |    |          |    | 6  |
| Granuloma  |             |    |    |    |    |    |    |    |    |    |    | 1  |    |    |    |    |    |    |    |    |          |    | 5  |
| Hematopoietic Cell Proliferation                       |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |
| Hepatodiaphragmatic Nodule                             |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 2  |
| Infiltration Cellular, Lymphocyte                      |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 2  |    |          |    | 1  |
| Necrosis, Coagulative                                  |             |    |    |    |    |    |    |    |    |    |    |    |    | 2  |    |    |    |    |    |    |          |    | 2  |
| Vacuolization Cytoplasmic                              | 3           |    |    |    |    |    | 2  |    | 2  |    | 2  |    | 2  | 2  |    |    |    |    | 2  |    |          |    | 14 |
| Artery, Media, Hypertrophy                             |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |
| Bile Duct, Hyperplasia                                 |             |    |    | 2  | 1  |    |    |    |    | 2  | 2  |    |    | 1  |    | 2  | 2  |    |    |    |          | 2  | 2  |
| Centrilobular, Degeneration                            |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |
| Centrilobular, Necrosis                                |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |
| Left Lateral Lobe, Developmental Malformation          |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 2  |
| Periductular, Fibrosis                                 |             |    |    |    |    |    |    |    |    |    | 2  |    |    |    |    |    |    |    |    |    |          |    | 1  |
| Mesentery  |             |    |    |    |    |    |    | +  |    |    |    | +  |    | +  |    |    |    |    | +  | +  | +        |    | 10 |
| Polyarteritis  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 4  |    |          |    | 1  |
| Fat, Necrosis  |             |    |    |    |    |    | 3  |    |    |    |    |    |    | 2  |    |    |    |    | 3  |    |          | 2  | 6  |

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 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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      | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>5 | 0<br>5 | 0<br>5 | 0<br>5 |          | 0<br>6 | 0<br>5 | 0<br>5 |
| ANIMAL ID  | 0<br>1      | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1   | 0<br>1 | 0<br>1 |        |
| Oral Mucosa  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1      |
| Pancreas   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48     |
| Acinar Cell, Atrophy                                   |             | 2      |        |        |        |        | 2      | 2      |        |        |        |        | 2      | 1      |        | 2      |        |        |        |        | 2        | 2      |        | 17 1.9 |
| Proximal Colon   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 44     |
| Inflammation   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 4      |        |        |          |        |        | 4 2.3  |
| Ulcer  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 3      |        |        |          |        |        | 2 2.5  |
| Mucosa, Hyperplasia                                    | 1           |        | 2      |        | 3      |        | 2      |        | 2      | 1      |        |        | 2      | 2      |        | 3      |        | 3      |        | 2      | 2        | 1      | 2      | 29 2.0 |
| Salivary Glands  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48     |
| Acinar Cell, Atrophy                                   | 3           |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1 3.0  |
| Sublingual Gland, Infiltration Cellular                |             |        |        |        |        |        |        |        |        |        | 2      |        |        |        |        |        |        |        |        |        |          |        |        | 1 2.0  |
| Stomach, Forestomach                                   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +        | +      | +      | 47     |
| Edema  | 4           |        |        |        |        |        |        |        |        |        |        |        | 4      |        |        |        |        |        |        |        |          |        |        | 4 3.8  |
| Hyperplasia  |             | 3      |        |        | 2      |        | 3      |        |        |        |        |        | 3      |        |        |        | 3      | 4      | 3      |        |          |        | 1      | 13 2.8 |
| Inflammation   |             |        |        |        | 2      |        | 4      |        |        |        |        |        | 4      |        |        |        | 2      | 4      |        | 3      |          |        |        | 9 3.2  |
| Perforation  |             |        |        |        |        |        | 4      |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1 4.0  |
| Ulcer  |             |        |        |        |        |        |        |        |        |        |        |        | 4      |        |        |        |        |        | 4      |        | 3        |        |        | 3 3.7  |
| Stomach, Glandular                                     | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +        | +      | +      | 47     |
| Diverticulum   |             |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1      |
| Edema  |             |        |        |        |        |        |        |        |        |        |        |        | 2      |        |        |        |        |        |        |        |          |        |        | 1 2.0  |
| Inflammation   |             |        |        |        |        |        |        |        |        |        | 2      |        |        |        |        |        |        |        |        | 3      |          |        |        | 3 2.7  |
| Ulcer  |             |        |        |        |        |        | 2      |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1 2.0  |
| Mucosa, Hyperplasia                                    |             |        |        |        | 2      |        | 2      |        |        | 2      |        |        |        |        |        |        |        |        | 2      |        | 2        | 2      |        | 12 2.3 |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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1-4 .. Lesion qualified as:  
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 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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 | 0663 | 0572 | 0777 | 0777 | 0573 | 0668 | 0669 | 0777 | 0777 | 0777 | 0578 | 0552 | 0552 | 0554 |          | 0660 | 0571   |
| ANIMAL ID  | 0101        | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111     | 0111 | 0111   |
| Blood Vessel   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Heart  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Cardiomyopathy   | 2           |      | 2    | 2    | 2    | 2    | 2    | 2    | 3    | 2    |      | 2    |      | 2    | 2    | 2    | 2    |      |      | 2    | 2        | 2    | 39 2.0 |
| Atrium, Thrombus                                       |             |      | X    |      |      | X    |      |      |      |      |      | X    |      | X    |      |      |      |      |      |      |          |      | 9      |
| Atrium, Myocardium, Degeneration                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      |          |      | 1 3.0  |
| <b>ENDOCRINE SYSTEM</b>                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |        |
| Adrenal Cortex   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Accessory Adrenal Cortical Nodule                      |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1      |
| Angiectasis  |             |      |      |      |      |      |      |      |      |      |      | 2    | 2    |      |      |      |      |      |      |      |          |      | 2 2.0  |
| Atrophy  | 2           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 2 2.5  |
| Hyperplasia, Focal                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |      | 1 1.0  |
| Necrosis, Coagulative                                  |             |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1 3.0  |
| Vacuolization Cytoplasmic                              | 2           | 3    | 2    | 3    | 2    |      | 3    | 2    |      |      | 2    | 2    | 2    |      |      |      | 2    |      | 1    | 4    | 2        |      | 22 2.5 |
| Adrenal Medulla  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +        | +    | 47     |
| Angiectasis  |             |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |          |      | 2 1.5  |
| Hyperplasia, Focal                                     |             |      | 1    | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |          |      | 4 1.8  |
| Islets, Pancreatic                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Hyperplasia  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |          |      | 1 2.0  |
| Parathyroid Gland                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Pituitary Gland  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Angiectasis  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |          |      | 2 2.5  |
| Hemorrhage   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1 2.0  |
| Pars Distalis, Cyst                                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 2      |

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

**P09: NON-NEOPLASTIC LESIONS 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  | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01       | 01 | 01 |
|  | 00          | 00 | 00 | 01 | 01 | 03 | 03 | 03 | 03 | 03 | 05 | 05 | 05 | 05 | 05 | 05 | 06 | 06 | 08 | 08 | 08       | 08 | 08 |
|  | 01          | 02 | 02 | 09 | 09 | 03 | 03 | 05 | 05 | 06 | 06 | 03 | 03 | 04 | 06 | 06 | 01 | 01 | 05 | 05 | 07       | 07 | 07 |
|  | 02          | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02       | 01 | 02 |

Pars Intermedia, Cyst

1

Thyroid Gland

+ + + + + + + + + + + + + + + + A + + + + + +

47

Ultimobranchial Cyst

X

1

C-cell, Hyperplasia

2 2 2

7 1.9

Follicular Cell, Hyperplasia

1 1.0

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis

+ +

48

Atrophy

1 3.0

Exfoliated Germ Cell

3 1 3 3 2 2 1 3 3 3 3 4 2 2 1 4 2

27 2.2

Hypospermia

4 3 3 2 4 4 4 4 3 4 3 4

25 3.6

Penis

1

Preputial Gland

+ +

48

Atrophy

2 2 3 1 3 3 4 2 2 1 2 1 4 2

1 2.0

Inflammation

3 3 3 3 2 2 3 1 3 3 3 4 2 2 1 2 1 4 2

41 2.5

Duct, Ectasia

2 2 3 4 2 3 2 3 2

13 2.5

Duct, Hyperplasia

2 2

1 2.0

Prostate

+ +

48

Atrophy

1 3.0

Inflammation

2 1 2 2 2 2 2 1 2 2 2 2 2 2 3 1 2 3

32 2.0

Seminal Vesicle

+ +

48

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+ .. Tissue examined microscopically

M .. Missing tissue

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I .. Insufficient tissue

BLANK .. Not examined microscopically

2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |   |   |
|--|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|---|
|  | 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 |   |
| Aloewholleaf 0.5                           | 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 | 5 | 6 | 6 | 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 |
| Atrophy                                    | 2                               |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |          |   |   |
| Decreased Secretory Fluid                  |                                 |   |   |   | 2 |   |   | 4 |   |   |   |   |   |   |   |   |   |   | 3 |   |          |   |   |
| Testes                                     | +                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | + |
| Interstitial Cell, Hyperplasia             |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |          |   |   |
| Seminiferous Tubule, Atrophy               | 3                               |   |   |   |   |   |   |   | 3 | 3 |   |   | 1 |   |   |   |   |   | 3 |   |          |   |   |
| <b>HEMATOPOIETIC SYSTEM</b>                |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Bone Marrow                                | +                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | + |
| Atrophy                                    |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |          |   |   |
| Hyperplasia                                |                                 |   |   |   | 2 |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Myeloid Cell, Hyperplasia                  |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Lymph Node                                 |                                 |   | + |   | + |   |   |   | + |   | + | + | + |   |   |   |   |   | + |   | +        |   |   |
| Lumbar, Degeneration, Cystic               |                                 |   |   |   |   |   |   |   | 3 |   |   |   | 3 |   |   |   |   |   |   |   | 2        |   |   |
| Lumbar, Hyperplasia, Lymphoid              |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3        |   |   |
| Lumbar, Infiltration Cellular, Plasma Cell |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Mediastinal, Hemorrhage                    |                                 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Mediastinal, Pigmentation                  |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Medulla, Renal, Sinus, Dilatation          |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Pancreatic, Hyperplasia, Lymphoid          |                                 |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |          |   |   |
| Renal, Degeneration, Cystic                |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2        |   |   |
| Renal, Hyperplasia, Lymphoid               |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3        |   |   |
| Renal, Infiltration Cellular, Plasma Cell  |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Lymph Node, Mandibular                     | +                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | + |
| Atrophy, Lymphocyte                        |                                 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |
| Degeneration, Cystic                       |                                 |   | 2 | 2 |   |   | 2 |   |   |   |   |   | 2 | 2 |   |   |   |   |   |   |          |   |   |
| Hemorrhage                                 |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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      | 0<br>5<br>9<br>8 |    |
| ANIMAL ID  | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>3<br>1<br>2 | 0<br>1<br>3<br>3<br>2 | 0<br>1<br>3<br>3<br>1 | 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>2 | 0<br>1<br>3<br>6<br>2 | 0<br>1<br>5<br>6<br>3 | 0<br>1<br>5<br>6<br>3 | 0<br>1<br>5<br>4<br>1 | 0<br>1<br>5<br>4<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>8<br>1 | 0<br>1<br>8<br>5<br>1 | 0<br>1<br>8<br>5<br>1 | 0<br>1<br>8<br>7<br>1 | 0<br>1<br>8<br>7<br>2 |                  |    |
| Hyperplasia, Lymphoid Infiltration Cellular, Plasma Cell Medulla, Sinus, Dilatation                            |                       |                       |                       |                       | 2                     |                       |                       | 2                     |                       |                       | 2                     |                       |                       |                       | 2                     | 3                     |                       | 2                     |                       |                       | 2                     | 2                     | 2                | 2  |
| Lymph Node, Mesenteric Degeneration, Cystic Hemorrhage Medulla, Sinus, Dilatation                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | 48 |
| Spleen Atrophy Congestion Fibrosis Hematopoietic Cell Proliferation Hyperplasia, Lymphoid Infarct Pigmentation | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48               |    |
| Thymus Atrophy Cyst Ectopic Thyroid  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47               |    |
| <b>INTEGUMENTARY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |    |
| Mammary Gland Galactocele Lactation Alveolus, Hyperplasia  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | 46               |    |
|  |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 11               |    |
|  | 1                     |                       |                       | 2                     | 3                     |                       |                       | 1                     | 3                     | 2                     |                       |                       | 1                     | 3                     |                       | 2                     |                       |                       |                       | 3                     | 3                     |                       | 19 2.3           |    |
|  | 1                     |                       |                       | 2                     |                       |                       |                       | 1                     | 3                     |                       |                       |                       | 4                     | 2                     | 3                     |                       |                       |                       |                       |                       |                       |                       | 14 2.3           |    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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        | 0664 | 0662 | 0662 | 0669 | 0669 | 0663 | 0662 | 0667 | 0667 | 0663 | 0668 | 0669 | 0667 | 0667 | 0668 | 0662 | 0662 | 0664 | 0660 |          | 0665 | 0665 |
| ANIMAL ID  | 0101        | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101 | 0101     | 0101 | 0101 |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Skin                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48    |
| Cyst Epithelial Inclusion                |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1     |
| Inflammation                             |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Inflammation, Granulomatous              |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0 |
| Subcutaneous Tissue, Inflammation, Focal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   | 1 3.0 |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Hemorrhage                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Hypothalamus, Compression |   |   |   |   |   |   |   |   |   |   | 4 |   | 3 |   |   |   |   | 4 |   |   |   | 3 | 4 | 10 3.0 |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Peripheral Nerve          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Spinal Cord               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |

**RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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 | 0661 | 0613 | 0542 | 0737 | 0777 | 0533 | 0658 | 0669 | 0737 | 0777 | 0737 | 0558 | 0559 | 0599 | 0544 |          | 0690 | 0579   |
| ALOEWHOLLEAF 0.5                            | ANIMAL ID                       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |        |
|   | 0100                            | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111     | 0111 | 0111   |
| Lung  | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Infiltration Cellular, Lymphocyte           |                                 |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1 1.0  |
| Alveolar Epithelium, Hyperplasia            |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1 2.0  |
| Alveolus, Infiltration Cellular, Histiocyte |                                 |      |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      | 1    |      |      |      |          |      | 3 1.3  |
| Nose  | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Inflammation                                |                                 |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      | 2    |      |      |      |          |      | 3 2.0  |
| Goblet Cell, Hyperplasia                    |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1 2.0  |
| Trachea                                     | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Mucosa, Cyst                                |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1      |
| <b>SPECIAL SENSES SYSTEM</b>                |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |        |
| Eye   | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +        | +    | 46     |
| Retina, Degeneration                        | 1                               |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 2 1.5  |
| Sclera, Metaplasia, Osseous                 |                                 |      | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1 2.0  |
| Harderian Gland                             | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Infiltration Cellular, Lymphocyte           |                                 | 2    |      |      |      |      |      |      |      |      |      |      |      | 1    | 1    |      |      | 1    |      |      | 1        |      | 11 1.1 |
| Lacrimal Gland                              |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1      |
| Zymbal's Gland                              |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 2      |
| <b>URINARY SYSTEM</b>                       |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |        |
| Kidney                                      | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48     |
| Hydronephrosis                              |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        |      | 1 2.0  |
| Nephropathy                                 | 4                               | 2    | 4    | 2    | 4    | 2    | 4    | 3    | 4    | 4    | 2    | 3    | 4    | 4    | 3    | 4    | 3    | 1    | 4    | 3    | 3        | 3    | 47 3.2 |

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TDMS No. 20116 - 03  
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P09: NON-NEOPLASTIC LESIONS 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<br>ALOEWHOLLEAF 0.5 | DAY ON TEST     |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |
|---|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
|   | 07<br>37        | 06<br>17       | 06<br>24       | 06<br>32       | 06<br>62       | 06<br>69       | 06<br>61       | 06<br>13       | 05<br>42       | 07<br>37       | 07<br>37       | 05<br>63       | 06<br>68       | 07<br>93       | 07<br>33       | 07<br>33       | 07<br>33       | 05<br>58       | 05<br>52       | 05<br>54       |                | 05<br>60       | 05<br>57       | 05<br>59       |
| ANIMAL ID   | 01<br>00<br>12  | 01<br>00<br>11 | 01<br>00<br>22 | 01<br>01<br>91 | 01<br>01<br>39 | 01<br>03<br>33 | 01<br>03<br>53 | 01<br>03<br>55 | 01<br>05<br>62 | 01<br>03<br>66 | 01<br>03<br>34 | 01<br>05<br>66 | 01<br>03<br>34 | 01<br>05<br>61 | 01<br>04<br>42 | 01<br>06<br>61 | 01<br>06<br>12 | 01<br>06<br>11 | 01<br>06<br>85 | 01<br>06<br>88 | 01<br>08<br>85 | 01<br>08<br>88 | 01<br>07<br>77 | 01<br>08<br>72 |
|   | <b>* TOTALS</b> |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |

Renal Tubule, Necrosis **1 3.0**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Urinary Bladder Dilatation | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|                            |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   | <b>5</b>  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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   | 00115511  |                    |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus Inflammation                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ulcer  | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Ascending Colon Inflammation  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mucosa, Hyperplasia                            | 2 | 2 | 2 |   | 4 | 2 | 3 | 4 |   |   |   | 2 | 4 |   | 3 |   | 4 |   | 1 | 4 | 1 | 2 | 1 | 4 | 2 |
| Intestine Large, Cecum Dilatation              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoid Tissue, Hyperplasia                   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   | X |   |   |   |   |
| Mucosa, Hyperplasia                            | 2 | 2 | 1 | 2 |   | 2 | 1 |   |   | 1 | 2 |   | 2 | 1 |   |   | 1 | 1 |   |   |   |   |   |   | 2 |
| Intestine Large, Colon Inflammation            |   | + |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ulcer  |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon Inflammation | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + |
| Mucosa, Hyperplasia                            | 2 | 1 |   | 1 |   |   | 1 | 1 | 4 |   | 1 |   |   | 3 | 1 | 2 | 2 | 1 |   |   |   | 2 | 2 | 2 | 2 |
| Intestine Large, Rectum Inflammation           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mucosa, Hyperplasia                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Transverse Colon Inflammation | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoid Tissue, Hyperplasia                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



| 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 | 067 |           |                    |
| Mucosa, Hyperplasia   | 2           | 1   | 1   | 2   | 1   | 2   | 2   |     | 4   | 2   | 2   | 2   | 3   |     | 2   | 2   | 2   | 3   | 2   |     | 1   | 2   | 1   | 2   | 2   |           |                    |
| Intestine Small, Duodenum<br>Mucosa, Hyperplasia  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |
| Intestine Small, Ileum<br>Inflammation<br>Mucosa, Hyperplasia   | 3           | 2   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Intestine Small, Jejunum<br>Lymphatic, Dilatation<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | A   | A   | +   | +   | +   | +   | +   |           |                    |
| Liver<br>Angiectasis<br>Basophilic Focus<br>Basophilic Focus, Multiple<br>Degeneration, Cystic<br>Eosinophilic Focus, Multiple<br>Granuloma<br>Hematopoietic Cell Proliferation<br>Hemorrhage<br>Hepatodiaphragmatic Nodule<br>Infiltration Cellular, Lymphocyte<br>Vacuolization Cytoplasmic<br>Bile Duct, Hyperplasia<br>Caudate Lobe, Developmental Malformation<br>Centrilobular, Degeneration<br>Centrilobular, Necrosis | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |           |                    |
|   | X           |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
|   |             |     |     |     | 1   |     |     |     |     |     |     | 1   |     |     |     |     |     |     |     |     |     | 1   |     |     |     |           |                    |
|   |             |     |     |     |     |     |     |     |     |     | 1   |     |     |     |     |     |     |     |     |     |     | 1   |     |     |     |           |                    |
|   |             | 3   |     |     |     | 1   | 1   |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1   |     |     | 3   |           |                    |
|   |             |     |     | 1   | 2   | 1   |     |     | 2   | 1   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
|   |             |     |     |     |     |     |     |     |     |     | 2   |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |           |                    |
|   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 3   |     |     |     |           |                    |

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |           |                    | 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   | 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   | 0         | 001                |     |     |
|  | 1           | 1   | 1   | 1   | 1   | 1   | 3   | 3   | 3   | 3   | 4   | 4   | 5   | 5   | 5   | 5   | 6   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9   | 0         | 001                |     |     |
|  | 5           | 5   | 6   | 6   | 8   | 8   | 3   | 3   | 4   | 9   | 9   | 0   | 0   | 2   | 2   | 5   | 5   | 6   | 6   | 6   | 3   | 3   | 4   | 4   | 6   | 0         | 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   | 2         | 1                  |     | 001 |
| Left Lateral Lobe, Developmental Malformation          |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Mesentery  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Accessory Spleen                                       |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Inflammation   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Fat, Necrosis  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Oral Mucosa  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Keratin Cyst   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Pancreas   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Polyarteritis  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Acinar Cell, Atrophy                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Proximal Colon   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Inflammation   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Mucosa, Hyperplasia                                    |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Salivary Glands  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Stomach, Forestomach                                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Edema  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Hyperplasia  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Inflammation   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Ulcer  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Stomach, Glandular                                     |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Inflammation   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Mucosa, Hyperplasia                                    |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |
| Mucosa, Necrosis, Focal                                |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |     |     |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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 |           |                    | 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   | 0         | 00115511           |     |

**CARDIOVASCULAR SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy     | 2 | 2 |   | 2 | 2 |   |   | 2 | 2 | 2 | 2 | 2 |   | 2 | 2 | 2 | 2 | 3 |   | 2 | 2 | 3 | 2 | 2 |   |   |
| Dilatation         |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Atrium, Dilatation |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Atrium, Thrombus   |   |   |   | X |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   |   | X |   |   |   |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Atrophy                           |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Hypertrophy, Focal                |   |   |   |   | 2 |   |   |   | 1 |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vacuolization Cytoplasmic         | 2 | 2 |   |   |   |   | 2 |   |   | 2 | 2 |   | 2 | 2 |   |   |   |   |   | 2 | 2 |   |   |   |   | 2 |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                       |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

P09: NON-NEOPLASTIC LESIONS 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 | 067 | 066 | 067 | 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   | 00115511  |                 |

Decreased Secretory Fluid

4

3

4

2

4

2

4

4

3

Testes

+

+

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+

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+

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+

+

Polyarteritis

3

Interstitial Cell, Hyperplasia

Seminiferous Tubule, Atrophy

4

4

2

2

3

4

4

3

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+

+

+

+

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+

+

+

+

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+

Atrophy

3

Hyperplasia

3

2

2

3

Myeloid Cell, Hyperplasia

3

2

3

Lymph Node

+

+

+

+

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+

Lumbar, Degeneration, Cystic

3

Mediastinal, Degeneration, Cystic

2

Mediastinal, Hemorrhage

2

Mediastinal, Medulla, Sinus, Dilatation

2

Medulla, Pancreatic, Sinus, Dilatation

2

Pancreatic, Degeneration, Cystic

Pancreatic, Hyperplasia, Lymphoid

2

3

Pancreatic, Pigmentation

2

Renal, Degeneration, Cystic

3

Renal, Hemorrhage

2

Renal, Pigmentation

2

Lymph Node, Mandibular

+

+

+

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+

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+

+

+

+

Degeneration, Cystic

2

2

2

3

Hyperplasia, Lymphoid

2

2

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

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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   |   |
|---|---|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| FISCHER 344 RATS-NCTR RATS MALE<br>ALOEWHOLLEAF 1.0 | ANIMAL ID   | 662                    | 634 | 677 | 677 | 677 | 658 | 667 | 677 | 677 | 667 | 666 | 666 | 676 | 667 | 677 | 677 | 666 | 666 | 657 | 666 | 667 | 677 | 658 |   |
|   |   | 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   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9   |   |
|   |   | 5                      | 5   | 6   | 6   | 8   | 8   | 3   | 3   | 4   | 4   | 9   | 9   | 0   | 2   | 2   | 5   | 5   | 6   | 6   | 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   |   |
|   |   | <b>males (cont...)</b> |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
|   | Infiltration Cellular, Plasma Cell  |                        |     |     |     | 2   |     |     | 2   |     | 2   | 3   |     |     |     |     |     |     |     | 2   |     |     |     |     |   |
|   | Lymph Node, Mesenteric Degeneration, Cystic Hyperplasia, Lymphoid Necrosis, Lymphoid Medulla, Sinus, Dilatation                             | +                      | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |   |
|   |   | 4                      | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 3   | 4   | 4   | 4   | 4   | 4   | 4   | 4   | 3   |     |   |
|   |   |                        |     | 3   |     |     |     |     |     |     |     |     |     |     |     | 3   |     |     |     |     |     |     |     |     |   |
|   | Spleen  | +                      | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |   |
|   | Accessory Spleen Congestion Fibrosis Hematopoietic Cell Proliferation Infarct Pigmentation Thrombus Capsule, Fibrosis Red Pulp, Hyperplasia |                        |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |   |
|   |   |                        |     |     | 3   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
|   |   |                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
|   |   | 2                      |     |     |     | X   |     |     |     |     |     |     |     |     |     | X   |     |     |     |     | X   |     |     |     |   |
|   |   | 2                      |     |     |     |     | 2   |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |   |
|   |   |                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
|   | Thymus  | +                      | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   |   |
|   | Atrophy Epithelial Cell, Hyperplasia  | 3                      | 3   | 3   | 3   | 2   | 2   |     |     | 2   | 4   | 2   | 3   | 3   |     | 3   | 2   |     | 3   |     | 3   | 2   | 3   | 2   |   |
|   |   |                        |     |     |     |     | 2   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
| <b>INTEGUMENTARY SYSTEM</b>                         |   |                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
|   | Mammary Gland   | +                      | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   |   |
|   | Galactocele Lactation Alveolus, Hyperplasia   |                        |     |     |     | X   | X   |     |     |     |     | X   |     |     |     |     |     |     |     | X   | X   |     |     |     |   |
|   |   | 2                      | 1   |     |     | 2   |     | 2   |     | 1   | 2   | 1   | 2   | 2   |     | 2   |     | 3   |     | 3   |     |     |     | 4   |   |
|   |   |                        |     |     | 3   | 2   |     | 2   |     |     |     |     |     |     |     | 2   |     | 3   | 3   |     |     |     |     | 4   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 | 065 | 066 |           |                 |
|             | 0  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 00115511  |                 |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|
| Skin                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |     |
| Inflammation                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 2 |
| Fat, Subcutaneous Tissue, Necrosis |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3   |
| Tail, Hyperkeratosis, Multifocal   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3   |

**MUSCULOSKELETAL SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cranium, Periosteum, Hemorrhage |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Bone, Femur                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|--|
| Brain                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |  |
| Brain, Brain Stem         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |  |
| Hemorrhage                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 3   |  |
| Hypothalamus, Compression |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 4 |  |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |     |  |
| Compression               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3   |  |
| Hemorrhage                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2 |  |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |     |  |
| Hydrocephalus             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |  |
| Mineralization, Focal     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |  |

**RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 | 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           | 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   |           |                    |
|  | 5           | 5   | 6   | 6   | 8   | 8   | 3   | 3   | 4   | 4   | 9   | 9   | 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   |           |                    |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granuloma                                   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar Epithelium, Hyperplasia            |   |   | 4 |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |
| Alveolus, Infiltration Cellular, Histiocyte |   | 1 |   |   |   |   |   |   |   |   |   | 1 |   | 1 |   | 1 |   | 2 |   |   |   |   |   |   |
| Alveolus, Infiltration Cellular, Lymphocyte |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolus, Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinum, Inflammation                   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Foreign Body                                |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Fungus                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Inflammation                                | 2 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 3 |   |   |   |
| Goblet Cell, Hyperplasia                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |
| Sclera, Metaplasia, Osseous       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Harderian Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   | 1 |   |   |   |   | 1 |   |   |   |   | 1 |   |   | 2 | 2 |   | 1 |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |
| Zymbal's Gland                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

**URINARY SYSTEM**

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
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 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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>males<br/>(cont...)</b> |        |        |        |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------|--------|--------|--------|
| <b>FISCHER 344 RATS-NCTR RATS<br/>MALE<br/>ALOEWOLLEAF 1.0</b> | 062         | 0634   | 0677   | 0677   | 0677   | 0658   | 0667   | 0677   | 0677   | 0677   | 0667   | 0666   | 0666   | 0666   | 0676   | 0667   | 0677   | 0677   | 0666   | 0666   | 0657   | 0667   | 0667   | 0675   |                            | 0667   | 0675   |        |
|  | ANIMAL ID   |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                            |        |        |        |
|  | 001151      | 001162 | 001161 | 001161 | 001161 | 001161 | 001161 | 001163 | 001163 | 001163 | 001163 | 001164 | 001164 | 001165 | 001165 | 001165 | 001165 | 001166 | 001166 | 001166 | 001166 | 001169 | 001169 | 001169 | 001169                     | 001169 | 001169 | 001169 |
| Hydronephrosis   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                            |        |        |        |
| Nephropathy  | 2           | 3      | 2      | 3      | 2      | 2      | 2      | 3      | 2      | 2      | 4      | 3      | 3      | 1      | 3      | 2      | 2      | 4      | 1      | 4      | 1      | 3      | 3      | 3      | 3                          | 2      |        |        |
| Urinary Bladder Dilatation                                     | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +                          | +      | +      | +      |
| Hyperplasia  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                            |        |        |        |
| Inflammation   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                            |        |        |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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>FISCHER 344 RATS-NCTR RATS<br>MALE<br>ALOEWHOLLEAF 1.0 | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|---|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|   | 0730      | 0688 | 0659 | 0737 | 0777 | 0777 | 0777 | 0665 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 |          | 0677 |
|   | 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         | 1    | 1    | 1    | 1    | 1    | 1    | 3    | 3    | 3    | 3    | 4    | 4    | 6    | 6    | 7    | 7    | 8    | 8    | 8    | 8        |      |
|   | 6         | 3    | 3    | 4    | 4    | 5    | 5    | 7    | 7    | 9    | 9    | 0    | 0    | 9    | 9    | 1    | 1    | 1    | 1    | 1    | 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 |     |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 4.0 |
| Ulcer                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 4.0 |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |
| Mucosa, Hyperplasia               | 3 | 3 | 3 | 3 | 4 | 3 | 2 | 2 | 2 | 1 | 4 | 4 | 4 | 2 | 4 | 4 | 3 | 4 | 2 | 2 |   | 38 | 2.8 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Dilatation                        |   |   |   |   | X |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   |   | 8  |     |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  | 2.0 |
| Mucosa, Hyperplasia               | 2 |   | 1 | 1 | 4 | 2 |   | 2 |   |   | 2 | 4 | 2 | 1 | 3 |   | 3 |   |   |   |   | 24 | 1.9 |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | 3  |     |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 4.0 |
| Ulcer                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 4.0 |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |     |
| Inflammation                      |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1.5 |
| Mucosa, Hyperplasia               | 2 | 2 | 1 | 1 |   | 2 | 2 | 1 |   | 1 | 2 | 1 | 1 | 1 | 2 |   | 1 | 2 |   |   |   | 31 | 1.6 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Mucosa, Hyperplasia               | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |     |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   | 2  | 3.0 |

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |   |    |     |     |     |
|--|-------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|----|-----|-----|-----|
|  | ANIMAL ID   |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |    |     |     |     |
| Mucosa, Hyperplasia                                    |             |  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 2 | 42 | 2.2 |     |     |
| Intestine Small, Duodenum                              |             |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48 |     |     |     |
| Mucosa, Hyperplasia                                    |             |  |   |   |   |   |   |   |   |   |   |   | 3 | 3 |   |   |   |   |   |   |   |   |          |   | 3  | 2.7 |     |     |
| Intestine Small, Ileum                                 |             |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48 |     |     |     |
| Inflammation   |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1  | 2.0 |     |     |
| Mucosa, Hyperplasia                                    |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 3  | 2.3 |     |     |
| Intestine Small, Jejunum                               |             |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 46 |     |     |     |
| Lymphatic, Dilatation                                  |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1  | 3.0 |     |     |
| Lymphoid Tissue, Hyperplasia                           |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1  | 2.0 |     |     |
| Mucosa, Hyperplasia                                    |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 2  | 2.0 |     |     |
| Liver  |             |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48 |     |     |     |
| Angiectasis  |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 1   | 2.0 |     |
| Basophilic Focus                                       |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 2   |     |     |
| Basophilic Focus, Multiple                             |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 1   |     |     |
| Degeneration, Cystic                                   |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 2   | 1.0 |     |
| Eosinophilic Focus, Multiple                           |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 1   |     |     |
| Granuloma  |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 6   | 1.7 |     |
| Hematopoietic Cell Proliferation                       |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    | 1   | 2.0 |     |
| Hemorrhage   |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 1   | 2.0 |
| Hepatodiaphragmatic Nodule                             |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 2   |     |
| Infiltration Cellular, Lymphocyte                      |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 4   | 1.3 |
| Vacuolization Cytoplasmic                              |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 6   | 2.8 |
| Bile Duct, Hyperplasia                                 |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 9   | 1.4 |
| Caudate Lobe, Developmental Malformation               |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 1   |     |
| Centrilobular, Degeneration                            |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 2   | 2.5 |
| Centrilobular, Necrosis                                |             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |     | 1   | 3.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0777  | 0665  | 0571  | 0730  | 0777  | 0777  | 0334  | 0737  | 0777  | 0665  | 0777  | 0665  | 0777  |          | 0665  |
| ANIMAL ID  | 01062       | 01132 | 01134 | 01144 | 01154 | 01155 | 01172 | 01173 | 01177 | 01191 | 01192 | 01199 | 01202 | 01204 | 01206 | 01211 | 01212 | 01218 | 01218 | 01222 | 01223    | 01223 |
| Left Lateral Lobe, Developmental Malformation          | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |       |
| Mesentery  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 4        |       |
| Accessory Spleen                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |       |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1 3.0    |       |
| Fat, Necrosis  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 3.0    |       |
| Oral Mucosa  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2        |       |
| Keratin Cyst   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |       |
| Pancreas   | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |       |
| Polyarteritis  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3 2.3    |       |
| Acinar Cell, Atrophy                                   | 1           | 1     | 2     | 2     |       | 2     |       | 2     |       |       | 2     |       |       | 1     |       |       |       | 1     |       | 1     |          |       |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 19 1.6   |       |
| Proximal Colon   | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 46       |       |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3 2.0    |       |
| Mucosa, Hyperplasia                                    | 3           | 4     |       | 2     | 1     | 2     |       |       | 2     | 4     |       | 4     |       | 3     |       | 1     | 4     | 1     | 4     | 1     | 2        | 4     |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 36 2.5   |       |
| Salivary Glands  | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |       |
| Stomach, Forestomach                                   | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |       |
| Edema  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1 2.0    |       |
| Hyperplasia  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 9 2.2    |       |
| Inflammation   | 4           | 2     |       |       |       | 4     |       | 4     |       | 3     |       |       |       |       |       |       |       |       |       |       |          |       |
| Ulcer  | 4           |       |       |       |       | 4     |       |       |       | 4     |       |       |       |       |       |       |       |       |       |       |          |       |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3 4.0    |       |
| Stomach, Glandular                                     | +           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 48       |       |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3 2.0    |       |
| Mucosa, Hyperplasia                                    | 3           |       |       |       |       | 2     |       | 3     | 3     |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Mucosa, Necrosis, Focal                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1 2.0    |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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**P09: NON-NEOPLASTIC LESIONS 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 MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |      |     |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|------|-----|
|   | 0730        | 0688  | 0659  | 0737  | 0777  | 0777  | 0778  | 0777  | 0661  | 0579  | 0770  | 0777  | 0777  | 0374  | 0777  | 0777  | 0675  | 0772  | 0660  | 0773  |          | 0662  | 0764  | 0669 |     |
| ANIMAL ID   | 01062       | 01131 | 01132 | 01141 | 01142 | 01145 | 01147 | 01148 | 01133 | 01134 | 01135 | 01136 | 01144 | 01145 | 01146 | 01147 | 01148 | 01149 | 01150 | 01151 | 01152    | 01153 | 01154 |      |     |
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     | 0     | 48   |     |
|   | 1           | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1        | 1     | 1     | 38   | 2.0 |
|   | 0           | 1     | 1     | 1     | 1     | 1     | 1     | 3     | 3     | 3     | 3     | 4     | 4     | 6     | 6     | 7     | 7     | 8     | 8     | 8     | 8        | 8     | 8     | 1    | 1.0 |
|   | 6           | 3     | 3     | 4     | 4     | 5     | 5     | 7     | 7     | 9     | 9     | 0     | 0     | 9     | 9     | 1     | 1     | 1     | 1     | 2     | 2        | 3     | 3     | 4    | 4.0 |
|   | 2           | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2        | 1     | 2     | 10   | 10  |

**CARDIOVASCULAR SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Blood Vessel       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48  |     |
| Heart              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48  |     |
| Cardiomyopathy     |   |   | 2 | 2 | 2 | 2 | 2 |   | 2 |   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 38 | 2.0 |     |
| Dilatation         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   |     |
| Atrium, Dilatation |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |    | 1   | 4.0 |
| Atrium, Thrombus   | X |   |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |    | 10  |     |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Angiectasis                       |   |   |   |   | 2 |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   | 2  | 1.5 |
| Atrophy                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |
| Hyperplasia, Focal                |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 2.0 |
| Hypertrophy, Focal                |   | 2 |   |   |   |   | 2 |   | 2 |   |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   | 8  | 1.8 |
| Vacuolization Cytoplasmic         | 3 |   | 3 |   |   |   |   |   | 3 |   | 4 |   |   |   |   |   | 2 |   |   |   |   |   |   | 15 | 2.3 |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   | 2  | 2.0 |
| Hyperplasia, Focal                |   |   |   |   |   |   |   |   | 4 |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 3  | 2.7 |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |
| Parathyroid Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 46 |     |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 47 |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue  
M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically  
1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0777  | 0661  | 0551  | 0770  | 0777  | 0777  | 0334  | 0773  | 0773  | 0773  | 0660  | 0773  | 0772  |          | 0660  | 0773  | 0662  | 0773  | 0664  | 0779   |
| ANIMAL ID  | 01062       | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131 | 01131    | 01131 | 01131 | 01131 | 01131 | 01131 |        |
| Angiectasis  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 2 2.5  |
| Pars Distalis, Cyst                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1      |
| Pars Distalis, Hyperplasia                             | 4           |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       | 2     |       |       |       |       |          |       |       |       |       |       | 4 2.5  |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |
| C-cell, Hyperplasia                                    |             |       |       | 2     |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 6 2.0  |
| Follicular Cell, Hyperplasia                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 2.0  |
| <b>GENERAL BODY SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       |        |
| Tissue NOS   |             |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1      |
| <b>GENITAL SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       |        |
| Epididymis   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |
| Atrophy  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |          |       |       |       |       |       | 1 2.0  |
| Exfoliated Germ Cell                                   | 3           |       |       |       | 2     | 2     | 2     | 2     | 4     | 2     | 3     | 3     | 2     |       |       |       | 2     |       | 1     | 2     | 2        |       |       | 3     |       |       | 36 2.3 |
| Granuloma Sperm  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 2 2.5  |
| Hypospermia  | 4           |       | 4     | 4     | 2     | 2     | 4     | 2     |       |       | 3     | 2     |       | 4     | 4     |       |       |       |       |       |          |       | 4     |       |       |       | 27 3.3 |
| Preputial Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |
| Inflammation   | 3           | 2     | 2     | 3     | 2     | 2     | 3     | 2     | 3     | 1     | 4     | 1     | 2     |       | 4     | 2     | 4     |       |       | 2     |          | 2     |       | 3     | 1     |       | 39 2.4 |
| Duct, Ectasia  | 3           |       | 2     |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       | 2     |       |          | 2     |       |       |       |       | 13 2.3 |
| Duct, Hyperplasia                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2     |       |       | 1 2.0  |
| Prostate   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |
| Inflammation   | 2           |       | 1     |       | 3     |       | 2     |       | 3     | 2     | 2     | 2     |       | 2     | 2     |       | 3     |       | 2     | 3     | 4        | 2     |       |       |       |       | 36 2.2 |
| Seminal Vesicle  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |
| Atrophy  | 3           |       |       | 2     |       |       | 2     |       |       |       |       |       |       |       | 2     | 2     |       |       |       |       |          |       |       |       |       |       | 8 2.4  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |
|--|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS MALE</b> | 7               | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 5 | 7 | 7 | 7 | 3 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 6 |
|  | 3               | 8 | 5 | 3 | 3 | 3 | 1 | 3 | 0 | 1 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 0 | 3 | 3 | 6 | 3 | 4 |
|  | 0               | 8 | 9 | 7 | 7 | 7 | 8 | 7 | 1 | 9 | 0 | 7 | 7 | 1 | 7 | 7 | 7 | 5 | 7 | 2 | 0 | 2 | 9 |
| <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 |
| 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               | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 |
|  | 6               | 3 | 3 | 4 | 4 | 5 | 5 | 7 | 7 | 9 | 9 | 0 | 0 | 9 | 9 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 |
|  | 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> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Decreased Secretory Fluid

9 3.3

Testes

48

Polyarteritis

1 3.0

Interstitial Cell, Hyperplasia

2 2.5

Seminiferous Tubule, Atrophy

17 3.0

**HEMATOPOIETIC SYSTEM**

Bone Marrow

48

Atrophy

4 2.8

Hyperplasia

4 2.5

Myeloid Cell, Hyperplasia

1 2.0

Lymph Node

19

Lumbar, Degeneration, Cystic

2 2.5

Mediastinal, Degeneration, Cystic

1 2.0

Mediastinal, Hemorrhage

1 2.0

Mediastinal, Medulla, Sinus, Dilatation

1 3.0

Medulla, Pancreatic, Sinus, Dilatation

2 2.5

Pancreatic, Degeneration, Cystic

1 3.0

Pancreatic, Hyperplasia, Lymphoid

3 2.3

Pancreatic, Pigmentation

1 2.0

Renal, Degeneration, Cystic

1 3.0

Renal, Hemorrhage

1 2.0

Renal, Pigmentation

1 2.0

Lymph Node, Mandibular

48

Degeneration, Cystic

5 2.2

Hyperplasia, Lymphoid

3 2.0

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

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0519  | 0770  | 0777  | 0777  | 0334  | 0777  | 0777  | 0667  | 0777  | 0666  | 0776  |          | 0667  | 0664  |
| 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 |
| Infiltration Cellular, Plasma Cell                     |             |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       | 3     | 2     | 2        | 3     |       |
| Lymph Node, Mesenteric                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Degeneration, Cystic                                   |             | 3     | 3     | 4     | 4     | 4     | 4     | 4     | 4     |       | 3     | 4     | 4     | 2     | 4     | 3     | 4     | 4     | 4     | 4     | 4        | 4     | 4     |
| Hyperplasia, Lymphoid                                  |             |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       |          |       |       |
| Necrosis, Lymphoid                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Medulla, Sinus, Dilatation                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Spleen   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Accessory Spleen                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Congestion   |             |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       | 2     |       |       |       |          |       | 2     |
| Fibrosis   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Hematopoietic Cell Proliferation                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Infarct  |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       | X     |       |          |       | 5     |
| Pigmentation   |             |       |       |       |       |       |       |       |       | 3     |       |       |       |       |       |       |       |       |       |       |          |       | 3     |
| Thrombus   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Capsule, Fibrosis                                      |             |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Red Pulp, Hyperplasia                                  |             | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Thymus   | +           | +     | M     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Atrophy  | 3           | 2     |       | 2     | 3     | 2     | 3     | 2     |       |       | 2     | 2     | 2     | 2     | 2     | 2     | 2     | 3     | 2     | 3     | 2        | 2     | 2     |
| Epithelial Cell, Hyperplasia                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| <b>INTEGUMENTARY SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Mammary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Galactocele  |             |       | X     |       |       | X     |       |       |       |       | X     |       |       |       |       |       | X     |       |       | X     |          |       | 11    |
| Lactation  | 2           | 1     |       |       |       |       | 2     |       |       |       | 2     | 2     |       |       | 3     |       | 3     |       | 3     |       |          | 3     | 3     |
| Alveolus, Hyperplasia                                  |             |       |       | 1     |       |       | 1     | 2     |       |       |       |       |       |       | 3     |       |       |       |       |       |          | 3     | 12    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 |       |       |       |       |       |        |      |
|------------------------------------|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|-------|--------|------|
|                                    | 0730                            | 0688  | 0659  | 0737  | 0777  | 0777  | 0777  | 0777  | 0661  | 0551  | 0770  | 0773  | 0773  | 0334  | 0771  | 0777  | 0777  | 0665  | 0773  | 0776  |          | 0660  | 0773  | 0772  | 0660  | 0773  | 0774   | 0669 |
| ANIMAL ID                          | 01062                           | 01131 | 01112 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111 | 01111    | 01111 | 01111 | 01111 | 01111 | 01111 | 01111  |      |
| Skin                               | +                               | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |      |
| Inflammation                       |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 2 2.5  |      |
| Fat, Subcutaneous Tissue, Necrosis |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 3.0  |      |
| Tail, Hyperkeratosis, Multifocal   |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 3.0  |      |
| <b>MUSCULOSKELETAL SYSTEM</b>      |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       |        |      |
| Bone                               |                                 | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 2      |      |
| Cranium, Periosteum, Hemorrhage    |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 2.0  |      |
| Bone, Femur                        | +                               | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |      |
| <b>NERVOUS SYSTEM</b>              |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       |        |      |
| Brain                              |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1      |      |
| Brain, Brain Stem                  | +                               | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |      |
| Hemorrhage                         |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 3.0  |      |
| Hypothalamus, Compression          |                                 |       |       |       |       | 2     |       |       |       |       | 2     |       |       | 3     |       |       |       | 2     |       |       |          | 3     | 2     | 1     | 4     | 2     | 13 2.6 |      |
| Brain, Cerebellum                  | +                               | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |      |
| Compression                        |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 3.0  |      |
| Hemorrhage                         |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 2 1.5  |      |
| Brain, Cerebrum                    | +                               | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | +     | 48     |      |
| Hydrocephalus                      |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 2.0  |      |
| Mineralization, Focal              |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       | 1 1.0  |      |
| <b>RESPIRATORY SYSTEM</b>          |                                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |       |        |      |

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

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0665  | 0571  | 0730  | 0777  | 0777  | 0373  | 0777  | 0777  | 0675  | 0777  | 0672  | 0760  | 0763  |          | 0662  | 0734  |
| ANIMAL ID  | 01062       | 01131 | 01132 | 01141 | 01142 | 01143 | 01144 | 01145 | 01146 | 01147 | 01148 | 01149 | 01150 | 01151 | 01152 | 01153 | 01154 | 01155 | 01156 | 01157 | 01158    | 01159 | 01160 |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |     |
| Granuloma                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 1.0 |
| Alveolar Epithelium, Hyperplasia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2   | 3.0 |
| Alveolus, Infiltration Cellular, Histiocyte |   |   |   |   |   |   | 1 | 2 |   |   |   |   |   |   | 2 |   |   |   |   |   |   | 1 |   | 10 | 1.3 |     |
| Alveolus, Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 1.0 |
| Alveolus, Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   | 2 |   |   |   |   |    | 3   | 2.0 |
| Mediastinum, Inflammation                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1   | 3.0 |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Nose                     | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |     |
| Foreign Body             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |     |
| Fungus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |     |
| Inflammation             |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 | 2.0 |
| Goblet Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 | 2.0 |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**SPECIAL SENSES SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Eye                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |     |
| Sclera, Metaplasia, Osseous       |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |    | 1 | 3.0 |
| Harderian Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |     |
| Infiltration Cellular, Lymphocyte |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |    | 8 | 1.3 |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 | 2.0 |
| Zymbal's Gland                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |     |

**URINARY SYSTEM**

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0777  | 0661  | 0551  | 0770  | 0773  | 0773  | 0334  | 0771  | 0777  | 0777  | 0660  | 0773  | 0776  |          | 0667  | 0776  | 0663  | 0774  | 0662   | 0779  |
| ANIMAL ID  | 01062       | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112 | 01112    | 01112 | 01112 | 01112 | 01112 | 01112  |       |
| Hydronephrosis   |             |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       |        | 1 2.0 |
| Nephropathy  | 2           | 2     | 3     | 1     | 2     | 3     | 4     | 4     | 4     | 2     | 4     | 3     | 3     | 2     | 4     | 4     | 3     | 2     | 3     | 3     | 2        | 4     | 3     |       |       | 48 2.7 |       |
| Urinary Bladder Dilatation                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     | +     | 48     |       |
| Hyperplasia  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1      |       |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 2      |       |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 2      |       |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1 2.0  |       |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |       | 1 2.0  |       |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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...) |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|  | 0<br>6<br>4<br>2 | 0<br>6<br>4<br>6 | 0<br>6<br>9<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>7 | 0<br>0<br>3<br>0 | 0<br>6<br>8<br>0 | 0<br>6<br>9<br>1 | 0<br>7<br>3<br>7 | 0<br>6<br>6<br>2 | 0<br>6<br>8<br>5 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>7 | 0<br>4<br>8<br>2 | 0<br>6<br>3<br>1 | 0<br>6<br>0<br>7 | 0<br>5<br>7<br>4 | 0<br>3<br>3<br>8 | 0<br>1<br>6<br>7 | 0<br>6<br>3<br>0 | 0<br>7<br>6<br>0 | 0<br>7<br>3<br>7 | 0<br>6<br>7<br>6 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 | 0<br>2<br>2<br>1 |           |                    | 0<br>2<br>2<br>4 | 0<br>2<br>2<br>4 | 0<br>2<br>4<br>6 | 0<br>0<br>4<br>6 | 0<br>0<br>4<br>8 | 0<br>0<br>4<br>8 | 0<br>0<br>5<br>8 | 0<br>0<br>5<br>5 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>4 | 0<br>0<br>8<br>5 | 0<br>0<br>8<br>6 | 0<br>0<br>8<br>6 | 0<br>1<br>0<br>9 | 0<br>1<br>0<br>9 | 0<br>1<br>1<br>0 | 0<br>1<br>1<br>0 | 0<br>1<br>1<br>0 | 0<br>1<br>1<br>0 |

ALIMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Ascending Colon  | M   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               |   | 4 |   | 4 | 4 | 3 | 4 | 4 | 3 | 4 |   | 4 | 2 |   | 2 | 2 |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 | 3 | 2 |
| Intestine Large, Cecum            |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Dilatation                        |   | X |   |   | X |   |   | X | X |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Hemorrhage                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |
| Inflammation                      |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |
| Ulcer                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   | 4 | 3 |   |   | 2 | 2 |   |   |   | 3 |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 2 |
| Mucosa, Hyperplasia               | 2   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Colon            |   | + |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               |   | 3 |   |   |   |   |   |   |   |   |   |   |   | 4 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               |   |   |   | 1 |   | 2 |   | 2 | 1 | 1 | 2 | 1 | 1 |   | 1 | 3 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 1 |   |   |   |   |
| Intestine Large, Rectum           |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Mucosa, Hyperplasia               |   | 2 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Transverse Colon |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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...) |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
|   | 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 |                    |
| Mucosa, Hyperplasia   | 2           | 2 | 2 | 2 | 3 | 2 | 2 | 3 |   |   |   | 4 | 1 | 1 | 2 | 1 |   | 2 | 2 |   |   |   |   | 2 | 2 | 2 |   |   |                    |
| Intestine Small, Duodenum<br>Mucosa, Hyperplasia  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Intestine Small, Ileum<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Intestine Small, Jejunum<br>Inflammation<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia   | +           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Liver<br>Angiectasis<br>Basophilic Focus, Multiple<br>Cyst Multilocular<br>Eosinophilic Focus<br>Granuloma<br>Hematopoietic Cell Proliferation<br>Hepatodiaphragmatic Nodule<br>Infiltration Cellular, Lymphocyte<br>Infiltration Cellular, Polymorphonuclear<br>Necrosis, Coagulative<br>Regeneration<br>Tension Lipidosis<br>Vacuolization Cytoplasmic<br>Bile Duct, Hyperplasia<br>Centrilobular, Necrosis | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   | 1 |   |   |   |   |   |                    |
|   | 2           | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   | 1 |   |   |   |   |   |                    |
|   |             | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|   |             |   |   |   |   |   |   |   | 1 |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|   |             |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|   |             |   |   |   |   |   |   | 1 | 2 |   |   |   |   |   | 1 |   |   |   |   | 2 |   |   |   |   |   |   |   |   |                    |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |                    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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 | males (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 |           |                 |
| 6           | 6  | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 6 | 6 | 6 | 7 | 7 | 4 | 6 | 6 | 5 | 3 | 1 | 6 | 7 | 6 | 0         |                 |
| 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 | 0         |                 |
| 2           | 6  | 7 | 7 | 7 | 7 | 0 | 7 | 0 | 1 | 7 | 2 | 5 | 9 | 7 | 7 | 2 | 1 | 7 | 4 | 8 | 7 | 0 | 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 | 1 | 1 | 1 | 1 | 0         |                 |
| 0           | 0  | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 0 | 0 | 1 | 1 | 0 |           |                 |
| 1           | 1  | 3 | 3 | 3 | 3 | 4 | 4 | 6 | 6 | 8 | 8 | 7 | 7 | 4 | 4 | 5 | 5 | 6 | 6 | 9 | 9 | 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 | 0 |           |                 |

Hepatocyte, Periportal, Hypertrophy  
 Left Lateral Lobe, Developmental Malformation  
 Median Lobe, Developmental Malformation  
 Right Lateral Lobe, Developmental Malformation

Mesentery  
 Ectopic Tissue  
 Inflammation  
 Polyarteritis  
 Thrombosis  
 Fat, Necrosis

+ +  
  
  
  
4  
  
3

+  
X  
3  
  
X

Oral Mucosa

+

Pancreas  
 Infiltration Cellular, Lymphocyte  
 Acinar Cell, Atrophy

+  
 1  
 1 2 1 2 2 1 2 1 2 1 2 2 2 3 1

Proximal Colon  
 Hemorrhage  
 Hyperplasia, Lymphoid  
 Inflammation  
 Mucosa, Hyperplasia

+ + + + + + + + + + + + + + + + + + M M + + +  
 3  
 2  
 4 1 4 4 3 4 4 2 3 2 4 4 1 3 2 1 2

Salivary Glands

+ +

Stomach, Forestomach  
 Hyperplasia  
 Inflammation

+  
 2  
 4 4

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

P09: NON-NEOPLASTIC LESIONS 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<br>MALE |  | 0                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 |   |   |   |
| ALOEWHOLLEAF 1.5                   |  | 6                       | 6 | 6 | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 6 | 6 | 6 | 7 | 7 | 4 | 6 | 6 | 5 | 3 |                    | 1 | 6 | 7 | 6 |
| ANIMAL ID                          |  | 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                  | 0 | 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 | 1                  | 1 | 1 | 1 | 1 |
|                                    |  | 0                       | 0 | 0 | 0 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 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 | 2 | 2 |
|                                    |  | 1                       | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2                  | 1 | 2 | 1 | 2 |
| Ulcer                              |  | 4                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Stomach, Glandular                 |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Edema                              |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Mucosa, Hyperplasia                |  | 2                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| <b>CARDIOVASCULAR SYSTEM</b>       |  |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Blood Vessel                       |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Heart                              |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Cardiomyopathy                     |  | 2                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Atrium, Thrombus                   |  | 1 2 2 2 3 2 2 3 2 2 1 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
|                                    |  | X X                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| <b>ENDOCRINE SYSTEM</b>            |  |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Adrenal Cortex                     |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Angiectasis                        |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Hyperplasia, Focal                 |  | 2                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Hypertrophy, Focal                 |  | 2                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Thrombus                           |  | 2                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Vacuolization Cytoplasmic          |  | 2 1 2 2 2 2 3 3 2       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Adrenal Medulla                    |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Angiectasis                        |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Hyperplasia, Focal                 |  | 4                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Islets, Pancreatic                 |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Parathyroid Gland                  |  | +                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |

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

**P09: NON-NEOPLASTIC LESIONS 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...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|--------------------|
|  | 0<br>6<br>4<br>2 | 0<br>6<br>4<br>6 | 0<br>6<br>9<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>0<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>8<br>0 | 0<br>6<br>9<br>1 | 0<br>7<br>3<br>7 | 0<br>6<br>2<br>2 | 0<br>6<br>6<br>5 | 0<br>6<br>8<br>9 | 0<br>7<br>3<br>7 | 0<br>4<br>8<br>2 | 0<br>6<br>3<br>1 | 0<br>6<br>0<br>7 | 0<br>5<br>7<br>4 | 0<br>3<br>3<br>8 | 0<br>1<br>1<br>7 | 0<br>6<br>6<br>0 | 0<br>7<br>3<br>7 | 0<br>6<br>7<br>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<br>0<br>0<br>1<br>1 |           |                    |

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Seminal Vesicle Atrophy        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Decreased Secretory Fluid      |   |   |   | 4 |   |   |   |   | 2 |   | 4 | 3 |   |   |   |   | 3 |   |   |   |   |   |   | 3 |  |
| Testes                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Interstitial Cell, Hyperplasia |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |  |
| Seminiferous Tubule, Atrophy   |   |   | 1 |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Atrophy                            |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |  |
| Hyperplasia                        |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |  |
| Myeloid Cell, Hyperplasia          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |  |
| Lymph Node                         |   |   | + |   |   |   |   | + | + | + |   |   | + | + |   |   |   |   |   |   |   | + | + | + |   |  |
| Lumbar, Degeneration, Cystic       |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lumbar, Hyperplasia, Lymphoid      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mediastinal, Hemorrhage            |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreatic, Degeneration, Cystic   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreatic, Hyperplasia, Lymphoid  |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |  |
| Renal, Degeneration, Cystic        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Degeneration, Cystic               | 2 |   | 4 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Plasma Cell |   |   |   |   |   |   | 2 |   |   | 2 | 2 | 2 |   |   |   |   |   |   | 2 |   |   |   |   |   |   |  |
| Medulla, Sinus, Dilatation         |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Degeneration, Cystic               | 2 |   | 4 | 4 | 4 | 2 | 4 | 2 |   | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 |   |   | 4 | 2 | 4 |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males (cont...) |
|---------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-----------------|
|                                 | 0642        | 0646 | 0667 | 0677 | 0677 | 0677 | 0677 | 0677 | 0677 | 0666 | 0666 | 0677 | 0666 | 0666 | 0677 | 0677 | 0644 | 0666 | 0666 | 0655 | 0633 | 0611 | 0666 | 0677 | 0666 |           |                 |
| ALOEWOLLEAF 1.5                 | 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    | 00011     |                 |
|                                 | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 00001     |                 |
|                                 | 1           | 1    | 3    | 3    | 3    | 4    | 4    | 6    | 6    | 8    | 8    | 7    | 7    | 4    | 4    | 5    | 5    | 7    | 7    | 8    | 8    | 8    | 8    | 8    | 9    | 11312     |                 |
|                                 | 1           | 2    | 1    | 2    | 2    | 2    | 3    | 2    | 2    | 2    | 3    | 2    | 2    | 3    | 2    | 2    | 2    | 2    | 2    | M    | M    | +    | +    | +    | +    | 22122     |                 |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fibrosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Hemorrhage                         |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Lymphoid Inflammation |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | 3 |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hematopoietic Cell Proliferation   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infarct                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation                       |   | 2 |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |
| Thrombus                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Thymus                             | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + | + | + |   |
| Atrophy                            | 3 | 2 |   | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 3 |   | 3 | 2 | 2 | 2 |   |   |   |   | 2 | 2 |   | 2 | 2 |   |   |
| Hemorrhage                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |

**INTEGUMENTARY SYSTEM**

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland               | + | + | + | + | + | + | M | M | + | + | + | M | + | + | + | M | + | M | + | M | + | + | + | + | + | + |
| Galactocele                 |   | X | X |   |   | X |   |   |   |   | X |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X |
| Lactation                   | 2 | 2 |   |   |   |   |   |   | 2 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Alveolus, Hyperplasia       |   | 3 |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Skin                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cyst Epithelial Inclusion   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Foot, Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Bone                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cartilage, Sternum, Degeneration |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 M .. Missing tissue  
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 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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<br>MALE<br>ALOEWHOLLEAF 1.5 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |
|-------------|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|
|             | 0642   | 0646 | 0697 | 0733 | 0773 | 0777 | 0777 | 0780 | 0783 | 0891 | 0893 | 0922 | 0926 | 0938 | 0938 | 0948 | 0963 | 0967 | 0974 | 0983 | 0983 | 0993 | 0997 | 0997 | 1007 | 1007 |                    |
| ANIMAL ID   | 0001   | 0002 | 0003 | 0002 | 0002 | 0002 | 0002 | 0002 | 0004 | 0004 | 0004 | 0004 | 0005 | 0005 | 0007 | 0007 | 0008 | 0008 | 0008 | 0009 | 0009 | 0010 | 0010 | 0011 | 0011 | 0011 | 0012               |

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

**NERVOUS SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem<br>Hypothalamus, Compression | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   | 2 | 3 |   |   |   | 3 |   |   | 3 |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   | 4 |   |
| Brain, Cerebellum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum<br>Hemorrhage<br>Hydrocephalus | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Peripheral Nerve                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   | + |
| Spinal Cord<br>Hemorrhage                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   | + |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung<br>Granuloma<br>Hemorrhage<br>Metaplasia, Osseous<br>Alveolar Epithelium, Hyperplasia<br>Alveolus, Infiltration Cellular, Histiocyte<br>Alveolus, Inflammation | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | 1 |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   | 2 |   | 1 |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |  |

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

**P09: NON-NEOPLASTIC LESIONS 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 | males (cont...) |
|-------------|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-----------------|
|             | 0642   | 0666 | 0697 | 0733 | 0777 | 0777 | 0777 | 0777 | 0777 | 0666 | 0666 | 0777 | 0666 | 0666 | 0666 | 0777 | 0777 | 0444 | 0666 | 0666 | 0555 | 0333 | 0111 | 0666 | 0777 |           |                 |
| ANIMAL ID   | 0000   | 0000 | 0000 | 0002 | 0002 | 0002 | 0002 | 0004 | 0004 | 0004 | 0004 | 0005 | 0005 | 0007 | 0007 | 0008 | 0008 | 0008 | 0008 | 0008 | 0008 | 0009 | 0009 | 0010 | 0010 | 0011      | 0011            |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Nose Inflammation        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Goblet Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Trachea                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

**SPECIAL SENSES SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Cataract  | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Phthisis Bulbi                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Retina, Degeneration                              | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sclera, Metaplasia, Osseous                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Harderian Gland Infiltration Cellular, Lymphocyte | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Inflammation                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Kidney Nephropathy         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Cortex, Cyst               | 1 | 3 | 2 | 4 | 2 | 3 | 3 | 3 | 2 | 4 | 3 | 1 | 2 | 2 | 2 | 3 | 1 | 3 | 2 | 2 | 1 |   |   |   |   |   |   |   |  |
| Urinary Bladder Dilatation | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemorrhage                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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

**P09: NON-NEOPLASTIC LESIONS 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         | 055 | 073 | 077 | 068 | 077 | 077 | 050 | 066 | 055 | 066 | 077 | 044 | 044 | 066 | 066 | 066 | 055 | 044 | 077 |          | 077 | 077 | 077 |
| ANIMAL ID  | 011         | 012 | 012 | 012 | 012 | 013 | 013 | 013 | 013 | 016 | 016 | 016 | 016 | 016 | 016 | 016 | 016 | 019 | 019 | 019 | 019      | 019 | 019 | 019 |
|  | 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   |
|  | 2           | 2   | 2   | 2   | 2   | 3   | 3   | 3   | 3   | 6   | 6   | 6   | 6   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9        | 9   | 9   | 9   |
|  | 2           | 1   | 2   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 0   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1        | 2   | 1   | 2   |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Intestine Large, Ascending Colon  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46     |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.5  |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5  |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Mucosa, Hyperplasia               |   |   | 3 | 3 | 3 | 3 | 4 | 2 | 4 | 4 | 2 |   | 2 |   | 4 | 2 |   | 4 | 3 | 4 | 4 |   |   | 32 3.2 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Dilatation                        | X | X |   |   |   |   |   | X | X |   |   |   | X |   | X |   |   | X | X |   | X |   |   | 17     |
| Hemorrhage                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5  |
| Ulcer                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   | 1 2.0  |
| Mucosa, Hyperplasia               |   |   | 2 | 2 |   |   |   | 2 | 2 | 4 | 4 |   |   | 3 |   | 1 |   |   |   | 3 | 2 | 2 | 2 | 25 2.4 |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   | 5      |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   | 4 3.8  |
| Intestine Large, Descending Colon | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47     |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Mucosa, Hyperplasia               |   |   | 2 | 2 | 2 | 2 | 2 |   | 2 | 2 | 1 |   |   |   | 2 | 2 | 2 | 3 | 1 | 1 | 2 | 2 | 2 | 30 1.7 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |
| Mucosa, Hyperplasia               |   |   |   |   |   |   | 2 |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 2.0  |
| Intestine Large, Transverse Colon | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47     |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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         | 055 | 073 | 077 | 069 | 073 | 073 | 050 | 068 | 055 | 074 | 044 | 046 | 066 | 066 | 054 | 045 | 072 | 073 | 077 |          | 077 |           |            |            |
| ANIMAL ID   | 011         | 012 | 012 | 012 | 013 | 013 | 013 | 013 | 013 | 016 | 016 | 016 | 016 | 016 | 016 | 016 | 019 | 019 | 019 | 019 | 019      |     |           |            |            |
| Mucosa, Hyperplasia   |             |     | 2   | 2   | 2   | 4   | 2   | 2   | 3   | 3   | 1   |     | 3   |     | 4   |     | 2   |     | 3   | 3   | 3        | 4   | <b>34</b> | <b>2.4</b> |            |
| Intestine Small, Duodenum<br>Mucosa, Hyperplasia  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | <b>48</b> | <b>6</b>   | <b>2.2</b> |
| Intestine Small, Ileum<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | <b>48</b> | <b>2</b>   | <b>3.5</b> |
| Intestine Small, Jejunum<br>Inflammation<br>Lymphoid Tissue, Hyperplasia<br>Mucosa, Hyperplasia   | A           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | <b>46</b> | <b>1</b>   | <b>2.0</b> |
| Liver<br>Angiectasis<br>Basophilic Focus, Multiple<br>Cyst Multilocular<br>Eosinophilic Focus<br>Granuloma<br>Hematopoietic Cell Proliferation<br>Hepatodiaphragmatic Nodule<br>Infiltration Cellular, Lymphocyte<br>Infiltration Cellular, Polymorphonuclear<br>Necrosis, Coagulative<br>Regeneration<br>Tension Lipidosis<br>Vacuolization Cytoplasmic<br>Bile Duct, Hyperplasia<br>Centrilobular, Necrosis | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | <b>48</b> | <b>1</b>   | <b>3.0</b> |
|   |             |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |          | 3   | <b>1</b>  | <b>1</b>   | <b>1</b>   |
|   |             |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |          |     | <b>1</b>  | <b>1</b>   | <b>1</b>   |
|   | 1           |     | 1   | 1   |     |     |     |     | 2   |     |     |     |     |     |     |     | 2   |     |     |     |          | 3   | <b>10</b> | <b>1.7</b> |            |
|   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | <b>1</b>  | <b>1</b>   | <b>1.0</b> |
|   |             |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |          | 1   | <b>3</b>  | <b>1.3</b> |            |
|   |             |     |     |     |     |     |     |     | 2   |     |     |     |     |     |     |     |     |     |     |     |          |     | <b>1</b>  | <b>2.0</b> |            |
|   |             |     |     |     |     |     |     |     |     | 1   |     |     |     |     |     |     |     |     |     |     |          |     | <b>2</b>  | <b>1.5</b> |            |
|   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 3   | <b>1</b>  | <b>3.0</b> |            |
|   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 3   | <b>1</b>  | <b>3.0</b> |            |
|   |             |     |     |     |     |     |     |     | 2   |     |     |     |     |     |     |     |     |     |     |     | 2        |     | <b>5</b>  | <b>1.6</b> |            |
|   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     | <b>1</b>  | <b>3.0</b> |            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|--|
|  | 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 | 7        |   |  |
| 5  | 5   | 3 | 3 | 9 | 3 | 3 | 0 | 8 | 4 | 3 | 7 | 9 | 2 | 6 | 7 | 4 | 5 | 2 | 3 | 1 | 3        | 3 |  |
| 0  | 5   | 7 | 7 | 8 | 7 | 1 | 9 | 1 | 9 | 7 | 8 | 6 | 6 | 9 | 0 | 9 | 2 | 2 | 7 | 2 | 7        | 7 |  |
|  | 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 | 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  | 2   | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 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 | 1 | 1 | 1 | 2        | 2 |  |
| 2  | 1   | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1        | 2 |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Hepatocyte, Periportal, Hypertrophy            | 3   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0    |   |  |
| Left Lateral Lobe, Developmental Malformation  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |  |
| Median Lobe, Developmental Malformation        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |  |
| Right Lateral Lobe, Developmental Malformation |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |  |
| -----  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Mesentery                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5        |   |  |
| Ectopic Tissue                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |  |
| Inflammation                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0    |   |  |
| Polyarteritis                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0    |   |  |
| Thrombosis                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |  |
| Fat, Necrosis                                  | 2   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5    |   |  |
| -----  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Oral Mucosa                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |  |
| -----  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Pancreas                                       | +     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 48       |   |  |
| Infiltration Cellular, Lymphocyte              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0    |   |  |
| Acinar Cell, Atrophy                           | 2 3 1 1 2 2 3 2                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 24 1.8   |   |  |
| -----  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Proximal Colon                                 | A M + + + + + + + + + + M M + + + + M + + + + + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 41       |   |  |
| Hemorrhage                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0    |   |  |
| Hyperplasia, Lymphoid                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0    |   |  |
| Inflammation                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0    |   |  |
| Mucosa, Hyperplasia                            | 2 3 2 2 4 2 4 4 3 3 4 4 4 3 3 4                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 32 3.0   |   |  |
| -----  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Salivary Glands                                | +     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 48       |   |  |
| -----  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |  |
| Stomach, Forestomach                           | +     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 48       |   |  |
| Hyperplasia                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5    |   |  |
| Inflammation                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 4.0    |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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 |   |        |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|--------|
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |        |
| ANIMAL ID  | 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        | 3 |        |
|  | 0           | 5 | 7 | 7 | 8 | 7 | 1 | 9 | 1 | 9 | 7 | 8 | 6 | 6 | 9 | 0 | 9 | 2 | 2 | 7 | 2        | 7 |        |
|  | 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 | 2 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9        | 9 |        |
|  | 2           | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2 | 0 | 0 | 5 | 5 | 6 | 7 | 7 | 0 | 1 | 1 | 1 | 2        | 2 |        |
|  | 2           | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1        | 2 |        |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |        |
| Ulcer  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1 4.0  |
| Stomach, Glandular                                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |
| Edema  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |          |   | 1 2.0  |
| Mucosa, Hyperplasia                                    | 2           |   |   |   |   |   |   |   | 2 |   |   | 3 | 2 |   |   |   |   |   |   |   |          |   | 11 2.4 |
| <b>CARDIOVASCULAR SYSTEM</b>                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |        |
| Blood Vessel   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |
| Heart  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |
| Cardiomyopathy   | 1           | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 |   |   | 2 | 2 | 2 |   |   | 2 |   | 2 | 2        | 2 | 32 2.0 |
| Atrium, Thrombus                                       |             |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |          |   | 4      |
| <b>ENDOCRINE SYSTEM</b>                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |        |
| Adrenal Cortex   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |
| Angiectasis  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | 2        |   | 2 2.0  |
| Hyperplasia, Focal                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   | 3 1.7  |
| Hypertrophy, Focal                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 2 2.0  |
| Thrombus   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1 2.0  |
| Vacuolization Cytoplasmic                              |             | 3 |   |   |   |   | 3 |   |   |   |   |   | 2 | 2 |   |   |   |   | 2 |   |          |   | 14 2.2 |
| Adrenal Medulla  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |
| Angiectasis  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |          |   | 3 2.0  |
| Hyperplasia, Focal                                     |             |   |   | 2 |   |   |   |   |   | 2 |   |   |   | 4 |   |   |   |   | 2 |   | 3        |   | 6 2.8  |
| Islets, Pancreatic                                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |
| Parathyroid Gland                                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 48     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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         | 055 | 073 | 077 | 069 | 073 | 073 | 050 | 068 | 055 | 074 | 044 | 044 | 066 | 066 | 066 | 054 | 045 | 072 | 077 |          | 077 | 077 | 077    | 077 |  |
| ANIMAL ID  | 011         | 012 | 012 | 012 | 012 | 013 | 013 | 013 | 013 | 016 | 016 | 016 | 016 | 016 | 016 | 016 | 019 | 019 | 019 | 019 | 019      | 019 | 019 | 019    |     |  |
| Hyperplasia, Focal                                     |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1 1.0  |     |  |
| Pituitary Gland  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   | 48     |     |  |
| Angiectasis  |             |     |     |     | 2   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 5 2.0  |     |  |
| Hemorrhage   | 3           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1 3.0  |     |  |
| Pars Distalis, Cyst                                    |             |     |     |     | X   |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 2      |     |  |
| Pars Distalis, Hyperplasia                             |             |     |     |     | 2   |     |     |     |     |     | 2   |     |     |     |     |     |     |     |     |     |          |     |     | 5 2.0  |     |  |
| Thyroid Gland  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   | 48     |     |  |
| C-cell, Hyperplasia                                    |             |     |     |     | 1   |     |     |     |     | 3   |     |     |     |     |     |     |     |     |     |     |          |     | 1   | 6 1.5  |     |  |
| Follicular Cell, Hyperplasia                           |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1 1.0  |     |  |
| <b>GENERAL BODY SYSTEM</b>                             |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |        |     |  |
| Tissue NOS   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |        | 2   |  |
| <b>GENITAL SYSTEM</b>                                  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     |        |     |  |
| Epididymis   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   | 48     |     |  |
| Exfoliated Germ Cell                                   |             |     |     |     | 2   |     |     | 1   | 1   |     |     | 1   |     |     |     |     | 2   |     | 4   |     | 3        |     |     | 23 2.1 |     |  |
| Hypospermia  |             |     | 4   | 4   | 4   | 4   | 4   |     |     |     | 4   |     |     |     | 4   | 4   | 2   |     | 3   | 4   | 4        | 4   |     | 26 3.6 |     |  |
| Inflammation   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1 3.0  |     |  |
| Preputial Gland  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   | 48     |     |  |
| Atrophy  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |     |     | 1 2.0  |     |  |
| Inflammation   | 3           | 3   | 2   | 2   | 2   | 1   | 2   |     | 2   |     | 1   | 2   | 2   | 2   | 2   | 4   | 3   |     |     | 4   | 2        | 4   | 4   | 37 2.3 |     |  |
| Duct, Ectasia  |             |     |     |     |     | 3   | 2   |     | 2   |     |     | 2   |     |     |     |     |     |     |     |     |          | 2   |     | 9 2.3  |     |  |
| Prostate   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | +   | +   | 48     |     |  |
| Inflammation   | 3           |     |     | 2   | 2   | 2   | 3   |     |     |     |     |     |     | 3   |     | 3   |     |     |     | 2   |          | 2   | 2   | 27 2.3 |     |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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         | 055 | 073 | 077 | 068 | 077 | 073 | 050 | 068 | 055 | 074 | 044 | 066 | 066 | 066 | 054 | 047 | 077 | 073 | 077 |          |
| ANIMAL ID  | 011         | 012 | 012 | 012 | 013 | 013 | 013 | 013 | 013 | 016 | 016 | 016 | 016 | 016 | 016 | 016 | 019 | 019 | 019 | 019 | 019      |
| Seminal Vesicle Atrophy                                | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        |
| Decreased Secretory Fluid                              |             |     |     | 2   |     | 2   |     |     | 3   | 3   |     |     |     | 4   |     | 3   |     |     | 2   |     | 2        |
| Testes   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        |
| Interstitial Cell, Hyperplasia                         |             |     |     |     |     |     |     |     |     |     |     | 2   |     |     |     |     |     |     | 2   |     |          |
| Seminiferous Tubule, Atrophy                           |             |     |     | 3   |     |     |     | 1   |     |     |     |     |     | 3   |     |     |     |     | 3   |     | 4 4      |
| <b>HEMATOPOIETIC SYSTEM</b>                            |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Bone Marrow Atrophy                                    | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        |
| Hyperplasia  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2   | 3   | 3   |          |
| Myeloid Cell, Hyperplasia                              |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Lymph Node   |             |     |     |     | +   |     |     |     | +   |     |     |     | +   |     | +   | +   | +   |     | +   |     | +        |
| Lumbar, Degeneration, Cystic                           |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Lumbar, Hyperplasia, Lymphoid                          |             |     |     |     |     |     |     |     |     |     |     | 2   |     |     |     |     |     |     |     |     |          |
| Mediastinal, Hemorrhage                                |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Pancreatic, Degeneration, Cystic                       |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Pancreatic, Hyperplasia, Lymphoid                      |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Renal, Degeneration, Cystic                            |             |     |     |     | 2   |     |     |     | 3   |     |     |     |     |     |     |     |     |     |     |     |          |
| Lymph Node, Mandibular                                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        |
| Degeneration, Cystic                                   |             |     |     | 2   |     |     |     |     |     | 3   |     |     |     |     |     |     |     |     |     |     |          |
| Infiltration Cellular, Plasma Cell                     |             |     |     |     |     |     |     |     |     | 3   | 2   |     |     | 3   | 2   | 2   |     |     |     |     | 2        |
| Medulla, Sinus, Dilatation                             |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Lymph Node, Mesenteric                                 | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        |
| Degeneration, Cystic                                   | 4           | 4   | 4   | 4   | 3   | 4   | 4   | 4   | 4   | 4   | 3   |     | 3   | 3   | 3   | 4   | 4   | 4   |     | 4   | 4 4      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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         | 055 | 073 | 077 | 068 | 077 | 077 | 050 | 066 | 055 | 077 | 044 | 044 | 066 | 066 | 066 | 055 | 044 | 077 | 077 |          | 077 | 077 |
| ANIMAL ID  | 011         | 012 | 012 | 012 | 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   |
|  | 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   | 3   | 3   | 3   | 3   | 6   | 6   | 6   | 6   | 6   | 6   | 6   | 6   | 9   | 9   | 9   | 9        | 9   | 9   |
|  | 2           | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2   | 1   | 2        | 1   | 2   |

|                                    |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |     |
|------------------------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|-----|
| Fibrosis                           |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  | 1 | 2.0 |
| Hemorrhage                         |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  | 1 | 4.0 |
| Hyperplasia, Lymphoid Inflammation |  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  | 4 | 2.8 |
|                                    |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  | 1 | 4.0 |

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Spleen                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Hematopoietic Cell Proliferation |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |
| Infarct                          |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Pigmentation                     | 3 | 2 |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  | 2.2 |
| Thrombus                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |

|            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Thymus     | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |     |
| Atrophy    | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 2 |   | 3 | 3 | 2 | 2 |   | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 2 | 40 | 2.3 |
| Hemorrhage |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |

**INTEGUMENTARY SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Mammary Gland         | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 41 |     |
| Galactocele           |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   | X |   | 10 |     |
| Lactation             |   |   |   |   |   |   | 3 | 3 |   |   |   |   | 1 |   |   |   |   | 1 |   |   | 3 |   |   | 10 | 2.2 |
| Alveolus, Hyperplasia |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   | 3 |   |   | 6  | 2.2 |

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Skin                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Cyst Epithelial Inclusion   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Foot, Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |

**MUSCULOSKELETAL SYSTEM**

|                                  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |
|----------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-----|
| Bone                             |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |     |
| Cartilage, Sternum, Degeneration |  |  |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 4.0 |

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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  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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 |
|---|---------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
|   | 050                             | 055 | 073 | 077 | 069 | 073 | 073 | 050 | 068 | 055 | 074 | 074 | 066 | 066 | 066 | 054 | 047 | 077 | 077 | 077 |          |
| ANIMAL ID                                   | ALOEWHOLLEAF 1.5                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |
| 011   | 012                             | 022 | 022 | 033 | 033 | 033 | 033 | 066 | 066 | 066 | 066 | 066 | 066 | 077 | 077 | 099 | 099 | 099 | 099 | 099 |          |
| Bone, Femur                                 | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Skeletal Muscle                             |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2        |
| <b>NERVOUS SYSTEM</b>                       |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Brain, Brain Stem                           | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Hypothalamus, Compression                   |                                 |     |     |     |     |     |     | 3   | 3   |     |     |     |     |     |     |     |     |     |     | 3   | 9 3.0    |
| Brain, Cerebellum                           | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Brain, Cerebrum                             | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Hemorrhage                                  |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 2.0    |
| Hydrocephalus                               |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 2.0    |
| Peripheral Nerve                            |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 3        |
| Spinal Cord                                 |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 3        |
| Hemorrhage                                  |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 3.0    |
| <b>RESPIRATORY SYSTEM</b>                   |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Lung  | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Granuloma                                   |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 2.0    |
| Hemorrhage                                  |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 1.0    |
| Metaplasia, Osseous                         |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 1.0    |
| Alveolar Epithelium, Hyperplasia            |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1 1.0    |
| Alveolus, Infiltration Cellular, Histiocyte |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 6 1.2    |
| Alveolus, Inflammation                      |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2 2.5    |

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 X .. Lesion present  
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 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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 |       |
|-----------------------------------|---------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|-------|
|                                   | 050                             | 035 | 073 | 073 | 069 | 073 | 073 | 050 | 068 | 055 | 074 | 044 | 044 | 066 | 066 | 066 | 054 | 045 | 072 | 073 |          | 073   |
| ANIMAL ID                         | ALOEWHOLLEAF 1.5                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |       |
|                                   | 011                             | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011      |       |
| Nose Inflammation                 | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | 48    |
| Goblet Cell, Hyperplasia          |                                 |     |     |     |     |     |     |     | 1   |     |     |     |     |     |     |     |     |     |     |     |          | 1 2.0 |
| Trachea                           | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | 48    |
| <b>SPECIAL SENSES SYSTEM</b>      |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |       |
| Eye                               | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | 48    |
| Cataract                          |                                 |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |          | 2     |
| Phthisis Bulbi                    |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 1     |
| Retina, Degeneration              |                                 |     |     |     |     |     |     |     |     |     |     |     | 4   |     |     |     |     |     |     |     |          | 4 2.5 |
| Sclera, Metaplasia, Osseous       |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 1 2.0 |
| Harderian Gland                   | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | 48    |
| Infiltration Cellular, Lymphocyte | 1                               |     |     |     |     |     |     | 1   |     |     |     | 2   | 1   |     |     |     |     |     |     |     |          | 8 1.5 |
| Inflammation                      |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2   |     |     |     |     |          | 2 2.0 |
| <b>URINARY SYSTEM</b>             |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |       |
| Kidney                            | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | 48    |
| Nephropathy                       | 2                               | 1   | 3   | 4   | 1   | 2   | 3   | 3   | 3   |     | 3   | 1   | 2   | 2   | 2   | 4   | 2   | 2   | 2   | 1   | 4        | 2 3   |
| Cortex, Cyst                      |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 1     |
| Urinary Bladder                   | +                               | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | 48    |
| Dilatation                        |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 2     |
| Hemorrhage                        |                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          | 1 3.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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

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

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\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue  
M .. Missing tissue  
A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> |  | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 4 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 6 |   |
|  |  | 3 | 3 | 3 | 0 | 9 | 3 | 0 | 8 | 4 | 6 | 3 | 3 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 3 | 8 |   |
|  |  | 7 | 7 | 7 | 1 | 0 | 7 | 2 | 6 | 8 | 2 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 4 |   |
| <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 | 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 | 4 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 |   |
|  |  | 9 | 9 | 0 | 0 | 0 | 0 | 2 | 4 | 4 | 1 | 1 | 3 | 3 | 4 | 4 | 7 | 7 | 0 | 0 | 9 | 9 | 0 | 0 | 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 |   |

females  
(cont...)

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Inflammation                      |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Jejunum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basophilic Focus, Multiple        |   | X | X |   | X |   |   |   |   |   | X | X |   |   |   | X | X | X | X | X |   |   |   | X |
| Cyst Multilocular                 |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granuloma                         | 2 | 2 |   |   | 2 |   |   |   |   |   | 1 | 2 |   | 1 |   | 4 |   | 2 | 2 | 2 |   |   |   | 1 |
| Hematopoietic Cell Proliferation  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |
| Hepatodiaphragmatic Nodule        |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |

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P09: NON-NEOPLASTIC LESIONS 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 CONTROL WATER |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | females (cont...) |   |   |   |   |   |
|---|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-------------------|---|---|---|---|---|
|   | 0737  | 0737 | 0737 | 0737 | 0691 | 0730 | 0730 | 0486 | 0548 | 0662 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0474 | 0737 | 0676 |           |                   |   |   |   |   |   |
| Infiltration Cellular, Lymphocyte             |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | 1                 |   |   |   |   |   |
| Vacuolization Cytoplasmic                     |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   | 3 | 3 |   |   |   |
| Bile Duct, Hyperplasia                        |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   | 1 |   |   |   |
| Left Lateral Lobe, Developmental Malformation |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   | X | X | 2 |
| Mesentery                                     |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Fat, Necrosis                                 |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Pancreas                                      |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Acinar Cell, Atrophy                          |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Proximal Colon                                |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Salivary Glands                               |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Acinar Cell, Atrophy                          |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Stomach, Forestomach                          |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Hyperplasia                                   |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |
| Stomach, Glandular                            |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                   |   |   |   |   |   |

CARDIOVASCULAR SYSTEM

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Blood Vessel   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heart          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cardiomyopathy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ENDOCRINE SYSTEM

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Adrenal Cortex |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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| 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>4<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>3<br>7 | 0<br>7<br>0<br>4 | 0<br>7<br>3<br>7 | 0<br>6<br>8<br>4 |   |                              |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 000000000000000000000000     |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 000000000000000000000000     |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 000000000000000000000000     |                      |
|   | 9                | 9                | 0                | 0                | 0                | 0                | 0                | 2                | 4                | 4                | 1                | 1                | 3                | 3                | 4                | 4                | 7                | 7                | 8                | 8                | 8                | 8                | 9                | 9                | 9 | 9900002244113344778888990011 |                      |
|   | 1                | 2                | 1                | 2                | 1                | 2                | 2                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 1                | 2                | 1 | 121212221212121212121212     |                      |

Cyst 2  
 Degeneration, Cystic 1  
 Hyperplasia, Lymphoid  
 Infiltration Cellular, Plasma Cell 2 2 2  
 Medulla, Sinus, Dilatation 2

Lymph Node, Mesenteric +  
 Hemorrhage  
 Medulla, Sinus, Dilatation 2

Spleen +  
 Accessory Spleen X X  
 Atrophy  
 Fibrosis  
 Hematopoietic Cell Proliferation 3 3 3  
 Hyperplasia, Focal  
 Infarct X  
 Pigmentation 3 X X 3 2 2  
 Thrombus

Thymus +  
 Atrophy 3 2 2 2 2 3 3 3 3 2 2 2 2 2 3 2 2 2 2 2 2 2 2 2  
 Hemorrhage 2

**INTEGUMENTARY SYSTEM**

Mammary Gland +  
 Galactocele X X  
 Lactation 2 2 1 2 3 2 2 2 1 2 2 2 2 1 2  
 Alveolus, Hyperplasia 2 3 1 2 3 3 2 2 2 3 3 2 1 2

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TDMS No. 20116 - 03  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
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 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>4 | 0<br>7<br>0<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>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>0<br>4 |           |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 000991           |           |                      |

Alveolus, Hypertrophy

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Skin                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Epidermis, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Epidermis, Necrosis    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foot, Hyperkeratosis   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**MUSCULOSKELETAL SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone, Femur   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Osteopetrosis |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hypothalamus, Compression |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hydrocephalus             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Granuloma                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Alveolar Epithelium, Hyperplasia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Alveolus, Infiltration Cellular, Histiocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Alveolus, Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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  | 0599  | 0737  | 0737  | 0737  | 0737  | 0471  | 0677  | 0725  | 0737  | 0737  | 0737  | 0737  | 0737  | 0031  | 0737  | 0737  | 0674  | 0737  |          | 0650  | 0737  | 0537  |
| 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 |
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     | 0     | 0     |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |             |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|-------------|
| Esophagus Inflammation                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 48<br>1 4.0 |
| Intestine Large, Ascending Colon                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | +      | 47          |
| Intestine Large, Cecum                              | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 47          |
| Intestine Large, Descending Colon                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | +      | 47          |
| Intestine Large, Rectum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 48          |
| Intestine Large, Transverse Colon                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | +      | 47          |
| Intestine Small, Duodenum Mucosa, Hyperplasia       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 48<br>1 2.0 |
| Intestine Small, Ileum Lymphoid Tissue, Hyperplasia | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 47<br>1 3.0 |
| Intestine Small, Jejunum                            | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 47          |
| Liver Basophilic Focus, Multiple                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 48<br>22    |
| Liver Cyst Multilocular                             |   | X |   | X | X |   |   |   | X | X | X |   | X | X |   | X | X |   | X |   |   |   | 1      |             |
| Liver Eosinophilic Focus                            | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   | 5      |             |
| Liver Granuloma                                     | 2 |   |   | 1 | 1 |   |   | 2 | 2 |   |   | 2 | 2 |   |   |   | 2 | 2 |   | 3 |   |   | 21 1.9 |             |
| Liver Hematopoietic Cell Proliferation              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |             |
| Liver Hepatodiaphragmatic Nodule                    |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 4      |             |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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   | 0599   | 0737   | 0777   | 0777   | 0777   | 0467   | 0677   | 0777   | 0777   | 0777   | 0777   | 0777   | 0777   | 0077   | 0777   | 0677   | 0777   | 0677   |          | 0777   | 0537   | 0577 |     |  |
| ANIMAL ID   | 009122      | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122   | 009122 | 009122 |      |     |  |
| Infiltration Cellular, Lymphocyte                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1    | 1.0 |  |
| Vacuolization Cytoplasmic                             | 1           |        |        |        |        |        |        |        |        |        |        |        |        |        | 2      |        |        |        |        |        |          |        |        | 6    | 2.5 |  |
| Bile Duct, Hyperplasia                                | 1           |        | 1      |        |        |        |        | 2      |        |        |        |        | 1      |        |        |        |        |        | 2      |        | 2        |        |        | 9    | 1.6 |  |
| Left Lateral Lobe, Developmental Malformation         |             |        |        | X      |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 4    |     |  |
| Mesentery   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 6    |     |  |
| Fat, Necrosis   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 6    | 2.8 |  |
| Pancreas  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | 48     |      |     |  |
| Acinar Cell, Atrophy                                  |             | 3      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1      |        |          |        |        | 10   | 2.1 |  |
| Proximal Colon  | +           | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +        | A      | +      | 43   |     |  |
| Salivary Glands                                       | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48   |     |  |
| Acinar Cell, Atrophy                                  |             | 2      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1    | 2.0 |  |
| Stomach, Forestomach                                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48   |     |  |
| Hyperplasia   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1    | 3.0 |  |
| Stomach, Glandular                                    | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48   |     |  |
| <b>CARDIOVASCULAR SYSTEM</b>                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |      |     |  |
| Blood Vessel  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48   |     |  |
| Heart   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48   |     |  |
| Cardiomyopathy  | 1           |        | 2      | 2      | 2      |        | 2      | 1      | 2      | 2      |        | 2      | 2      | 2      | 2      |        | 2      | 1      | 2      | 2      |          | 3      |        | 35   | 1.8 |  |
| <b>ENDOCRINE SYSTEM</b>                               |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |      |     |  |
| Adrenal Cortex  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | 48   |     |  |

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 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 |       |       |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|
|   | 07          | 08    | 09    | 07    | 07    | 07    | 07    | 04    | 06    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 00    | 07    | 07    | 06    |          | 07    | 06    | 07    |
| 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 |
| Angiectasis   | 2           | 1     |       | 2     | 3     | 2     | 3     |       | 2     |       |       | 3     | 1     | 2     | 1     |       | 2     | 3     |       | 1     |          | 2     |       |       |
| Fibrosis, Focal                                       |             |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Hypertrophy   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Hypertrophy, Focal                                    |             |       |       |       |       |       |       |       |       |       |       | 1     |       |       |       |       |       |       |       |       |          |       |       |       |
| Vacuolization Cytoplasmic                             |             |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Adrenal Medulla                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     |
| Angiectasis   |             |       |       |       | 2     |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |          |       |       |       |
| Islets, Pancreatic                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     |
| Parathyroid Gland                                     | +           | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     |
| Hyperplasia, Focal                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Pituitary Gland                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     |
| Angiectasis   |             |       |       |       |       |       |       |       |       |       | 3     |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Pars Distalis, Cyst                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | X     |       |
| Pars Distalis, Hyperplasia                            |             |       |       |       |       |       |       |       |       |       | 2     | 1     |       |       | 2     |       |       |       |       |       |          |       |       |       |
| Thyroid Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     |
| C-cell, Hyperplasia                                   |             |       |       |       | 3     |       |       |       |       |       | 3     | 1     | 3     |       |       |       |       |       | 2     |       |          |       |       |       |
| <b>GENERAL BODY SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| NONE  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| <b>GENITAL SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |       |
| Clitoral Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | +     |
| Inflammation  |             |       |       | 2     | 2     |       | 3     | 2     |       | 1     | 2     | 3     |       | 2     | 2     | 1     | 1     | 2     |       |       | 2        | 2     |       |       |
| Duct, Ectasia   |             |       |       |       |       |       |       | 2     | 4     | 2     | 2     | 2     |       |       |       |       |       | 2     |       |       |          |       |       |       |

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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
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P09: NON-NEOPLASTIC LESIONS 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   | 0599   | 0737   | 0737   | 0737   | 0737   | 0467   | 0677   | 0577   | 0677   | 0737   | 0737   | 0737   | 0737   | 0737   | 0077   | 0737   | 0677   | 0737   |          | 0677   | 0737   | 0537   | 0537   |
| ANIMAL ID   | 009122      | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122 | 009122   | 009122 | 009122 | 009122 | 009122 |
| Duct, Hyperplasia                                     | 2           |        |        |        |        |        |        |        |        |        | 2      |        |        |        |        |        |        |        |        |        | 2        | 2.0    |        |        |        |
| Ovary   | +           |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 48     |        |
| Atrophy   | 3           | 2      | 2      | 3      | 2      | 2      | 2      | 2      | 1      | 4      | 2      | 3      | 3      | 3      | 2      | 3      | 2      | 2      | 2      |        | 3        | 2      | 2      | 47     | 2.3    |
| Cyst  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      | 2      |        |        |        |          |        |        |        |        |
| Uterus  | +           |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 48     |        |
| Hyperplasia, Focal                                    |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 4      | 2      | 3.5    |          |        |        |        |        |
| Hypoplasia  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      | 1      |        |        |        |          |        |        |        |        |
| Inflammation  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1      | 2.0    |
| Cervix, Mucocyte, Metaplasia                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1      | 2.0    |
| Cervix, Muscularis, Hypertrophy                       |             |        |        |        |        |        |        |        |        |        | 3      | 1      | 3.0    |        |        |        |        |        |        |        |          |        |        |        |        |
| Endometrium, Hyperplasia, Cystic                      | 2           |        |        |        |        |        |        |        | 1      | 2      | 2      | 1      |        |        |        |        | 1      | 2      | 10     | 1.7    |          |        |        |        |        |
| Horn, Dilatation                                      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 3        | 1      | 3.0    |        |        |
| Vagina  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | +      | 4      |        |          |        |        |        |        |
| Dilatation  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1      |          |        |        |        |        |
| Inflammation, Suppurative                             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2      | 1      | 2.0    |          |        |        |        |        |
| Mucocyte, Hyperplasia                                 |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 3      | 3      | 2.7    |          |        |        |        |        |
| <b>HEMATOPOIETIC SYSTEM</b>                           |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |
| Bone Marrow   | +           |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 48     |        |
| Hyperplasia   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1      | 2.0    |
| Lymph Node  |             |        |        |        |        |        |        |        |        |        | +      |        |        |        |        | +      | +      | +      | 9      |        |          |        |        |        |        |
| Lumbar, Degeneration, Cystic                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 3      | 2      | 2.5    |          |        |        |        |        |
| Lumbar, Hyperplasia, Lymphoid                         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 1      | 2.0    |
| Lymph Node, Mandibular                                | +           |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | 48     |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |              |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|--------------|
| Cyst                               |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>2 2.5</b> |
| Degeneration, Cystic               |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>2 1.5</b> |
| Hyperplasia, Lymphoid              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |               | <b>1 2.0</b> |
| Infiltration Cellular, Plasma Cell |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   | 2 |   |   |   |   |               | <b>7 1.9</b> |
| Medulla, Sinus, Dilatation         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>2 2.0</b> |
|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |              |
| Lymph Node, Mesenteric             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | +             | <b>46</b>    |
| Hemorrhage                         |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |               | <b>3 2.0</b> |
| Medulla, Sinus, Dilatation         |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>1 2.0</b> |
|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |              |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +             | <b>48</b>    |
| Accessory Spleen                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>2</b>     |
| Atrophy                            |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>1 4.0</b> |
| Fibrosis                           |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>1 4.0</b> |
| Hematopoietic Cell Proliferation   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>4 2.8</b> |
| Hyperplasia, Focal                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>1 3.0</b> |
| Infarct                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>1</b>     |
| Pigmentation                       |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |               | <b>7 2.3</b> |
| Thrombus                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>2</b>     |
|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |              |
| Thymus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | +             | <b>46</b>    |
| Atrophy                            | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   | 2 | 2 | 2 | 2 | 2 |   | 2 | 2 |   |   |   | 2 | 3 | 2 | 2 |   | <b>43 2.2</b> |              |
| Hemorrhage                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               | <b>1 2.0</b> |

**INTEGUMENTARY SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |           |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|-----------|
| Mammary Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | +             | <b>47</b> |
| Galactocele           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |               | <b>3</b>  |
| Lactation             |   |   |   | 3 |   | 2 | 1 | 2 | 2 | 2 | 2 |   | 3 | 2 |   |   | 1 | 1 |   |   |   |   | 2 |   |   |   | <b>27 1.9</b> |           |
| Alveolus, Hyperplasia |   |   |   | 2 |   | 2 | 3 | 2 | 2 | 1 | 2 | 1 | 2 |   | 1 |   | 2 | 1 |   |   | 2 |   | 2 |   |   |   | <b>27 2.0</b> |           |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue  
M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically  
1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0737  | 0777  | 0777  | 0467  | 0677  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |          | 0777   |       |
| ANIMAL ID   | 00912       | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912 | 00912    |        |       |
| Alveolus, Hypertrophy                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2      | 1 2.0 |
| Skin  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +      | 48    |
| Epidermis, Hyperplasia                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        | 1 2.0 |
| Epidermis, Necrosis                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        | 1 2.0 |
| Foot, Hyperkeratosis                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        | 1 2.0 |
| <b>MUSCULOSKELETAL SYSTEM</b>                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        |       |
| Bone, Femur   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |       |
| Osteopetrosis   | 3           |       |       | 3     |       | 3     |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 4        | 8 3.0  |       |
| <b>NERVOUS SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        |       |
| Brain, Brain Stem                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |       |
| Hypothalamus, Compression                             | 1           |       | 2     |       |       |       |       | 2     |       |       |       |       | 2     | 1     |       |       |       |       | 3     |       | 2        | 13 2.2 |       |
| Brain, Cerebellum                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |       |
| Brain, Cerebrum                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |       |
| Hydrocephalus   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |       |
| <b>RESPIRATORY SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        |       |
| Lung  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |       |
| Granuloma   |             |       |       | 2     | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 6 2.2  |       |
| Alveolar Epithelium, Hyperplasia                      | 2           |       | 1     |       |       |       |       |       |       |       | 3     |       |       |       |       |       |       |       |       |       |          | 4 2.5  |       |
| Alveolus, Infiltration Cellular, Histiocyte           |             |       |       | 2     |       | 1     |       | 1     |       |       |       | 2     | 2     | 2     |       |       | 1     |       |       |       |          | 13 1.7 |       |
| Alveolus, Inflammation                                | 2           |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       |          | 3 1.7  |       |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 | 0599 | 0737 | 0777 | 0777 | 0467 | 0677 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 |          | 0777   |        |
| ANIMAL ID   | 0091        | 0092 | 0099 | 0091 | 0090 | 0090 | 0092 | 0092 | 0092 | 0094 | 0094 | 0094 | 0094 | 0097 | 0097 | 0097 | 0096 | 0097 | 0097 | 0097 | 0097     |        |        |
| Inflammation  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      |        |
| Osteopetrosis   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 3      | 1 1.0  |
| Trachea   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48     |        |
| <b>SPECIAL SENSES SYSTEM</b>                          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |        |        |
| Eye   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48     |        |
| Retina, Degeneration                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2      | 4 1.8  |
| Harderian Gland                                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48     |        |
| Infiltration Cellular, Lymphocyte                     | 2           | 2    |      |      | 2    |      |      |      | 2    | 1    |      | 2    |      |      |      |      | 1    | 1    | 1    |      | 1        | 24 1.5 |        |
| Inflammation  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      | 1 2.0  |
| Zymbal's Gland  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      |        |
| <b>URINARY SYSTEM</b>                                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |        |        |
| Kidney  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48     |        |
| Hydronephrosis  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      | 2.0    |
| Infarct   |             |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      | 3    |      |      |      |          | 2      | 2.5    |
| Mineralization  |             | 1    | 3    | 2    |      | 2    | 2    | 2    | 2    | 3    | 3    |      | 2    | 2    | 3    |      |      | 2    | 2    | 3    | 3        | 2      | 40 2.2 |
| Nephropathy   | 3           | 1    | 2    | 2    | 2    | 2    | 2    | 2    | 2    | 1    | 2    | 3    | 2    | 2    | 2    |      | 2    | 1    | 2    | 2    | 1        | 3      | 47 2.1 |
| Urinary Bladder                                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48     |        |
| Dilatation  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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>ALOEWHOLLEAF 0.5 |  | 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  |  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7                    | 6 | 7 | 7 |
|  |  | 2           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 3 | 1 | 3                    | 3 | 7 | 3 |
|  |  | 0           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 7 | 7 | 2 | 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 | 3 | 3 | 6 | 6 | 0 | 0 | 1 | 1                    | 2 | 2 | 3 |
|  |  | 1           | 2 | 1 | 2 | 1 | 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<br>Inflammation         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mucosa, Hyperplasia                                      | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 3 | 2 | 2 | 2 | 2 | 3 | 4 | 1 | 3 | 2 | 2 | 2 | 2 | 2 |
| Intestine Large, Cecum<br>Inflammation                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoid Tissue, Hyperplasia                             |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia                                      |   |   |   |   |   |   |   |   | 1 | 3 |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |
| Intestine Large, Descending Colon<br>Mucosa, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   |   |   |   |   |   | 2 | 2 |   |   | 1 |   |   | 2 |   | 1 | 1 |   |   |   |   | 1 |
| Intestine Large, Rectum<br>Polyarteritis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Transverse Colon<br>Inflammation        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoid Tissue, Hyperplasia                             |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia                                      | 2 | 2 | 2 | 1 | 3 | 1 | 1 | 2 | 1 | 1 | 4 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 |
| Intestine Small, Duodenum<br>Mucosa, Hyperplasia         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Intestine Small, Ileum<br>Inflammation                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoid Tissue, Hyperplasia                             |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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>ALOEWOLLEAF 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 | 0 | 0 | 0 | 0 | ANIMAL ID | females<br>(cont...) |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|   |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 |   |           |                      |
|   |             | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 3 | 7 |   |           |                      |
|   | 0           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 7 | 7 | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 1 |   |           |                      |
| Mucosa, Hyperplasia                                     |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   | 3         |                      |
| Intestine Small, Jejunum                                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |           |                      |
| Inflammation  |             |   |   |   |   |   |   |   | 4 |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Ulcer   |             |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Lymphatic, Dilatation                                   |             |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Submucosa, Fibrosis                                     |             |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Liver   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |           |                      |
| Basophilic Focus  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Basophilic Focus, Multiple                              |             | X | X |   |   | X | X | X |   | X | X | X |   | X | X | X |   | X | X |   |   | X |   |   | X |   |   |   |           |                      |
| Eosinophilic Focus                                      |             | X |   |   | X | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Eosinophilic Focus, Multiple                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Granuloma   |             | 1 | 3 |   |   |   |   | 2 |   | 1 | 2 | 2 | 2 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Hepatodiaphragmatic Nodule                              |             |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Infiltration Cellular, Lymphocyte                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Vacuolization Cytoplasmic                               |             |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |           |                      |
| Bile Duct, Hyperplasia                                  |             |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   | 2 |   |   |   |   |   |   | 2 |   |           |                      |
| Left Lateral Lobe, Developmental Malformation           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Mesentery   |             |   |   |   |   | + | + |   |   | + | + |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   | + |   |           |                      |
| Polyarteritis   |             |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Thrombosis  |             |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Fat, Necrosis   |             |   |   |   |   | 3 | 2 |   | 3 |   |   |   |   |   |   |   |   |   | 3 | 2 |   |   |   |   |   | 2 |   |   |           |                      |
| Oral Mucosa   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |           |                      |
| Pancreas  |             | + | + | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |           |                      |
| Polyarteritis   |             |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Acinar Cell, Atrophy                                    |             |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   | 3 |   |   |   | 2 |   |   |   | 1 |   |   |           |                      |

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 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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>ALOEWHOLLEAF 0.5 |  | 070         | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   | 073   |                      | 073   | 073   | 073   |       |       |
| ANIMAL ID  |  | 00051       | 00052 | 00058 | 00081 | 00082 | 00087 | 00088 | 00088 | 00071 | 00072 | 00091 | 00092 | 00099 | 00001 | 00002 | 00003 | 00004 | 00005 | 00006 | 00007 | 00008                | 00008 | 00008 | 00008 | 00001 | 00003 |

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Proximal Colon Inflammation | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ulcer Mucosa, Hyperplasia   |   | 2 | 3 | 3 | 3 | 3 |   | 1 | 3 | 2 |   | 3 | 2 | 2 |   | 2 | 3 | 2 | 1 | 1 | 1 | 1 |   |   |   | 1 |
| Salivary Glands             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach Edema  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   | 2 |   |   |   |   |   |   | 4 |
| Stomach, Glandular Edema    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mucosa, Hyperplasia         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Mucosa, Necrosis, Focal     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**CARDIOVASCULAR SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart Cardiomyopathy | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                      | 2 | 2 |   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 |   |   | 2 | 1 | 2 | 2 | 1 | 2 |   |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex Angiectasis | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia, Focal         |   | 2 |   |   | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 3 |   |   | 2 |   |   |   |   | 3 |   |   | 2 | 1 |   |
| Hypertrophy, Focal         |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |
| Vacuolization Cytoplasmic  |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                            |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 | 2 |   |   | 2 |

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|  |  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |
|--|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------|---|---|---|---|--|--|--|
| FISCHER 344 RATS-NCTR RATS FEMALE ALOEWHOLLEAF 0.5 |  | 0720        | 0730  | 0737  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |       |       |                   |   |   |   |   |  |  |  |
| ANIMAL ID  |  | 00051       | 00055 | 00058 | 00082 | 00087 | 00088 | 00092 | 00098 | 00107 | 00112 | 00119 | 00121 | 00122 | 00123 | 00124 | 00125 | 00126 | 00127 | 00128 | 00129 | 00130 | 00131 | 00132 | 00133 | 00134 | 00135 | 00136 | 00137 | 00138 | 00139 | 00140 | females (cont...) |   |   |   |   |  |  |  |
| Adrenal Medulla                                    |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                 | + |   |   |   |  |  |  |
| Angiectasis  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |
| Hyperplasia, Focal                                 |  |             |       |       |       |       |       |       |       |       | 2     | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |
| Islets, Pancreatic                                 |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                 | + | + | + |   |  |  |  |
| Parathyroid Gland                                  |  | +           | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                 | + | + | + |   |  |  |  |
| Pituitary Gland                                    |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                 | + | + | + | + |  |  |  |
| Angiectasis  |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |
| Pars Distalis, Cyst                                |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |
| Pars Distalis, Hyperplasia                         |  |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |
| Thyroid Gland                                      |  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                 | + | + | + | + |  |  |  |
| C-cell, Hyperplasia                                |  |             |       |       |       |       | 1     |       | 1     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                   |   |   |   |   |  |  |  |

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

|                |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|----------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Clitoral Gland |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |  |
| Inflammation   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Duct, Ectasia  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Ovary          |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Atrophy        |  | 2 | 2 | 2 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 1 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |  |  |
| Cyst           |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked



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

P09: NON-NEOPLASTIC LESIONS 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><br><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 | ANIMAL ID |   |   |   |   |   |   |   |   |   |                      |   |
|   | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |           | 7 | 6 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7                    | 7 |
|   | 2           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3         | 7 | 3 | 3 | 7 | 3 | 3 | 7 | 3 | 3 |                      |   |
|   | 0           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 9 | 7 | 7 | 7 | 7 | 7 | 2 | 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 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 7 | 7 | 8 | 8         | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 1 |                      |   |
|   | 5           | 5 | 8 | 8 | 7 | 7 | 8 | 8 | 7 | 9 | 9 | 0 | 0 | 3 | 3 | 6 | 6 | 0 | 0 | 1 | 1 | 1 | 1         | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 |   | females<br>(cont...) |   |
|   | 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 | 1 | 2 | 1 | 2 | 1 | 1 |                      |   |

|                                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|----------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Uterus                           | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Hyperplasia, Focal               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Inflammation                     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Cervix, Mucocyte, Metaplasia     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Cervix, Muscularis, Hyperplasia  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Cervix, Muscularis, Hypertrophy  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Endometrium, Hyperplasia, Cystic |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Horn, Dilatation                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
| Vagina                           |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Dilatation                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Mucocyte, Hyperplasia            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

**HEMATOPOIETIC SYSTEM**

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Bone Marrow                             | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Atrophy                                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Hyperplasia                             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Lymph Node                              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Mediastinal, Hemorrhage                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Mediastinal, Polyarteritis              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
| Mediastinal, Medulla, Sinus, Dilatation |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Pancreatic, Hyperplasia, Lymphoid       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Lymph Node, Mandibular                  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Cyst                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Degeneration, Cystic                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Infiltration Cellular, Plasma Cell      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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 | 0 | 0 |           |                      |
|  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 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 | 7         |                      |
|  | 0           | 7 | 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 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 1         |                      |
|  | 5           | 5 | 8 | 8 | 7 | 8 | 8 | 8 | 7 | 9 | 9 | 0 | 0 | 3 | 3 | 6 | 6 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3         |                      |
|  | 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         |                      |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lymph Node, Mesenteric Degeneration, Cystic Hemorrhage | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia, Lymphoid Medulla, Sinus, Dilatation       |   |   | 4 | 2 | 3 |   |   |   | 4 | 4 | 3 | 2 | 4 |   |   |   |   | 2 | 4 | 4 | 3 |   |   |   |
| Spleen Accessory Spleen                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Atrophy  |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hematopoietic Cell Proliferation                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                                     | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   | 3 |   |
| Infarct  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Pigmentation   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |
| Red Pulp, Hyperplasia                                  |   |   |   |   |   |   |   |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Thymus Atrophy   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | M | + | + |
| Cyst   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

**INTEGUMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland Galactocele | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lactation                 |   |   | 2 | 1 |   | 2 | 2 | 1 | 2 |   | 2 |   | 2 | 2 |   | 3 |   |   | 2 | 3 |   | 2 |   | 2 |
| Alveolus, Hyperplasia     | 4 | 3 | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 2 |   | 2 | 2 | 2 | 3 | 3 |   | 2 | 2 | 3 |   | 2 | 2 | 3 |
| Skin Inflammation         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Epidermis, Necrosis       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked





|                                   |  | 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 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 |  |
| FISCHER 344 RATS-NCTR RATS FEMALE |  | 2                        | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 7 | 3 | 6 | 3 | 3 | 3 | 1 | 3 | 3 | 7 | 3 | 3 | 3 |  |
| ALOEWHOLLEAF 0.5                  |  | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
| 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 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 7 | 7 | 8 | 8 | 8 | 8 | 1 |  |
|                                   |  | 5                        | 5 | 8 | 8 | 7 | 8 | 8 | 7 | 7 | 9 | 9 | 0 | 0 | 3 | 3 | 6 | 6 | 0 | 0 | 1 | 1 | 1 | 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 | 1 |  |
|                                   |  | <b>females (cont...)</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineralization                    |  | 2                        | 2 |   |   | 2 | 2 | 1 |   | 2 |   | 2 |   | 2 | 2 | 1 |   | 2 | 2 | 3 | 2 | 3 | 2 | 2 | 1 |  |
| Nephropathy                       |  | 1                        | 2 | 2 | 3 | 2 | 2 | 2 |   | 2 | 2 | 3 |   | 3 | 1 | 3 | 1 | 1 | 1 | 2 | 3 | 2 | 3 | 2 | 2 |  |
| Urinary Bladder                   |  | +                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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X .. Lesion present  
I .. Insufficient tissue  
M .. Missing tissue  
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1-4 .. Lesion qualified as:  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

**P09: NON-NEOPLASTIC LESIONS 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 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | * TOTALS |      |
|------------------|-----------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------|------|
|                  | 0647                              | 0733 | 0733 | 0356 | 0692 | 0573 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0684 | 0556 | 0493 | 0733 | 0733 | 0542 |           |          | 0473 |
| ALOEWHOLLEAF 0.5 | 010                               | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011  | 011       | 011      | 011  |
|                  | 0032                              | 0041 | 0044 | 0071 | 0077 | 0081 | 0082 | 0080 | 0004 | 0045 | 0052 | 0055 | 0062 | 0066 | 0066 | 0066 | 0066 | 0084 | 0088 | 0086 | 0084      | 0088     | 0082 |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |        |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|--------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 47     |        |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 1 2.0  |        |
| Mucosa, Hyperplasia               |   | 2 | 1 |   | 1 | 3 | 1 |   | 1 | 3 | 2 | 2 | 1 | 3 | 2 |   | 1 | 1 |   |   | 2 | 1 | 2      | 40 2.0 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |        |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |        |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 4 1.8  |        |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Mucosa, Hyperplasia               |   | 2 | 1 |   | 1 |   | 1 |   |   | 2 | 2 | 1 | 1 | 2 |   |   |   |   |   |   | 1 |   | 17 1.4 |        |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Polyarteritis                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |        |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |        |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |        |
| Mucosa, Hyperplasia               |   | 2 | 1 |   | 2 | 2 | 1 |   |   | 2 | 2 | 2 | 1 | 3 | 1 |   | 1 | 2 | 1 |   | 1 | 1 | 40 1.7 |        |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 2.0  |        |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |        |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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        | 0733 | 0733 | 0735 | 0736 | 0738 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 |          | 0737 |       |
| ANIMAL ID  | 0100        | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100 | 0100     |      |       |
| Mucosa, Hyperplasia                                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    | 2 2.5 |
| Intestine Small, Jejunum                                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |       |
| Inflammation   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    | 3.5   |
| Ulcer  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    | 4.0   |
| Lymphatic, Dilatation                                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    | 4.0   |
| Submucosa, Fibrosis                                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    | 4.0   |
| Liver  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |       |
| Basophilic Focus   |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |       |
| Basophilic Focus, Multiple                               |             |      | X    |      |      |      | X    | X    | X    | X    |      | X    |      | X    | X    | X    | X    |      | X    |      |          | 27   |       |
| Eosinophilic Focus                                       |             |      | X    |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |          | 7    |       |
| Eosinophilic Focus, Multiple                             |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |          | 1    |       |
| Granuloma  |             |      | 2    |      |      | 1    | 1    |      | 1    | 2    |      |      |      | 2    | 1    |      | 2    |      | 2    |      |          | 19   | 1.6   |
| Hepatodiaphragmatic Nodule                               | X           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2    |       |
| Infiltration Cellular, Lymphocyte                        |             |      |      |      |      | 1    |      | 2    |      |      |      |      |      |      |      |      |      |      | 2    |      |          | 3    | 1.7   |
| Vacuolization Cytoplasmic                                |             | 3    |      | 2    |      |      |      |      | 2    |      |      |      |      |      |      |      |      | 2    |      | 3    | 4        | 9    | 2.6   |
| Bile Duct, Hyperplasia                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    | 1    |      |      |      |      |          | 5    | 1.4   |
| Left Lateral Lobe, Developmental Malformation            | X           |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |          | 2    |       |
| Mesentery  |             |      |      | +    |      |      |      |      |      |      |      |      |      | +    |      |      |      |      |      |      |          | 9    |       |
| Polyarteritis  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    | 4.0   |
| Thrombosis   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |       |
| Fat, Necrosis  |             |      |      | 3    |      |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |          | 8    | 2.6   |
| Oral Mucosa  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |       |
| Pancreas   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |       |
| Polyarteritis  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    | 3.0   |
| Acinar Cell, Atrophy                                     | 2           | 1    | 2    |      |      |      |      |      | 2    |      |      |      | 1    | 2    | 1    |      |      |      |      |      |          | 11   | 1.6   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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TDMS No. 20116 - 03  
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P09: NON-NEOPLASTIC LESIONS 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        | 0733  | 0733  | 0735  | 0699  | 0523  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0688  | 0555  | 0493  | 0733  | 0733  | 0527  | 0447  |          | 0733  | 0731  |
| 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 |

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |     |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|-----|
| Proximal Colon Inflammation | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | 45 |   |     |     |
| Ulcer                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 | 2.0 |     |
| Mucosa, Hyperplasia         |   |   | 2 |   |   | 2 | 3 |   | 2 | 3 | 3 | 1 | 1 | 3 | 2 |   |   |   |   |   |   |   |   |    |   | 2   | 3.0 |
| Salivary Glands             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |     |     |
| Stomach, Forestomach Edema  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 3 | 3.0 |     |
| Hyperplasia                 |   |   | 3 |   |   |   |   |   |   | 3 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |    |   | 2   | 2.6 |
| Stomach, Glandular Edema    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 3 | 3.0 |     |
| Mucosa, Hyperplasia         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 1   | 2.0 |
| Mucosa, Necrosis, Focal     |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 1   | 2.0 |

**CARDIOVASCULAR SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |     |
| Heart Cardiomyopathy | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 2 | 1.8 |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |     |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|-----|
| Adrenal Cortex Angiectasis | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 2 | 2.2 |     |
| Hyperplasia, Focal         |   |   |   |   |   | 2 | 3 |   |   | 3 |   | 2 | 2 | 2 |   | 2 | 2 |   |   |   |   |   |   |    |   | 2   | 2.0 |
| Hypertrophy, Focal         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |    |   | 2   | 1.5 |
| Vacuolization Cytoplasmic  |   |   | 3 |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 3 |   |   |    |   | 7   | 2.4 |

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

P09: NON-NEOPLASTIC LESIONS 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  | 0493  | 0737  | 0737  | 0527  |          | 0473  | 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 |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Angiectasis  |             |       |       |       |       |       |       | 2     |       |       |       | 1     |       |       | 2     |       |       |       |       |       |          |       |       |
| Hyperplasia, Focal                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2     |       |
| Islets, Pancreatic                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Parathyroid Gland  | +           | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +        | +     | +     |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Angiectasis  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Pars Distalis, Cyst                                      | X           |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Pars Distalis, Hyperplasia                               | 2           |       |       |       |       |       |       |       |       | 3     |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| C-cell, Hyperplasia                                      |             | 2     | 1     |       | 1     | 2     |       |       |       | 2     |       |       | 1     | 1     |       | 2     |       |       |       |       |          | 2     |       |
| <b>GENERAL BODY SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| NONE   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| <b>GENITAL SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Clitoral Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Inflammation   |             | 1     |       | 1     |       | 2     | 3     | 2     | 2     | 2     | 2     |       | 2     | 3     |       | 1     | 3     |       | 1     |       | 3        | 1     |       |
| Duct, Ectasia  |             | 2     |       |       |       |       |       |       |       | 2     |       | 3     | 2     | 3     |       |       |       | 4     |       |       |          | 2     |       |
| Ovary  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     |
| Atrophy  | 4           | 4     |       |       | 4     | 2     | 2     | 3     | 2     | 2     | 4     | 3     | 2     | 4     | 2     |       | 2     | 2     |       | 3     | 3        | 3     | 3     |
| Cyst   |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       | X     |       |          |       |       |

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TDMS No. 20116 - 03  
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**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

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

| FISCHER 344 RATS-NCTR RATS<br>FEMALE<br>ALOEWHOLLEAF 0.5 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |        |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|--------|
|  | 0647        | 0733  | 0735  | 0736  | 0738  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  | 0739  |          | 0739   |
| ANIMAL ID  | 01032       | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142 | 01142    |        |
| Uterus   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Hyperplasia, Focal                                       |             |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1     |       |          | 2 1.5  |
| Cervix, Mucocyte, Metaplasia                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 3.0  |
| Cervix, Muscularis, Hyperplasia                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Cervix, Muscularis, Hypertrophy                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3     |       |       |          | 1 3.0  |
| Endometrium, Hyperplasia, Cystic                         |             | 2     |       |       |       |       | 2     | 2     |       | 2     | 3     | 2     | 1     |       |       |       |       |       |       |       |          | 16 1.9 |
| Horn, Dilatation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2     |          | 2 3.0  |
| Vagina   | +           |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       |       | +     |       |          | 3      |
| Dilatation   | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1      |
| Mucocyte, Hyperplasia                                    |             |       |       |       | 4     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 4.0  |
| <b>HEMATOPOIETIC SYSTEM</b>                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        |
| Bone Marrow  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Atrophy  | 3           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1     |          | 2 2.0  |
| Hyperplasia  |             |       |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       | 2     |       |          | 4 2.3  |
| Lymph Node   | +           |       |       |       | +     |       |       |       |       |       |       |       |       |       | +     |       |       |       |       |       |          | 7      |
| Mediastinal, Hemorrhage                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 3.0  |
| Mediastinal, Polyarteritis                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 4.0  |
| Mediastinal, Medulla, Sinus, Dilatation                  |             |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Pancreatic, Hyperplasia, Lymphoid                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Lymph Node, Mandibular                                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +        | 47     |
| Cyst   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Degeneration, Cystic                                     |             |       |       |       | 2     |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |          | 3 2.0  |
| Infiltration Cellular, Plasma Cell                       |             |       |       |       |       |       |       |       | 2     |       |       |       |       | 3     | 2     |       | 2     |       |       | 2     | 2        | 9 2.3  |

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**P09: NON-NEOPLASTIC LESIONS 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        | 0733  | 0733  | 0735  | 0699  | 0523  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0684  | 0556  | 0493  | 0733  | 0733  | 0572  | 0473  |          | 0733  | 0733  |
| ANIMAL ID  | 01032       | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141    | 01141 | 01141 |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-----|
| Lymph Node, Mesenteric Degeneration, Cystic Hemorrhage | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 | 16 | 3.2 |
| Hyperplasia, Lymphoid Medulla, Sinus, Dilatation       |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3  | 2.0 |
|  |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2  | 2.0 |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3  | 2.3 |

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Spleen                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 1 |     |
| Accessory Spleen                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 1   |
| Atrophy                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2.0 |
| Hematopoietic Cell Proliferation |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 3.0 |
| Hyperplasia, Focal               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2.8 |
| Infarct                          |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2   |
| Pigmentation                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2.3 |
| Red Pulp, Hyperplasia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2.0 |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-----|
| Thymus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 45 | 44 | 2.2 |
| Atrophy | 2 | 3 | 2 | 2 | 3 |   | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 2 |   | 2 | 2 | 2 | 2 | 2 | 3 | 3 |    | 1  |     |
| Cyst    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |

**INTEGUMENTARY SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Mammary Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 1 |     |
| Galactocele           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 1   |
| Lactation             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2.1 |
| Alveolus, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 2.2 |

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Skin                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 1 | 2.0 |
| Inflammation        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   | 3.0 |
| Epidermis, Necrosis |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |       |      |
|------------------|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|------|
|                  | 0647                              | 0733  | 0733  | 0735  | 0699  | 0522  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0684  | 0555  | 0493  | 0733  | 0752  | 0477  |          | 0731  | 0731 |
| ALOEWHOLLEAF 0.5 | ANIMAL ID                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |      |
| 01032            | 01141                             | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141 | 01141    | 01141 |      |

**MUSCULOSKELETAL SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |     |     |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|-----|-----|
| Bone                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |   |     |     |     |
| Cervical, Vertebra, Fracture |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | X | 2   |     |     |
| Bone, Femur                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |     |     |     |
| Fibrous Osteodystrophy       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1 | 2.0 |     |     |
| Osteopetrosis                | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  | 3 | 3.0 |     |     |
| Skeletal Muscle              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |     |     |
| Polyarteritis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | +  | + | 3   | 1   | 4.0 |
| Diaphragm, Inflammation      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 | 1   | 2.0 |     |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |     |     |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|-----|-----|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |   |   |   |   |   |   |     |     |
| Hypothalamus, Compression |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 2 | 2 | 2 | 3 | 1 | 4 | 2 | 14  | 2.4 |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |   |   |   |   |   |   |     |     |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |   |   |   |   |   |   |     |     |
| Hydrocephalus             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   | 2 | 1 | 2.0 |     |
| Peripheral Nerve          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | +  | 1 |   |   |   |   |   |   |     |     |
| Spinal Cord               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | +  | 1 |   |   |   |   |   |   |     |     |

**RESPIRATORY SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

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

**P09: NON-NEOPLASTIC LESIONS 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 |       |
|---|-----------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|-------|
|   | 0647                              | 0733 | 0733 | 0735 | 0736 | 0738 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 |          | 0737  |
| ANIMAL ID                                   | ALOEWHOLLEAF 0.5                  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |       |
| 01032                                       | 0114                              | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 | 0114 |          | 0114  |
| Granuloma                                   |                                   |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      | 1    |      |      | 3    | 4 2.0    |       |
| Hemorrhage                                  |                                   |      | 2    |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |          | 2 2.0 |
| Alveolar Epithelium, Hyperplasia            |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    | 2 1.5    |       |
| Alveolus, Infiltration Cellular, Histiocyte | 1                                 |      |      |      |      |      |      |      | 1    |      |      |      |      |      |      |      | 1    |      |      |      | 8 1.1    |       |
| Alveolus, Inflammation                      |                                   |      |      |      |      |      |      |      |      | 2    |      | 2    |      |      |      |      |      |      |      | 2    | 4 2.0    |       |
| Nose  | +                                 | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |       |
| Inflammation                                |                                   |      | 2    |      |      | 2    | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      | 6 2.0    |       |
| Osteopetrosis                               | 2                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      |      |      | 2 2.5    |       |
| Goblet Cell, Hyperplasia                    |                                   |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 2.0    |       |
| Trachea                                     | +                                 | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |       |
| <b>SPECIAL SENSES SYSTEM</b>                |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |       |
| Eye   | +                                 | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |       |
| Cataract                                    |                                   |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      | 2        |       |
| Hemorrhage                                  |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 4.0    |       |
| Phthisis Bulbi                              |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |       |
| Retina, Degeneration                        |                                   |      | 2    |      |      |      | 3    |      |      |      |      | 4    |      |      |      |      |      |      |      |      | 8 2.9    |       |
| Harderian Gland                             | +                                 | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |       |
| Infiltration Cellular, Lymphocyte           |                                   |      | 2    | 2    |      |      | 1    | 1    | 2    |      | 1    | 1    |      |      | 2    |      |      | 1    |      | 1    | 21 1.3   |       |
| Inflammation                                |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      | 1 2.0    |       |
| Lacrimal Gland                              |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |       |
| <b>URINARY SYSTEM</b>                       |                                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |       |
| Kidney                                      | +                                 | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |       |       |        |
|-----------------|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|--------|
|                 | 0647                              | 0737  | 0737  | 0356  | 0698  | 0523  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0737  | 0684  | 0556  | 0496  | 0737  | 0737  | 0547  |          | 0477  | 0737  | 0737   |
| ANIMAL ID       | ALOEWOLLEAF 0.5                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |        |
|                 | 01032                             | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032 | 01032    | 01032 | 01032 |        |
| Mineralization  |                                   |       | 2     | 2     | 2     | 1     | 3     | 2     | 2     |       | 2     | 2     | 3     |       | 3     | 1     | 2     |       | 1     | 2     | 1        |       |       | 35 1.9 |
| Nephropathy     | 2                                 | 4     | 2     | 1     | 1     | 1     | 3     | 2     | 2     | 4     | 3     | 2     | 3     | 2     |       | 1     | 2     | 2     | 1     | 2     | 3        | 4     | 4     | 45 2.2 |
| Urinary Bladder | +                                 | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48     |

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

P09: NON-NEOPLASTIC LESIONS 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 | 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 |                      |
| <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 |                      |
| <b>ANIMAL ID</b>                         | 7 | 7 | 6 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 9 | 7 | 9 | 2 | 6 | 6 | 2 | 7 | 7 | 7 | 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 |                      |
|  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 |                      |
|  | 3 | 3 | 4 | 4 | 7 | 9 | 9 | 0 | 5 | 5 | 6 | 6 | 6 | 1 | 1 | 7 | 7 | 8 | 8 | 5 | 5 | 6 | 6 |   |                      |
|  | 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  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Dilatation                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | X |   |   |   |   |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               | 4 | 1 | 2 | 2 | 1 |   | 2 | 2 | 2 |   | 2 | 2 |   | 3 | 3 | 2 | 3 | 3 | 1 |   | 2 | 2 | 4 | 3 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Dilatation                        |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X | X | X |   |   |   |   |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               |   | 1 | 3 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   | 2 | 1 | 3 |
| Intestine Large, Colon            |   |   |   | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation                      |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis                          |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Ulcer                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |
| Mucosa, Hyperplasia               |   |   |   | 2 |   |   |   |   | 2 |   |   | 2 |   |   | 1 |   |   | 2 |   |   | 1 | 1 | 1 | 1 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Dilatation                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 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>5 | 0<br>5<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>1<br>5 | 0<br>5<br>9<br>6 | 0<br>7<br>3<br>7 | 0<br>4<br>7<br>2 | 0<br>7<br>3<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>7 | 0<br>7<br>3<br>3 | 0<br>7<br>5<br>7 | 0<br>6<br>3<br>7 | 0<br>7<br>5<br>7 | 0<br>7<br>3<br>3 |           |                      | 0<br>7<br>3<br>3 |  |
| Lymphoid Tissue, Hyperplasia                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Mucosa, Hyperplasia                                      |                  |                  |                  | 1                | 1                |                  |                  | 1                | 2                | 2                |                  |                  | 2                | 3                |                  |                  | 3                | 1                | 2                |                  |                  | 1                |                  | 2                | 2         | 2                    | 1                |  |
| Intestine Small, Duodenum                                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |  |
| Inflammation   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Mucosa, Hyperplasia                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |           | 2                    |                  |  |
| Intestine Small, Ileum                                   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +         | +                    | +                |  |
| Inflammation   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Lymphoid Tissue, Hyperplasia                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Mucosa, Hyperplasia                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Intestine Small, Jejunum                                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |  |
| Liver  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |  |
| Angiectasis  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Basophilic Focus, Multiple                               | X                |                  |                  |                  |                  |                  | X                | X                | X                |                  |                  | X                |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Eosinophilic Focus                                       |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Granuloma  | 2                |                  |                  |                  | 2                | 2                | 2                | 2                |                  |                  |                  | 1                | 1                |                  | 2                | 2                |                  |                  |                  |                  | 1                |                  |                  | 2                | 1         |                      |                  |  |
| Hepatodiaphragmatic Nodule                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |           |                      |                  |  |
| Infiltration Cellular, Lymphocyte                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Necrosis, Coagulative                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    | 2                |  |
| Tension Lipidosis  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Vacuolization Cytoplasmic                                | 2                |                  | 3                |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |           |                      |                  |  |
| Bile Duct, Hyperplasia                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2         |                      |                  |  |
| Caudate Lobe, Developmental Malformation                 | X                |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Left Lateral Lobe, Developmental Malformation            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Periportal, Inflammation, Chronic                        |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Right Lateral Lobe, Developmental Malformation           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X         |                      |                  |  |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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 |   | 0737        | 0737  | 0756  | 0767  | 0775  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |                               | 0777  |
| ALOEWHOLLEAF 1.0                     |   | 00131       | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 |                               | 00131 |
| ANIMAL ID                            |   | 00131       | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131 | 00131                         |       |
| Mesentery                            |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Polyarteritis                        |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Fat, Necrosis                        | 4 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3                             |       |
| Oral Mucosa                          |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Pancreas                             |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Accessory Spleen                     |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Polyarteritis                        |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Acinar Cell, Atrophy                 | 1 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 1 2 2 3                     |       |
| Proximal Colon                       |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Dilatation                           |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Inflammation                         | 2 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 3 2 2                       |       |
| Ulcer                                |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Mucosa, Hyperplasia                  | 2 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 3 2 1 3 1 2 3 2 3 3 3 4 3 2 |       |
| Salivary Glands                      |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Stomach, Forestomach                 |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Edema                                |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3                             |       |
| Hyperplasia                          | 2 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 2                           |       |
| Inflammation                         |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3                             |       |
| Stomach, Glandular                   |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Inflammation                         |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                               |       |
| Mucosa, Hyperplasia                  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 3                           |       |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | females<br>(cont...) |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|----------------------|
|  | 0737        | 0737   | 0506   | 0683   | 0753   | 0753   | 0773   | 0773   | 0773   | 0419   | 0533   | 0737   | 0747   | 0773   | 0773   | 0619   | 0572   | 0666   | 0573   | 0733   | 0733   | 0653   | 0733   | 0773   |           |                      |
|  | 001131      | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131    |                      |

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy   | 2 | 1 |   | 1 |   |   | 2 | 1 | 2 |   | 1 | 2 |   | 2 | 1 | 2 |   |   | 1 | 1 | 1 | 1 | 2 | 2 |   |
| Atrium, Thrombus |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Angiectasis                       |   |   |   | 2 |   | 3 | 3 |   | 2 | 3 | 2 |   | 3 |   |   |   |   |   | 2 | 2 | 2 | 3 |   |   |   |
| Hypertrophy, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   | 2 |   | 3 |   |   |
| Vacuolization Cytoplasmic         |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   | 3 |   | 1 |   |   |   |   |   |   |   |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Cyst               |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Pars Distalis, Hyperplasia        |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |
| Pars Intermedia, Cyst             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Thyroid Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Hyperplasia               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |

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

**P09: NON-NEOPLASTIC LESIONS 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           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 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>5      | 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      |                       |                            |
| ANIMAL ID  | 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>5<br>2 | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>5<br>6 | 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>2 | 0<br>0<br>9<br>6<br>1 | 0<br>0<br>9<br>6<br>2 | 0<br>1<br>0<br>6<br>5<br>1 |

**GENERAL BODY SYSTEM**

Tissue NOS  
 Fat, Necrosis

**GENITAL SYSTEM**

|                                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Clitoral Gland                   | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inflammation                     | 2 2 2 2 2 2 2 2 1 1 1 3 2 2 2 2                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Duct, Ectasia                    | 2 2 2 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Duct, Hyperplasia                | 2 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ovary                            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Atrophy                          | 2 3 3 3 2 2 2 3 2 2 2 1 2 4 4 3 3 2 2 3 2 2     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cyst                             | X X X X X                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Uterus                           | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia, Focal               | 2 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adventitia, Inflammation         |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cervix, Muscularis, Hypertrophy  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Endometrium, Hyperplasia, Cystic | 2 2 2 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Horn, Dilatation                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vagina                           | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dilatation                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mucocyte, Hyperplasia            | 4   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**HEMATOPOIETIC SYSTEM**

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 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>0<br>1<br>2 |           |                      |
| Bone Marrow  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Atrophy  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Hyperplasia  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         |                      |
| Myeloid Cell, Hyperplasia                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |
| Lymph Node   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Degeneration, Cystic                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |
| Mediastinal, Hemorrhage                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Pancreatic, Hemorrhage                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 3                    |
| Lymph Node, Mandibular                                   | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Degeneration, Cystic                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |
| Infiltration Cellular, Plasma Cell                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |
| Lymph Node, Mesenteric                                   | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Amyloid Deposition                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Degeneration, Cystic                                     | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 4                    |
| Hemorrhage   | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 4                    |
| Hyperplasia, Lymphoid                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |
| Medulla, Sinus, Dilatation                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |
| Spleen   | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Atrophy  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 3                    |
| Hematopoietic Cell Proliferation                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Hyperplasia, Focal                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 3                    |
| Pigmentation   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         |                      |
| Thymus   | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |
| Atrophy  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                    |

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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 |  | 0737        | 0737 | 0506 | 0673 | 0753 | 0773 | 0773 | 0773 | 0419 | 0533 | 0737 | 0747 | 0773 | 0773 | 0617 | 0556 | 0667 | 0573 | 0733 | 0653 | 0773 | 0773 | 0673 | 0733 |                      |
| ALOEWHOLLEAF 1.0                     |  | 0013        | 0013 | 0044 | 0044 | 0077 | 0077 | 0077 | 0077 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0001 |                      |
| ANIMAL ID                            |  | 1131        | 1131 | 1141 | 1141 | 1171 | 1171 | 1171 | 1171 | 1220 | 1220 | 1233 | 1233 | 1233 | 1233 | 1556 | 1556 | 1666 | 1666 | 1666 | 1666 | 1999 | 1999 | 1999 | 1999 |                      |

**INTEGUMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Galactoceles              |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lactation                 |   | 1 |   | 2 |   | 3 |   | 2 | 1 |   | 2 |   | 2 | 2 |   |   |   |   |   |   |   | 4 | 2 | 2 |
| Alveolus, Hyperplasia     | 2 |   |   | 2 | 3 | 2 |   |   | 2 |   | 2 |   | 2 | 3 |   |   |   |   |   | 2 |   | 2 | 2 |   |
| Skin                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cyst Epithelial Inclusion |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteopetrosis |   |   |   | 3 |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hypothalamus, Compression |   |   |   |   |   | 2 |   |   |   |   | 3 |   | 2 |   |   |   |   |   |   |   | 2 | 3 |   |   |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemorrhage                |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granuloma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females (cont...) |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------|
|   | 0737        | 0737  | 0756  | 0767  | 0775  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |                   |
| ANIMAL ID   | 00131       | 00132 | 00134 | 00142 | 00171 | 00172 | 00191 | 00192 | 00211 | 00212 | 00231 | 00232 | 00251 | 00252 | 00271 | 00272 | 00291 | 00292 | 00311 | 00312 | 00331 | 00332 | 00351 | 00352 |                   |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Alveolar Epithelium, Hyperplasia            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Alveolus, Infiltration Cellular, Histiocyte |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
| Alveolus, Inflammation                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Artery, Mineralization                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
| Nose  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Inflammation                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
| Osteopetrosis                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Goblet Cell, Hyperplasia                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Trachea                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

SPECIAL SENSES SYSTEM

|                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Ear                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | + |
| Canal, External Ear, Inflammation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Eye                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Cataract                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| Retina, Degeneration              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Harderian Gland                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Hyperplasia                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
| Infiltration Cellular, Lymphocyte |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Zymbal's Gland                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

URINARY SYSTEM

|         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Kidney  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Infarct |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | females<br>(cont...) |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------------------|
|  | 0737        | 0737 | 0506 | 0687 | 0737 | 0557 | 0737 | 0737 | 0737 | 0415 | 0577 | 0477 | 0729 | 0737 | 0737 | 0619 | 0572 | 0666 | 0577 | 0737 | 0737 | 0677 | 0737 | 0737 |           |                      |
| Mineralization   | 2           | 2    | 2    | 2    |      | 2    | 2    | 2    | 2    | 2    | 2    | 2    |      | 1    | 2    |      | 3    |      | 3    | 2    |      | 2    |      |      |           |                      |
| Nephropathy  | 2           | 1    | 1    | 2    | 1    |      | 1    | 2    | 1    |      | 2    | 2    | 2    | 2    | 1    | 1    |      |      | 1    | 1    | 3    | 1    | 3    | 4    |           |                      |
| Cortex, Inflammation, Chronic<br>Epithelium, Pelvis, Hyperplasia |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |           |                      |
| Urinary Bladder  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |           |                      |

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TDMS No. 20116 - 03  
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**P09: NON-NEOPLASTIC LESIONS 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  | 0750  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |          | 0777 |      |    |
| ANIMAL ID  | 01052       | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052    |      |      |    |
|  | 07          | 07    | 07    | 07    | 05    | 07    | 07    | 07    | 07    | 07    | 07    | 04    | 07    | 06    | 06    | 07    | 06    | 07    | 06    | 05    | 05       | 07   | 07   | 05 |
|  | 37          | 37    | 37    | 37    | 30    | 37    | 37    | 37    | 37    | 37    | 37    | 36    | 37    | 98    | 69    | 29    | 25    | 23    | 90    | 36    | 37       | 37   | 65   |    |
|  | 010         | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010   | 010      | 010  | 010  |    |
|  | 0052        | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052  | 0052     | 0052 | 0052 |    |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>     |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | <b>46</b>     |
| Dilatation                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>      |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b>  |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   | 2 |   |   | <b>2 2.5</b>  |
| Mucosa, Hyperplasia               |   | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 3 |   | 2 |   |   | 1 |   |   |   | 2 |   | 2 | <b>35 2.3</b> |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b>     |
| Dilatation                        |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   | X |   |   | X | <b>9</b>      |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   | 2 | <b>2 2.0</b>  |
| Mucosa, Hyperplasia               | 2 | 4 |   |   |   | 2 | 2 | 2 |   | 4 |   | 1 |   |   |   | 2 |   |   |   | 2 |   |   | 2 | <b>17 2.2</b> |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>      |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b>  |
| Necrosis                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 4.0</b>  |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 4.0</b>  |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | <b>46</b>     |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b>  |
| Ulcer                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 3.0</b>  |
| Mucosa, Hyperplasia               | 1 | 1 | 1 |   | 2 |   | 2 | 2 | 2 |   |   |   |   |   |   |   |   | 1 |   |   |   |   | 1 | <b>18 1.4</b> |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | <b>47</b>     |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | <b>46</b>     |
| Dilatation                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>      |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b>  |

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

**P09: NON-NEOPLASTIC LESIONS 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 |    |    |    |     |
|--|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|----|-----|
|  | 07          | 07 | 07 | 07 | 05 | 07 | 07 | 07 | 07 | 07 | 07 | 04 | 07 | 06 | 06 | 07 | 06 | 07 | 06 | 05 |          | 05 | 07 | 07 | 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 | 01 | 01  |
| Lymphoid Tissue, Hyperplasia                             |             |    |    |    | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    | 1   |
| Mucosa, Hyperplasia                                      | 2           | 2  | 2  | 1  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |    | 2  | 1  |    | 2  | 1  | 3  |    |    |          | 1  | 2  | 2  | 33  |
| Intestine Small, Duodenum                                | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | 48  |
| Inflammation   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  | 1   |
| Mucosa, Hyperplasia                                      |             |    |    |    | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 2  | 5  | 2.0 |
| Intestine Small, Ileum                                   | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | A  | +  | A  | +  | A  | +  | +  | +  | +  | +  | A        | +  | +  | +  | 43  |
| Inflammation   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 2  | 1   |
| Lymphoid Tissue, Hyperplasia                             |             |    |    |    |    |    |    |    |    | 3  |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  | 1   |
| Mucosa, Hyperplasia                                      |             |    |    |    | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  | 2   |
| Intestine Small, Jejunum                                 | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | A  | +  | A  | +  | A  | +  | +  | +  | +  | +  | +        | +  | +  | +  | 45  |
| Liver  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | 48  |
| Angiectasis  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    | 1   |
| Basophilic Focus, Multiple                               |             |    |    |    |    |    |    |    | X  | X  |    |    | X  |    |    |    |    |    | X  |    |          | X  |    | 12 |     |
| Eosinophilic Focus                                       |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 2  |     |
| Granuloma  | 3           |    | 3  | 2  | 2  |    |    |    | 2  | 2  |    |    |    |    |    |    |    |    |    |    |          | 2  | 2  | 20 |     |
| Hepatodiaphragmatic Nodule                               |             |    | X  |    | X  |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |          |    |    | 4  |     |
| Infiltration Cellular, Lymphocyte                        |             |    |    | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 1  |     |
| Necrosis, Coagulative                                    |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 2  |     |
| Tension Lipidosis  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 3  | 2  |     |
| Vacuolization Cytoplasmic                                |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 4  |     |
| Bile Duct, Hyperplasia                                   |             |    |    | 1  |    |    |    | 1  |    |    |    | 2  |    |    |    |    |    |    |    |    |          | 1  |    | 6  |     |
| Caudate Lobe, Developmental Malformation                 |             |    |    |    |    |    |    |    |    | X  |    |    | 2  | X  |    |    |    |    |    |    |          |    |    | 4  |     |
| Left Lateral Lobe, Developmental Malformation            |             |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |          |    |    | 3  |     |
| Periportal, Inflammation, Chronic                        |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |    | X  |    |    |          |    |    | 1  |     |
| Right Lateral Lobe, Developmental Malformation           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    | 2  |     |

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

P09: NON-NEOPLASTIC LESIONS 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 |    |    |    |    |
|--|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|----|----|
|  | 07          | 07 | 07 | 07 | 05 | 07 | 07 | 07 | 07 | 07 | 07 | 04 | 07 | 06 | 06 | 07 | 06 | 07 | 06 | 05 |          | 05 | 07 | 07 | 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 | 01 | 01 |
| Mesentery  | +           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Polyarteritis  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Fat, Necrosis  | 2           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Oral Mucosa  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Pancreas   | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | +  |
| Accessory Spleen   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Polyarteritis  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Acinar Cell, Atrophy                                     | 2           |    | 2  |    |    |    |    |    | 4  |    |    |    | 1  |    |    |    | 1  |    | 2  |    | 1        |    |    | 2  |    |
| Proximal Colon   | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | M  | +  | A  | +  | A  | +  | +  | +  | +  | +  | +        | +  | +  | +  | +  |
| Dilatation   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Inflammation   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Ulcer  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Mucosa, Hyperplasia                                      | 2           |    | 3  | 2  | 3  | 2  | 2  | 4  | 4  | 1  |    |    |    |    | 3  |    | 2  | 2  | 4  |    |          | 3  | 3  | 2  |    |
| Salivary Glands  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | +  |
| Stomach, Forestomach                                     | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | +  |
| Edema  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Hyperplasia  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Inflammation   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Stomach, Glandular                                       | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | +  |
| Inflammation   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |
| Mucosa, Hyperplasia                                      |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |

**CARDIOVASCULAR SYSTEM**

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0530  | 0737  | 0737  | 0737  | 0737  | 0737  | 0476  | 0766  | 0666  | 0767  | 0666  | 0767  | 0665  | 0555  | 0737  | 0737  |          | 0565   |
| ANIMAL ID  | 01052       | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052 | 01052    |        |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Cardiomyopathy   |             |       | 1     | 1     | 1     | 2     | 2     | 2     | 1     | 1     | 1     |       | 2     | 2     | 3     |       |       | 1     |       | 2     | 1        | 32 1.5 |
| Atrium, Thrombus   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1      |
| <b>ENDOCRINE SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Accessory Adrenal Cortical Nodule                        |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          | 1      |
| Angiectasis  |             |       | 2     |       | 2     |       |       |       | 3     | 3     | 3     |       | 2     |       |       |       | 2     |       |       | 2     | 2        | 20 2.4 |
| Hypertrophy, Focal                                       |             |       |       | 2     |       |       | 2     |       |       |       |       |       |       |       |       | 1     |       |       |       |       |          | 6 1.8  |
| Vacuolization Cytoplasmic                                |             |       |       |       |       |       |       | 2     |       |       |       |       | 3     |       |       |       |       |       |       |       |          | 5 2.4  |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Angiectasis  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Hyperplasia, Focal                                       |             |       |       |       |       |       | 1     |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 1.0  |
| Islets, Pancreatic                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47     |
| Parathyroid Gland  | +           | +     | +     | M     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46     |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Pars Distalis, Cyst                                      |             |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 4      |
| Pars Distalis, Hyperplasia                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2 2.5  |
| Pars Intermedia, Cyst                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1      |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| C-cell, Hyperplasia                                      |             | 1     | 1     |       |       |       |       |       | 2     | 1     |       | 1     |       | 1     |       |       |       |       |       | 2     |          | 8 1.4  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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              |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 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>5<br>3<br>0      | 0<br>7<br>7<br>7      | 0<br>7<br>7<br>7      | 0<br>7<br>7<br>7      | 0<br>7<br>7<br>7      | 0<br>7<br>7<br>7      | 0<br>4<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>6<br>6<br>8      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>2<br>5      | 0<br>7<br>2<br>3      | 0<br>6<br>5<br>2      | 0<br>5<br>3<br>6      | 0<br>7<br>3<br>7      |                       | 0<br>7<br>3<br>7      | 0<br>5<br>6<br>5      |
| ANIMAL ID  | 0<br>1<br>0<br>5<br>2 | 0<br>1<br>0<br>7<br>1 | 0<br>1<br>0<br>7<br>2 | 0<br>1<br>0<br>8<br>1 | 0<br>1<br>0<br>8<br>2 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>2 | 0<br>1<br>3<br>8<br>1 | 0<br>1<br>3<br>8<br>2 | 0<br>1<br>4<br>9<br>1 | 0<br>1<br>4<br>9<br>2 | 0<br>1<br>5<br>0<br>1 | 0<br>1<br>5<br>0<br>2 | 0<br>1<br>5<br>1<br>1 | 0<br>1<br>5<br>1<br>2 | 0<br>1<br>5<br>2<br>1 | 0<br>1<br>5<br>2<br>2 | 0<br>1<br>7<br>0<br>1 | 0<br>1<br>7<br>2<br>2 | 0<br>1<br>7<br>2<br>2 | 0<br>1<br>7<br>2<br>2 | 0<br>1<br>8<br>4<br>1 | 0<br>1<br>8<br>4<br>2 |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Atrophy  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Hyperplasia  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       | 3                     |                       |                       |                       |                       | 3 2.7                 |
| Myeloid Cell, Hyperplasia                                |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 3 2.0                 |
| Lymph Node   |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       | +                     | 8                     |
| Degeneration, Cystic                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.0                 |
| Mediastinal, Hemorrhage                                  |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     | 2 2.5                 |
| Pancreatic, Hemorrhage                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Degeneration, Cystic                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       | 3 2.3                 |
| Infiltration Cellular, Plasma Cell                       |                       |                       |                       |                       | 3                     |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       | 2                     | 9 2.2                 |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Amyloid Deposition                                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Degeneration, Cystic                                     | 4                     | 4                     |                       | 4                     | 4                     | 4                     | 4                     | 4                     | 4                     | 4                     |                       | 4                     | 4                     |                       |                       | 3                     |                       | 4                     | 4                     |                       | 4                     | 4                     | 40 3.8                |
| Hemorrhage   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0                 |
| Hyperplasia, Lymphoid                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.0                 |
| Medulla, Sinus, Dilatation                               |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Atrophy  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Hematopoietic Cell Proliferation                         |                       |                       |                       |                       |                       |                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0                 |
| Hyperplasia, Focal                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Pigmentation   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       | 5 2.6                 |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | 45                    |
| Atrophy  | 3                     | 2                     | 2                     | 2                     | 2                     | 2                     | 3                     | 2                     | 2                     | 2                     |                       | 2                     | 2                     | 2                     |                       | 2                     |                       | 3                     | 2                     | 2                     | 2                     | 4                     | 40 2.4                |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 |    |    |    |    |
|--|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|----|----|
|  | 07          | 07 | 07 | 07 | 05 | 07 | 07 | 07 | 07 | 07 | 07 | 04 | 07 | 06 | 06 | 07 | 06 | 07 | 06 | 05 |          | 05 | 07 | 07 | 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 | 01 | 01 |
|  | 00          | 00 | 00 | 00 | 00 | 01 | 01 | 03 | 03 | 04 | 04 | 05 | 05 | 05 | 05 | 05 | 05 | 07 | 07 | 07 | 07       | 08 | 08 | 08 |    |
|  | 02          | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02 | 01 | 02       | 01 | 02 | 01 | 02 |

**INTEGUMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |            |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|------------|
| Mammary Gland             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |            |
| Galactoceles              |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |            |
| Lactation                 | 1 | 3 | 2 | 3 |   |   | 2 | 2 |   | 1 | 2 |   | 2 | 1 |   | 3 | 3 | 2 |   |   |   |   |   |   | <b>24</b> | <b>2.1</b> |
| Alveolus, Hyperplasia     |   | 2 | 2 | 3 |   | 2 | 2 | 2 | 4 | 1 | 2 | 2 | 3 | 1 |   | 2 | 2 | 1 |   |   | 2 |   |   | 3 | <b>28</b> | <b>2.1</b> |
| Skin                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |            |
| Cyst Epithelial Inclusion |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |            |

**MUSCULOSKELETAL SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |          |            |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------|------------|
| Bone, Femur   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |          |            |
| Osteopetrosis |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  | <b>4</b> | <b>3.0</b> |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |            |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|------------|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |            |
| Hypothalamus, Compression |   |   |   | 3 |   |   |   | 2 |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | <b>8</b>  | <b>2.4</b> |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |            |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |            |
| Hemorrhage                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  | <b>2.0</b> |

**RESPIRATORY SYSTEM**

|            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |            |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|------------|
| Lung       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |            |
| Granuloma  |   | 1 |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  | <b>1.3</b> |
| Hemorrhage |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  | <b>2.0</b> |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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 |    |    |    |    |    |               |
|---|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|----|----|----|---------------|
|   | 07          | 07 | 07 | 07 | 05 | 07 | 07 | 07 | 07 | 07 | 07 | 04 | 07 | 06 | 06 | 07 | 06 | 07 | 06 | 05 |          |    | 05 | 07 | 07 | 05 | 07            |
| ANIMAL ID   | 07          | 07 | 07 | 07 | 00 | 07 | 07 | 07 | 07 | 07 | 06 | 07 | 08 | 09 | 09 | 05 | 03 | 02 | 02 | 06 | 07       | 07 | 06 | 07 | 07 | 05 |               |
| Mineralization  | 2           | 2  | 2  | 1  | 1  | 2  | 2  | 1  | 2  | 2  | 3  | 2  | 3  | 3  | 3  | 2  | 3  | 2  | 2  | 2  |          | 2  | 2  |    |    |    | <b>40 2.1</b> |
| Nephropathy   | 1           | 2  | 2  | 2  | 1  | 2  | 2  | 2  | 3  | 2  | 1  | 2  | 1  | 1  | 2  |    | 2  | 2  |    | 2  | 3        | 2  |    |    |    |    | <b>40 1.8</b> |
| Cortex, Inflammation, Chronic Epithelium, Pelvis, Hyperplasia |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |    |    |    | <b>1 3.0</b>  |
| Urinary Bladder   | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | +  | +  | +  | +  | <b>48</b>     |

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

P09: NON-NEOPLASTIC LESIONS 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 |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 | 0 |
| ALOEWHOLLEAF 1.5                     |  | 5           | 7 | 7 | 7 | 7 | 7 | 5 | 4 | 6 | 7 | 4 | 5 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 |                      | 7 | 6 |
| ANIMAL ID                            |  | 2           | 3 | 3 | 3 | 2 | 3 | 3 | 7 | 7 | 3 | 4 | 4 | 3 | 2 | 3 | 3 | 3 | 6 | 3 | 1 | 2                    | 3 |   |
|                                      |  | 4           | 7 | 7 | 7 | 0 | 7 | 6 | 6 | 3 | 7 | 2 | 3 | 7 | 7 | 7 | 7 | 9 | 7 | 0 | 3 | 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 |   |
|                                      |  | 0           | 0 | 0 | 0 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 7                    | 7 |   |
|                                      |  | 2           | 2 | 4 | 4 | 1 | 1 | 2 | 2 | 5 | 5 | 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 | 3 | 3 | 5                    | 5 |   |
|                                      |  | 1           | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2                    | 1 |   |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Intestine Large, Ascending Colon  | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Dilatation                        |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucosa, Hyperplasia               |   | 2 | 2 | 2 | 4 | 4 |   |   |   | 2 | 3 | 2 | 2 | 3 |   | 2 |   | 3 | 4 | 2 | 2 | 2 | 4 | 2 |   |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Dilatation                        | X | X |   | X | X |   | X | X | X |   |   | X | X |   | X | X |   | X | X |   |   |   |   |   |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Perforation                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |
| Mucosa, Hyperplasia               | 3 |   |   | 3 | 1 | 4 |   |   |   | 3 | 1 | 2 | 2 | 3 | 2 |   | 2 | 2 | 3 | 3 | 2 | 4 |   | 1 |   |
| Intestine Large, Colon            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Descending Colon | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Mucosa, Hyperplasia               | 2 | 1 | 1 |   | 1 | 1 |   |   |   |   |   |   | 2 | 2 | 1 | 2 | 1 | 2 |   | 1 | 2 | 2 | 2 | 1 | 1 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Mucosa, Hyperplasia               | 2 | 1 |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Mucosa, Hyperplasia               | 2 | 1 | 1 | 1 | 4 | 3 |   |   |   | 1 | 2 | 2 | 2 | 2 | 3 | 2 | 3 |   | 2 | 4 | 2 | 2 | 1 | 2 | 1 |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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...) |                  |                  |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|--|
|  | 0<br>5<br>2<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>2<br>0 | 0<br>7<br>3<br>7 | 0<br>5<br>3<br>6 | 0<br>4<br>7<br>6 | 0<br>6<br>7<br>3 | 0<br>7<br>4<br>7 | 0<br>4<br>3<br>2 | 0<br>5<br>4<br>3 | 0<br>7<br>6<br>7 | 0<br>7<br>7<br>7 | 0<br>6<br>3<br>7 | 0<br>7<br>7<br>7 | 0<br>6<br>6<br>9 | 0<br>7<br>3<br>7 | 0<br>7<br>1<br>0 | 0<br>7<br>2<br>3 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>6<br>6<br>9 | 0<br>7<br>3<br>7 |           |                      | 0<br>7<br>7<br>2 | 0<br>6<br>6<br>2 |  |
| Mucosa, Hyperplasia                                      | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Intestine Small, Ileum<br>Mucosa, Hyperplasia            | +                | +                | +                | +                | +                | +                | A                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |  |
| Intestine Small, Jejunum                                 | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |  |
| Liver  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |  |
| Angiectasis  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Basophilic Focus   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Basophilic Focus, Multiple                               |                  |                  | X                |                  |                  | X                |                  | X                | X                | X                |                  |                  |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  | X                |                  |           |                      |                  |                  |  |
| Eosinophilic Focus                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Eosinophilic Focus, Multiple                             |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Granuloma  |                  | 2                |                  | 2                | 2                | 1                |                  |                  |                  | 2                |                  |                  | 2                |                  | 2                |                  | 2                |                  |                  |                  |                  | 1                |                  |                  |           |                      |                  |                  |  |
| Hepatodiaphragmatic Nodule                               |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Infiltration Cellular, Lymphocyte                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Regeneration   |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Vacuolization Cytoplasmic                                |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |           |                      |                  |                  |  |
| Bile Duct, Hyperplasia                                   |                  |                  |                  |                  |                  |                  | 1                | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Caudate Lobe, Developmental Malformation                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Caudate Lobe, Infarct                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      | 4                |                  |  |
| Centrilobular, Necrosis                                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Left Lateral Lobe, Developmental Malformation            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      | X                |                  |  |
| Left Lateral Lobe, Infarct                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Median Lobe, Developmental Malformation                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Periportal, Inflammation, Chronic                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Mesentery  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |
| Fat, Necrosis  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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  | 0467  | 0673  | 0737  | 0443  | 0577  | 0677  | 0737  | 0737  | 0737  | 0676  | 0737  | 0737  | 0737  | 0737  | 0737  | 0676  | 0676  |                      |
| ANIMAL ID  | 00021       | 00022 | 00041 | 00042 | 00011 | 00012 | 00021 | 00022 | 00041 | 00042 | 00044 | 00045 | 00051 | 00052 | 00055 | 00056 | 00061 | 00062 | 00071 | 00072 | 00075 | 00076 | 00081 | 00082 |                      |
| Pancreas   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |
| Acinar Cell, Atrophy                                     |             |       | 2     |       |       | 2     | 1     |       |       |       |       |       |       |       | 2     |       |       | 3     | 2     |       |       | 2     |       | 3     | 2                    |
| Proximal Colon   | M           | +     | +     | +     | +     | +     | A     | M     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |
| Foreign Body   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |                      |
| Inflammation   |             | 2     |       | 2     |       |       |       |       |       | 2     |       |       |       |       |       |       | 3     |       |       |       |       |       |       |       |                      |
| Ulcer  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |
| Mucosa, Hyperplasia                                      |             | 2     |       | 2     |       |       |       |       |       | 3     | 2     |       | 3     | 1     | 2     |       | 4     |       | 2     | 2     | 3     | 3     | 2     | 2     | 3                    |
| Salivary Glands  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |
| Stomach, Forestomach                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |
| Edema  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |
| Hyperplasia  | 4           |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |       | 3     | 2     |       |       |       |       |                      |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 3     |       |       |       |                      |
| Stomach, Glandular                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |
| Edema  |             |       | 3     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |                      |
| Ulcer  |             |       |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |                      |
| Mucosa, Hyperplasia                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2     | 2     |                      |

**CARDIOVASCULAR SYSTEM**

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy   |   | 2 | 2 | 1 |   | 2 |   | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 2 |   | 2 | 2 |   |   | 2 | 2 |
| Atrium, Thrombus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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...) |
|--|-------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|  |                         | 0524        | 0737 | 0737 | 0737 | 0737 | 0737 | 0576 | 0467 | 0673 | 0743 | 0457 | 0767 | 0677 | 0777 | 0777 | 0777 | 0676 | 0777 | 0777 | 0777 | 0777 | 0676 | 0666 |      |                      |
| <b>FISCHER 344 RATS-NCTR RATS FEMALE</b> | <b>ALOEWHOLLEAF 1.5</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    |                      |
|  |                         | 0000        | 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               | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |                      |
|  |                         | 2214        | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 | 2214 |                      |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                |   |   | 2 | 2 |   | 2 |   |   |   |   |   |   | 2 |   | 2 |   |   |   |   |   |   |   | 1 | 2 |
| Atrophy                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |
| Hemorrhage                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal         |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hypertrophy, Focal         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis, Coagulative      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Vacuolization Cytoplasmic  |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 2 |   |   |   |   |   |   |   | 3 | 2 |   |
| Adrenal Medulla            | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Hyperplasia, Focal         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pars Distalis, Cyst        |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |
| Pars Distalis, Hyperplasia |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | 2 |   |   |   |   |   | 2 |   | 2 |   |
| Pars Intermedia, Cyst      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Pars Nervosa, Cyst         |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| C-cell, Hyperplasia        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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 | 0737 | 0737 | 0737 | 0737 | 0576 | 0466 | 0673 | 0743 | 0743 | 0743 | 0743 | 0677 | 0763 | 0763 | 0763 | 0679 | 0731 | 0723 |           |                      | 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 |
|  | 2001        | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | 2001      | 2001                 | 2001 | 2001 |

Follicular Cell, Hyperplasia

1

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Atrophy                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Inflammation                     | 1 |   | 2 |   | 3 | 2 |   | 2 |   |   | 2 | 2 |   |   | 4 | 3 | 1 | 3 | 2 | 2 | 2 | 4 | 2 | 1 |
| Duct, Ectasia                    |   |   |   |   |   |   |   |   | 2 | 3 |   |   |   |   |   |   |   | 2 |   |   |   |   |   | 2 |
| Duct, Hyperplasia                |   |   |   |   |   | 2 |   |   |   |   |   | 2 |   |   |   |   |   | 2 |   |   |   |   |   |   |
| Ovary                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Atrophy                          | 2 | 3 | 2 | 3 | 4 | 1 | 3 |   | 2 | 2 | 1 | 3 | 2 | 2 | 2 | 2 | 4 | 2 | 3 | 2 | 4 | 4 | 3 | 2 |
| Cyst                             |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia, Focal               | 2 |   |   |   |   |   |   |   | 2 | 2 |   |   |   |   | 2 |   |   | 2 |   |   |   |   |   |   |
| Inflammation                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Bilateral, Horn, Dilatation      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Endometrium, Hyperplasia, Cystic |   | 3 |   |   | 2 | 1 |   |   |   |   | 2 | 2 |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Vagina                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + |
| Inflammation, Suppurative        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 | 2 |
| Mucocyte, Hyperplasia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 | 2 |

**HEMATOPOIETIC SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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 + .. 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

P09: NON-NEOPLASTIC LESIONS 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...)  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>5<br>2<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>2<br>0      | 0<br>7<br>3<br>7      | 0<br>5<br>3<br>6      | 0<br>4<br>7<br>6      | 0<br>6<br>7<br>3      | 0<br>7<br>3<br>7      | 0<br>4<br>4<br>2      | 0<br>5<br>3<br>7      | 0<br>7<br>6<br>7      | 0<br>7<br>7<br>7      | 0<br>6<br>3<br>7      | 0<br>7<br>7<br>7      | 0<br>6<br>6<br>9      | 0<br>7<br>3<br>7      | 0<br>7<br>1<br>0      | 0<br>7<br>2<br>3      |                       |                       | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>6<br>9<br>2      |
|  | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>5 | 0<br>0<br>4<br>4<br>5 | 0<br>0<br>5<br>7<br>8 | 0<br>0<br>5<br>7<br>8 | 0<br>0<br>5<br>9<br>9 | 0<br>0<br>6<br>6<br>0 | 0<br>0<br>6<br>6<br>0 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>5 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>6 |

Pigmentation

2 3 3 2

Thymus  
Atrophy  
Cyst

+ + + + M + + + + + + + + + + + + M + + + + +  
 3 3 3 2 2 2 2 2 3 2 2 3 3 2 3 1 3 3 3 2 3

**INTEGUMENTARY SYSTEM**

Mammary Gland  
Galactocoele  
Lactation  
Alveolus, Hyperplasia

+ + + + M +  
 X X X  
 2 1 2 2 1 3 1 3 2 2 3 3 2 4  
 2 2 2 4 1 1 3 2 1 3 3 2

Skin  
Epidermis, Hyperplasia  
Epidermis, Necrosis

+  
 3  
 2

**MUSCULOSKELETAL SYSTEM**

Bone, Femur  
Osteopetrosis

+  
 3 4 4

Skeletal Muscle

**NERVOUS SYSTEM**

Brain, Brain Stem  
Hypothalamus, Compression

+  
 3 2 2 2

Brain, Cerebellum

+ +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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1-4 .. Lesion qualified as:  
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TDMS No. 20116 - 03  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: RATS/F 344/NCTR

P09: NON-NEOPLASTIC LESIONS 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 | 0737 | 0737 | 0737 | 0737 | 0576 | 0466 | 0673 | 0773 | 0443 | 0577 | 0677 | 0777 | 0777 | 0676 | 0777 | 0777 | 0777 | 0777 | 0777 | 0676 | 0777 | 0777 |           |                      |
|  | 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                 |

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

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granuloma                                   |   |   | 1 |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolus, Infiltration Cellular, Histiocyte | 2 |   |   | 1 |   |   |   |   | 1 | 2 |   |   |   | 1 |   |   |   |   | 2 |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Inflammation                                | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Osteopetrosis                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cataract                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Retina, Degeneration              |   |   |   | 1 |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |
| Harderian Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Infiltration Cellular, Lymphocyte |   | 1 |   | 1 | 1 |   |   |   | 1 | 1 |   | 2 |   |   | 2 |   |   |   | 2 |   |   |   |   |   |   | 1 |
| Zymbal's Gland                    |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
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 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | females (cont...) |
|------------------------------|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-------------------|
|                              | 054                               | 073 | 073 | 073 | 072 | 073 | 073 | 076 | 076 | 073 | 072 | 073 | 074 | 074 | 073 | 077 | 077 | 076 | 077 | 077 | 077 | 076 | 077 | 076 |           |                   |
| ALOEWHOLLEAF 1.5             | 000                               | 000 | 000 | 000 | 002 | 002 | 002 | 004 | 004 | 004 | 005 | 005 | 005 | 005 | 006 | 006 | 007 | 007 | 007 | 007 | 005 | 006 | 006 | 007 | 007       |                   |
| Kidney                       | +                                 | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                   |
| Mineralization               |                                   |     | 2   | 2   | 1   |     | 2   | 2   |     | 2   | 1   | 1   | 1   | 2   | 2   |     | 1   | 1   |     | 3   | 1   | 3   |     | 3   | 2         |                   |
| Nephropathy                  | 3                                 | 3   | 2   | 2   | 1   | 1   | 1   |     | 1   | 1   | 1   |     | 2   | 1   | 2   | 1   | 1   | 1   | 4   |     | 2   | 2   | 2   | 2   | 2         |                   |
| Cortex, Cyst                 |                                   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                   |
| Renal Tubule, Pigmentation   |                                   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                   |
| Urinary Bladder Inflammation | +                                 | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +         |                   |

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0744  | 0746  | 0746  | 0767  | 0766  | 0744  | 0777  | 0777  | 0777  | 0777  | 0777  | 0744  | 0766  | 0733  | 0722  | 0777  | 0755  |          | 0766  |
| ANIMAL ID  | 00872       | 00881 | 00888 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111    | 00111 |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     |
|  | 8           | 8     | 8     | 1     | 1     | 2     | 2     | 2     | 2     | 2     | 3     | 3     | 5     | 5     | 5     | 5     | 5     | 5     | 6     | 6     | 8        | 8     |
|  | 7           | 8     | 8     | 1     | 1     | 1     | 1     | 4     | 4     | 9     | 9     | 0     | 0     | 7     | 8     | 8     | 9     | 8     | 8     | 9     | 9        | 9     |
|  | 2           | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2     | 1     | 2        | 2     |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |        |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|--------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46     |        |
| Dilatation                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |        |
| Inflammation                      |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   | 2 2.0  |        |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   | 3 |   |   |   | 2 3.5  |        |
| Mucosa, Hyperplasia               | 2 | 2 | 4 |   | 2 | 1 | 2 | 2 | 2 |   | 4 | 2 | 2 | 4 | 2 | 3 | 4 | 2 | 2 | 3 | 3 | 4 | 2      | 39 2.6 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Dilatation                        |   |   | X | X | X | X | X | X | X |   |   |   |   |   |   | X | X |   | X |   | X | X | 25     |        |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   | 4 | 2 2.5  |        |
| Perforation                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 | 1 4.0  |        |
| Lymphoid Tissue, Hyperplasia      |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5  |        |
| Mucosa, Hyperplasia               | 1 |   | 2 |   | 1 | 2 |   |   |   |   | 1 | 1 |   | 2 | 3 |   |   | 2 |   |   | 3 |   | 27 2.2 |        |
| Intestine Large, Colon            |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |        |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47     |        |
| Mucosa, Hyperplasia               |   |   | 1 |   |   | 2 | 1 | 2 | 2 |   | 1 |   | 2 |   |   |   | 2 |   | 1 | 1 |   |   | 27 1.5 |        |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | 47     |        |
| Mucosa, Hyperplasia               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   | 5 1.6  |        |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46     |        |
| Mucosa, Hyperplasia               | 1 | 1 | 1 | 3 | 2 | 1 | 2 | 2 | 2 |   | 3 | 3 | 2 | 4 | 2 | 3 | 2 | 2 |   | 2 | 2 | 2 | 42 2.1 |        |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48     |        |
| Inflammation                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   | 1 2.0  |        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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              |                       |
|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 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>8<br>4      | 0<br>6<br>9<br>5      | 0<br>4<br>8<br>2      | 0<br>6<br>5<br>0      | 0<br>7<br>6<br>6      | 0<br>6<br>5<br>6      | 0<br>4<br>5<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>1<br>8      | 0<br>7<br>3<br>7      | 0<br>4<br>5<br>9      | 0<br>6<br>3<br>9      | 0<br>2<br>9<br>9      | 0<br>7<br>3<br>7      | 0<br>5<br>8<br>3      |                       | 0<br>6<br>8<br>7      |
| ANIMAL ID  | 0<br>0<br>8<br>7<br>2                         | 0<br>0<br>8<br>8<br>1 | 0<br>0<br>8<br>8<br>1 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>2<br>2<br>1 | 0<br>1<br>2<br>2<br>4 | 0<br>1<br>1<br>2<br>1 | 0<br>1<br>2<br>2<br>1 | 0<br>1<br>2<br>2<br>9 | 0<br>1<br>3<br>3<br>0 | 0<br>1<br>3<br>3<br>0 | 0<br>1<br>5<br>5<br>7 | 0<br>1<br>5<br>5<br>8 | 0<br>1<br>5<br>5<br>8 | 0<br>1<br>5<br>5<br>9 | 0<br>1<br>5<br>5<br>9 | 0<br>1<br>6<br>8<br>2 | 0<br>1<br>6<br>8<br>1 | 0<br>1<br>6<br>8<br>2 | 0<br>1<br>8<br>9<br>1 | 0<br>1<br>8<br>9<br>2 |
| Mucosa, Hyperplasia                                      |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 2 1.5                 |
| Intestine Small, Ileum                                   | + A A |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 44                    |                       |
| Mucosa, Hyperplasia                                      |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 6 2.5                 |
| Intestine Small, Jejunum                                 | + + + A + + + + + + + + + + + + + + + + + A A |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 43                    |                       |
| Liver  | + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 48                    |                       |
| Angiectasis  |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0                 |
| Basophilic Focus   |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Basophilic Focus, Multiple                               |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 13                    |
| Eosinophilic Focus                                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Eosinophilic Focus, Multiple                             |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Granuloma  |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 15 1.7                |
| Hepatodiaphragmatic Nodule                               |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Infiltration Cellular, Lymphocyte                        |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 3 1.7                 |
| Regeneration   |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |
| Vacuolization Cytoplasmic                                |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 5 1.8                 |
| Bile Duct, Hyperplasia                                   |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 1.0                 |
| Caudate Lobe, Developmental Malformation                 |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Caudate Lobe, Infarct                                    |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0                 |
| Centrilobular, Necrosis                                  |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 2 2.0                 |
| Left Lateral Lobe, Developmental Malformation            |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Left Lateral Lobe, Infarct                               |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     | 1 4.0                 |
| Median Lobe, Developmental Malformation                  |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Periportal, Inflammation, Chronic                        |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.0                 |
| Mesentery  | + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |
| Fat, Necrosis  | 3 3 3   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     | 4 3.0                 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0474  | 0777  | 0777  | 0777  | 0777  | 0478  | 0669  | 0339  | 0279  | 0773  | 0588  | 0687  |          | 0730   |
| ANIMAL ID  | 00872       | 00881 | 00882 | 00111 | 00112 | 00112 | 00114 | 00112 | 00112 | 00112 | 00113 | 00113 | 00115 | 00115 | 00115 | 00115 | 00115 | 00116 | 00116 | 00118 | 00119    |        |
| Pancreas   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Acinar Cell, Atrophy                                     | 2           |       |       | 2     |       | 3     |       | 1     | 2     | 2     |       |       |       | 2     |       |       |       |       | 1     |       |          | 17 2.0 |
| Proximal Colon   | +           | +     | +     | M     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | M     | +     | M     | M     | +     | +        | 39     |
| Foreign Body   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1      |
| Inflammation   | 3           |       | 2     |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       | 2     |       |          | 8 2.3  |
| Ulcer  | 3           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 3.0  |
| Mucosa, Hyperplasia                                      | 3           | 3     | 4     |       | 2     | 2     | 1     | 3     | 2     |       | 3     | 3     | 3     | 2     |       | 3     |       |       | 2     | 4     | 3        | 32 2.5 |
| Salivary Glands  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Stomach, Forestomach                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Edema  |             |       |       |       |       |       |       |       |       |       |       |       |       |       | 3     |       |       |       |       |       |          | 1 3.0  |
| Hyperplasia  |             |       |       |       | 2     | 2     |       | 2     |       |       |       |       | 2     |       |       |       |       |       |       |       | 2        | 9 2.3  |
| Inflammation   |             |       |       |       |       |       | 4     | 3     |       |       |       |       |       |       |       |       |       |       |       |       |          | 3 3.3  |
| Stomach, Glandular                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Edema  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 3.0  |
| Inflammation   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Ulcer  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1 2.0  |
| Mucosa, Hyperplasia                                      |             |       |       |       |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 3 2.0  |
| <b>CARDIOVASCULAR SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |        |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48     |
| Cardiomyopathy   |             |       | 1     | 1     | 2     |       |       | 2     | 2     | 1     | 1     | 2     | 2     |       | 2     |       |       | 1     |       | 2     | 2        | 33 1.7 |
| Atrium, Thrombus   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1      |

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

P09: NON-NEOPLASTIC LESIONS 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  | 0645  | 0462  | 0670  | 0666  | 0444  | 0777  | 0777  | 0777  | 0777  | 0431  | 0699  | 0329  | 0277  | 0553  | 0687  | 0730  |          |
| ANIMAL ID  | 00872       | 00888 | 00888 | 01112 | 01112 | 01112 | 01112 | 01114 | 01114 | 01112 | 01113 | 01113 | 01115 | 01115 | 01115 | 01115 | 01115 | 01116 | 01116 | 01118 |          |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |          |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |     |
| Angiectasis                | 2 |   | 2 |   | 2 | 2 |   | 2 |   |   | 3 | 2 | 3 |   | 2 |   |   |   | 2 | 3 |   | 2 |    | 19  | 2.1 |
| Atrophy                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |     |
| Hemorrhage                 |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |     |
| Hyperplasia, Focal         |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1.5 |     |
| Hypertrophy, Focal         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 1  | 2.0 |     |
| Necrosis, Coagulative      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |     |
| Vacuolization Cytoplasmic  |   |   |   |   |   |   | 2 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  | 2.2 |     |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |     |     |
| Angiectasis                |   |   |   |   | 2 |   | 3 | 2 |   |   |   |   | 2 | 2 |   |   |   |   |   |   |   |   | 6  | 2.2 |     |
| Hyperplasia, Focal         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |     |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |     |
| Parathyroid Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |     |     |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | 47 |     |     |
| Angiectasis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |     |
| Pigmentation               |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |     |
| Pars Distalis, Cyst        |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |     |     |
| Pars Distalis, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  | 2.0 |     |
| Pars Intermedia, Cyst      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |     |
| Pars Nervosa, Cyst         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |     |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |     |     |
| C-cell, Hyperplasia        |   |   |   | 2 |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   | 3  | 1.7 |     |

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 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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 |       |        |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|--------|
|  | 07          | 07    | 07    | 04    | 06    | 04    | 06    | 07    | 06    | 04    | 07    | 07    | 07    | 07    | 07    | 04    | 06    | 03    | 02    | 07    |          | 05    | 06     |
| ANIMAL ID  | 00872       | 00888 | 00888 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111 | 00111    | 00111 |        |
| Hyperplasia Proliferation                                |             |       |       | 2     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 2.0  |
| Myeloid Cell, Hyperplasia                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 2     |       |       |          |       | 1 2.0  |
| Lymph Node   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 9      |
| Mediastinal, Hyperplasia, Lymphoid                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 2.0  |
| Medulla, Pancreatic, Sinus, Dilatation                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 3.0  |
| Pancreatic, Degeneration, Cystic                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 3.0  |
| Pancreatic, Hyperplasia, Lymphoid                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 3.0  |
| Lymph Node, Mandibular                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 47     |
| Degeneration, Cystic                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 4 1.8  |
| Hyperplasia, Lymphoid                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 2.0  |
| Infiltration Cellular, Plasma Cell                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 4 2.0  |
| Medulla, Sinus, Dilatation                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2 2.5  |
| Lymph Node, Mesenteric                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 47     |
| Amyloid Deposition                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 3.0  |
| Atrophy, Lymphocyte                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 4 3.0  |
| Degeneration, Cystic                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 43 3.5 |
| Fibrosis   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 3.0  |
| Hyperplasia, Lymphoid                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 3 3.0  |
| Medulla, Sinus, Dilatation                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 3.0  |
| Spleen   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 48     |
| Atrophy  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2 2.0  |
| Hematopoietic Cell Proliferation                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 2.0  |
| Hyperplasia, Focal                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1 2.0  |
| Infarct  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 3      |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

**P09: NON-NEOPLASTIC LESIONS 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  | 0474  | 0777  | 0777  | 0777  | 0777  | 0481  | 0693  | 0399  | 0277  | 0558  | 0688  | 0730  |          |
| ANIMAL ID  | 00872       | 00881 | 00888 | 00111 | 00111 | 00112 | 00112 | 00112 | 00114 | 00119 | 00112 | 00113 | 00115 | 00117 | 00118 | 00119 | 00121 | 00122 | 00128 | 00128 |          |

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |   |    |     |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|---|----|-----|
| Pigmentation   | 3 |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 6 | 2.5 |   |    |     |
| Thymus Atrophy | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | A   | + | 44 |     |
| Cyst           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 |   | 2 | 2 | 2 | 2 |     | 2 | 42 | 2.3 |
|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |     |   | 1  |     |

**INTEGUMENTARY SYSTEM**

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-----|
| Mammary Gland Galactocele   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |     |
| Lactation                   | 2 | 3 |   |   |   | 1 |   |   |   |   | 2 |   | 1 | 1 |   |   |   |   |   |   | 3 | 2 | 2  | 23 | 2.1 |
| Alveolus, Hyperplasia       | 3 | 1 |   |   |   |   |   |   |   |   | 2 | 1 | 2 | 2 |   |   |   |   |   |   | 2 | 2 | 2  | 22 | 2.1 |
| Skin Epidermis, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 | 1  | 3.0 |
| Epidermis, Necrosis         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  | 2.0 |

**MUSCULOSKELETAL SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Bone, Femur Osteopetrosis | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
|                           |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   | 5  | 3.2 |
| Skeletal Muscle           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | + | 2  |     |

**NERVOUS SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Brain, Brain Stem Hypothalamus, Compression | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |     |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8 | 2.3 |
| Brain, Cerebellum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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

**P09: NON-NEOPLASTIC LESIONS 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  | 0645  | 0645  | 0762  | 0666  | 0477  | 0777  | 0777  | 0777  | 0777  | 0481  | 0639  | 0329  | 0279  | 0583  | 0688  | 0730  |          |
| ANIMAL ID  | 00872       | 00881 | 00882 | 00111 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 | 00112 |          |

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Cerebrum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Granuloma                                   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  | 1.3 |
| Alveolus, Infiltration Cellular, Histiocyte |   |   |   | 1 | 1 |   | 1 |   |   |   | 1 |   |   |   |   |   |   |   | 2 |   |   |   | 11 | 1.4 |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Inflammation                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1.5 |
| Osteopetrosis                               |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 2  | 2.0 |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |

**SPECIAL SENSES SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Eye                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | 46 |     |
| Cataract                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Retina, Degeneration              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  | 2.3 |
| Harderian Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |     |
| Infiltration Cellular, Lymphocyte | 1 | 1 |   |   |   | 1 |   | 1 | 2 |   |   | 1 |   |   |   |   |   | 1 |   | 1 |   |   | 17 | 1.2 |
| Zymbal's Gland                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |

**URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

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

P09: NON-NEOPLASTIC LESIONS 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                       | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |          |
|-----------------------------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|----------|
|                                   | 0737      | 0737 | 0737 | 0484 | 0645 | 0645 | 0670 | 0676 | 0676 | 0473 | 0737 | 0737 | 0737 | 0737 | 0737 | 0478 | 0679 | 0679 | 0327 | 0758 |          | 0688     |
| FISCHER 344 RATS-NCTR RATS FEMALE | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0        |
| ALOEWHOLLEAF 1.5                  | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0        |
|                                   | 8         | 8    | 8    | 1    | 1    | 2    | 2    | 2    | 2    | 2    | 3    | 3    | 5    | 5    | 5    | 5    | 5    | 5    | 6    | 6    | 8        | 8        |
|                                   | 7         | 8    | 8    | 1    | 1    | 1    | 1    | 4    | 4    | 9    | 9    | 0    | 7    | 7    | 8    | 8    | 9    | 9    | 8    | 8    | 9        | 9        |
|                                   | 2         | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 1    | 2        | 2        |
| Kidney                            | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48       |
| Mineralization                    | 2         | 3    | 2    | 2    | 2    |      | 3    |      | 2    | 2    | 2    | 2    |      | 1    | 2    | 2    | 2    |      | 2    |      | +        | 35 1.9   |
| Nephropathy                       | 2         | 1    | 1    |      | 2    |      | 1    | 2    | 2    | 1    | 2    | 2    | 2    | 2    | 2    | 1    | 2    | 2    | 2    |      |          | 40 1.7   |
| Cortex, Cyst                      |           |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |          | 1        |
| Renal Tubule, Pigmentation        |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1 2.0    |
| Urinary Bladder Inflammation      | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48 1 2.0 |

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

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