

Experiment Number: 05068-06
Test Type: CHRONIC
Route: DOSED FEED
Species/Strain: Mouse/B6C3F1

E05: CLINICAL OBSERVATIONS SUMMARY

Test Compound: Codeine
CAS Number: 76-57-3

Date Report Requested: 10/24/2014
Time Report Requested: 09:38:55
First Dose M/F: NA / NA
Lab: MBA

C Number:	C61541B
Lock Date:	Not Entered.
Cage Range:	All
Date Range:	All
Reasons For Removal:	All
Removal Date Range:	All
Treatment Groups:	All
Study Gender:	Both
PWG Approval Date	NONE

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SEX :MALE **WEEK: 46**

OBSERVATIONS	0 PPM		750 PPM		3000 PPM		6000 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Abnormal Posture	0 / 0	2 / 60 DAY 113	0 / 0	0 / 60	0 / 0	1 / 60 DAY 197	0 / 0	3 / 60 DAY 225
Alopecia Anal Area	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 281	0 / 0	0 / 60
Alopecia Body Dorsal	0 / 0	0 / 60	0 / 0	2 / 60 DAY 141	0 / 0	5 / 60 DAY 141	0 / 0	4 / 60 DAY 169
Alopecia Body Ventral	0 / 0	14 / 60 DAY 29	0 / 0	18 / 60 DAY 29	0 / 0	21 / 60 DAY 29	0 / 0	24 / 60 DAY 29
Alopecia Head	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 302
Alopecia Left Front Foot	0 / 0	3 / 60 DAY 281	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60
Alopecia Left Front Leg	0 / 0	1 / 60 DAY 253	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	4 / 60 DAY 302
Alopecia Neck	0 / 0	3 / 60 DAY 253	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60

* ANIMALS WITH OBSERVATION IN CURRENT PERIOD / TOTAL ANIMALS OBSERVED IN CURRENT PERIOD (WITHIN 30 DAYS OF RUN DATE)

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

ROW 2 = DAY OF ONSET

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	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Alopecia Right Front Foot	0 / 0	2 / 60 DAY 281	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60
Alopecia Right Front Leg	0 / 0	1 / 60 DAY 253	0 / 0	0 / 60	0 / 0	1 / 60 DAY 57	0 / 0	5 / 60 DAY 302
Alopecia Right Rear Leg	0 / 0	0 / 60	0 / 0	1 / 60 DAY 281	0 / 0	0 / 60	0 / 0	1 / 60 DAY 302
Malocclusion	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 281
Override	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 29	0 / 0	0 / 60
Ruffled Fur	0 / 0	2 / 60 DAY 113	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	2 / 60 DAY 225
Swelling Body Ventral	0 / 0	0 / 60	0 / 0	2 / 60 DAY 281	0 / 0	13 / 60 DAY 169	0 / 0	15 / 60 DAY 141
Swelling Groin	0 / 0	15 / 60 DAY 253	0 / 0	18 / 60 DAY 281	0 / 0	24 / 60 DAY 281	0 / 0	28 / 60 DAY 253

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OBSERVATIONS	0 PPM		750 PPM		3000 PPM		6000 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Tissue Mass	0 / 0	1 / 60	0 / 0	0 / 60	0 / 0	1 / 60	0 / 0	0 / 60
Body Ventral		DAY 197				DAY 225		

END OF MALE DATA

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SEX :FEMALE WEEK: 46

OBSERVATIONS	0 PPM		750 PPM		3000 PPM		6000 PPM	
	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Abnormal Posture	0 / 0	1 / 60 DAY 169	0 / 0	4 / 60 DAY 113	0 / 0	3 / 60 DAY 29	0 / 0	5 / 60 DAY 225
Alopecia Body Dorsal	0 / 0	6 / 60 DAY 141	0 / 0	4 / 60 DAY 141	0 / 0	1 / 60 DAY 169	0 / 0	0 / 60
Alopecia Body Ventral	0 / 0	16 / 60 DAY 57	0 / 0	23 / 60 DAY 29	0 / 0	16 / 60 DAY 29	0 / 0	22 / 60 DAY 57
Alopecia Face	0 / 0	2 / 60 DAY 197	0 / 0	1 / 60 DAY 141	0 / 0	0 / 60	0 / 0	0 / 60
Alopecia Head	0 / 0	0 / 60	0 / 0	1 / 60 DAY 302	0 / 0	1 / 60 DAY 197	0 / 0	0 / 60
Alopecia Left Front Foot	0 / 0	0 / 60	0 / 0	1 / 60 DAY 281	0 / 0	0 / 60	0 / 0	0 / 60
Alopecia Left Front Leg	0 / 0	2 / 60 DAY 225	0 / 0	1 / 60 DAY 302	0 / 0	1 / 60 DAY 302	0 / 0	2 / 60 DAY 302
Alopecia Left Rear Leg	0 / 0	0 / 60	0 / 0	1 / 60 DAY 281	0 / 0	0 / 60	0 / 0	0 / 60

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	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Alopecia Right Front Foot	0 / 0	1 / 60 DAY 225	0 / 0	1 / 60 DAY 281	0 / 0	0 / 60	0 / 0	0 / 60
Alopecia Right Front Leg	0 / 0	0 / 60	0 / 0	3 / 60 DAY 141	0 / 0	1 / 60 DAY 302	0 / 0	3 / 60 DAY 302
Hyperactive	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 29	0 / 0	0 / 60
Malocclusion	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 141
Ruffled Fur	0 / 0	1 / 60 DAY 253	0 / 0	5 / 60 DAY 225	0 / 0	2 / 60 DAY 225	0 / 0	3 / 60 DAY 225
Sore Left Front Foot	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 169
Swelling Body Dorsal	0 / 0	0 / 60	0 / 0	2 / 60 DAY 169	0 / 0	1 / 60 DAY 169	0 / 0	0 / 60
Swelling Body Ventral	0 / 0	0 / 60	0 / 0	4 / 60 DAY 169	0 / 0	8 / 60 DAY 169	0 / 0	13 / 60 DAY 141

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	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+	CURRENT*	TOTAL+
Swelling Left Front Foot	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	0 / 60	0 / 0	1 / 60 DAY 85

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