

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:01

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

**Lab:** MBA

**C Number:** C93020

**Lock Date:** 05/16/1995

**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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**Lab:** MBA

<b>F 344/N Rat Male</b>	<b>0 MG/KG</b>	DAY ON TEST	0 0 0 0 0 0 0 0 0 0									
			0 0 0 0 0 0 0 0 0 0									
		ANIMAL ID	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 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 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0

\*TOTALS

**Alimentary System**

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

**Cardiovascular System**

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	10
Heart	+	+	+	+	+	+	+	+	+	+	+	10

**Endocrine System**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	M	+	+	M	+	+	+	M	+	M		6

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

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

**F 344/N Rat Male**  
**0 MG/KG**

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

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**Lab:** MBA

**F 344/N Rat Male**  
**0 MG/KG**

DAY ON TEST										
	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	1
	1	2	3	4	5	6	7	8	9	0
	<b>*TOTALS</b>									
Bone	+	+	+	+	+	+	+	+	+	+
Skeletal Muscle	+	+	+	+	+	+	+	M	+	+
<b>Nervous System</b>										
Brain	+	+	+	+	+	+	+	+	+	+
Peripheral Nerve	+	+	+	+	+	+	+	+	+	+
Spinal Cord	+	+	+	+	+	+	+	+	+	+
<b>Respiratory System</b>										
Lung	+	+	+	+	+	+	+	+	+	+
Nose	+	+	+	+	+	+	+	+	+	+
Trachea	+	+	+	+	+	+	+	+	+	+
<b>Special Senses System</b>										
NONE										
<b>Urinary System</b>										
Kidney	+	+	+	+	+	+	+	+	+	+
Urinary Bladder	+	+	+	+	+	+	+	+	+	+
<b>SYSTEMIC LESIONS</b>										
Multiple Organ	+	+	+	+	+	+	+	+	+	+

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

**Lab:** MBA

**F 344/N Rat Male  
10 MG/KG**

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

\*TOTALS

**Alimentary System**

NONE

**Cardiovascular System**

Heart

+

10

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

Spleen

+

10

Thymus

+

10

**Integumentary System**

Skin

+

10

**Musculoskeletal System**

NONE

**Nervous System**

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**Lab:** MBA

**F 344/N Rat Male  
10 MG/KG**

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

Brain

+ + + + + + + + + + 10

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

NONE

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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**Lab:** MBA

**F 344/N Rat Male  
20 MG/KG**

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

\*TOTALS

**Alimentary System**

NONE

**Cardiovascular System**

Heart

  + + + + + + + + + +      10

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

NONE

**Hematopoietic System**

Spleen

  + + + + + + + + + +      10

Thymus

  + + + + + + + + + +      10

**Integumentary System**

Skin

  + + + + + + + + + +      10

**Musculoskeletal System**

NONE

**Nervous System**

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**F 344/N Rat Male  
20 MG/KG**

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

Brain

+ + + + + + + + + + 10

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

NONE

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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

**F 344/N Rat Male  
40 MG/KG**

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

\*TOTALS

**Alimentary System**

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

**Cardiovascular System**

|              |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | 10 |

**Endocrine System**

|                    |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland  | + | + | + | M | + | M | + | M | + | + | 7  |

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**Lab:** MBA

**F 344/N Rat Male**  
**40 MG/KG**

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

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

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

**Lab:** MBA

**F 344/N Rat Male  
40 MG/KG**

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

\*TOTALS

|                              |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Bone                         | + | + | + | + | + | + | + | + | + | + | 10 |
| Skeletal Muscle              | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Nervous System</b>        |   |   |   |   |   |   |   |   |   |   |    |
| Brain                        | + | + | + | + | + | + | + | + | + | + | 10 |
| Peripheral Nerve             | + | + | + | + | + | + | M | + | + | + | 9  |
| Spinal Cord                  | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Respiratory System</b>    |   |   |   |   |   |   |   |   |   |   |    |
| Lung                         | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose                         | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea                      | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Special Senses System</b> |   |   |   |   |   |   |   |   |   |   |    |
| NONE                         |   |   |   |   |   |   |   |   |   |   |    |
| <b>Urinary System</b>        |   |   |   |   |   |   |   |   |   |   |    |
| Kidney                       | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder              | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>SYSTEMIC LESIONS</b>      |   |   |   |   |   |   |   |   |   |   |    |
| Multiple Organ               | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:01  
**First Dose M/F:** NA / NA  
**Lab:** MBA

| <b>F 344/N Rat Male</b> | 80 | MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |
|-------------------------|----|-------|-------------|---|---|---|---|---|---|---|---|---|---|
|                         |    |       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |    |       | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |    |       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |    |       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |    |       |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 |
|                         |    |       |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\*TOTALS

**Alimentary System**

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

**Cardiovascular System**

|              |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | 10 |

**Endocrine System**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Male  
80 MG/KG**

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

\*TOTALS

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | + | + | + | + | M | + | + | 9  |
| Thyroid Gland   | + | + | + | + | + | + | + | + | + | + | 10 |

**General Body System**

NONE

**Genital System**

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

**Hematopoietic System**

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

**Integumentary System**

|               |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Skin          | + | + | + | + | + | + | + | + | + | + | 10 |

**Musculoskeletal System**

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Male  
80 MG/KG**

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

\*TOTALS

|                              |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Bone                         | + | + | + | + | + | + | + | + | + | + | 10 |
| Skeletal Muscle              | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Nervous System</b>        |   |   |   |   |   |   |   |   |   |   |    |
| Brain                        | + | + | + | + | + | + | + | + | + | + | 10 |
| Peripheral Nerve             | + | + | + | + | + | + | + | + | + | + | 10 |
| Spinal Cord                  | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Respiratory System</b>    |   |   |   |   |   |   |   |   |   |   |    |
| Lung                         | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose                         | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea                      | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>Special Senses System</b> |   |   |   |   |   |   |   |   |   |   |    |
| Eye                          |   |   |   |   | + |   |   |   |   |   | 1  |
| <b>Urinary System</b>        |   |   |   |   |   |   |   |   |   |   |    |
| Kidney                       | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder              | + | + | + | + | + | + | + | + | + | + | 10 |
| <b>SYSTEMIC LESIONS</b>      |   |   |   |   |   |   |   |   |   |   |    |
| Multiple Organ               | + | + | + | + | + | + | + | + | + | + | 10 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Male**  
**160 MG/KG**

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

\*TOTALS

**Alimentary System**

|                           |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | 9  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | 10 |

**Cardiovascular System**

|              |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | 10 |

**Endocrine System**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Male**  
**160 MG/KG**

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

\*TOTALS

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | M | + | + | + | + | + | + | 9  |
| Thyroid Gland   | + | + | + | + | + | + | + | + | + | + | 10 |

**General Body System**

NONE

**Genital System**

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

**Hematopoietic System**

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

**Integumentary System**

|               |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | M | M | M | + | + | + | M | M | + | 5  |
| Skin          | + | + | + | + | + | + | + | + | + | + | 10 |

**Musculoskeletal System**

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Male**  
**160 MG/KG**

| DAY ON TEST                  |                |   |   |   |   |   |   |   |   |   |
|------------------------------|----------------|---|---|---|---|---|---|---|---|---|
|                              | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID                    | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              | 0              | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                              | 5              | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
|                              | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|                              | <b>*TOTALS</b> |   |   |   |   |   |   |   |   |   |
| Bone                         | +              | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle              | +              | + | + | + | + | + | + | + | + | + |
| <b>Nervous System</b>        |                |   |   |   |   |   |   |   |   |   |
| Brain                        | +              | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve             | +              | + | + | + | + | + | + | + | + | + |
| Spinal Cord                  | +              | + | + | + | + | + | + | + | + | + |
| <b>Respiratory System</b>    |                |   |   |   |   |   |   |   |   |   |
| Lung                         | +              | + | + | + | + | + | + | + | + | + |
| Nose                         | +              | + | + | + | + | + | + | + | + | + |
| Pleura                       | +              |   |   |   |   |   |   |   |   | 1 |
| Trachea                      | +              | + | + | + | + | + | + | + | + | + |
| <b>Special Senses System</b> |                |   |   |   |   |   |   |   |   |   |
| Harderian Gland              |                |   |   |   |   |   | + |   |   | 1 |
| <b>Urinary System</b>        |                |   |   |   |   |   |   |   |   |   |
| Kidney                       | +              | + | + | + | + | + | + | + | + | + |
| Urinary Bladder              | +              | + | + | + | + | + | + | + | + | + |
| <b>SYSTEMIC LESIONS</b>      |                |   |   |   |   |   |   |   |   |   |
| Multiple Organ               | +              | + | + | + | + | + | + | + | + | + |

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

| <b>F 344/N Rat Female</b> | <b>0 MG/KG</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |
|---------------------------|----------------|-------------|---|---|---|---|---|---|---|---|---|---|
|                           |                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |                | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |                |             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                           |                |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                           |                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |                |             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
|                           |                |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\*TOTALS

**Alimentary System**

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

**Cardiovascular System**

|              |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | 10 |

**Endocrine System**

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

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Female**  
**0 MG/KG**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Female  
0 MG/KG**

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

\*TOTALS

**Nervous System**

|                  |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | 10 |
| Peripheral Nerve | + | + | + | + | + | + | + | + | + | + | 10 |
| Spinal Cord      | + | + | + | + | + | + | + | + | + | + | 10 |

**Respiratory System**

|         |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Lung    | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose    | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

**Special Senses System**

NONE

**Urinary System**

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

**SYSTEMIC LESIONS**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Female  
10 MG/KG**

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

\*TOTALS

**Alimentary System**

NONE

**Cardiovascular System**

Heart

+

10

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Uterus

+

1

**Hematopoietic System**

Spleen

+

10

Thymus

+

10

**Integumentary System**

Skin

+

10

**Musculoskeletal System**

NONE

**Nervous System**

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Female  
10 MG/KG**

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

\*TOTALS

Brain

+ + + + + + + + + + 10

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

NONE

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Female  
20 MG/KG**

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

\*TOTALS

**Alimentary System**

NONE

**Cardiovascular System**

Heart

  + + + + + + + + + +      10

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Uterus

  + + + +                    +      5

**Hematopoietic System**

Spleen

  + + + + + + + + + +      10

Thymus

  + + + + + + + + + +      10

**Integumentary System**

Skin

  + + + + + + + + + +      10

**Musculoskeletal System**

NONE

**Nervous System**

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:02

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

**Lab:** MBA

**F 344/N Rat Female  
20 MG/KG**

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

\*TOTALS

Brain

+ + + + + + + + + + 10

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

NONE

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

| <b>F 344/N Rat Female</b> | <b>40 MG/KG</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|-----------------|-------------|---|---|---|---|---|---|---|---|---|---|--|
|                           |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |                 | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |  |
|                           |                 |             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |  |
|                           |                 |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |  |

\*TOTALS

**Alimentary System**

|                           |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Mesentery                 |   | + |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | 10 |

**Cardiovascular System**

|              |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | 10 |

**Endocrine System**

|                    |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | 10 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Female**  
**40 MG/KG**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 93020-03

Test Type: 90-DAY

Route: SKIN APPLICATION

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Diisopropylcarbodiimide

CAS Number: 693-13-0

Date Report Requested: 10/22/2014

Time Report Requested: 19:33:02

First Dose M/F: NA / NA

Lab: MBA

F 344/N Rat Female  
40 MG/KG

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

\*TOTALS

Skeletal Muscle

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

Nervous System

Brain

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

Peripheral Nerve

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

Spinal Cord

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

Respiratory System

Lung

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

Nose

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

Trachea

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

Special Senses System

NONE

Urinary System

Kidney

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

Urinary Bladder

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

SYSTEMIC LESIONS

Multiple Organ

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

| <b>F 344/N Rat Female</b><br><b>80 MG/KG</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|--|-------------|---|---|---|---|---|---|---|---|---|--|
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 3 | 2 |  |
|  |             | 8 | 1 | 1 | 0 | 8 | 9 | 9 | 0 | 7 |  |
|  |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |  |
| *TOTALS                                      |             |   |   |   |   |   |   |   |   |   |  |
|  |             |   |   |   |   |   |   |   |   |   |  |

#### Alimentary System

|                           |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | M | + | + | + | + | + | 9  |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | 10 |

#### Cardiovascular System

|              |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | 10 |

#### Endocrine System

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:02  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Female**  
**80 MG/KG**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:03

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

**Lab:** MBA

**F 344/N Rat Female  
80 MG/KG**

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

\*TOTALS

**Nervous System**

|                  |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | 10 |
| Peripheral Nerve | + | + | + | + | + | + | + | + | + | + | 10 |
| Spinal Cord      | + | + | + | + | + | + | + | + | + | + | 10 |

**Respiratory System**

|         |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Lung    | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose    | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

**Special Senses System**

NONE

**Urinary System**

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

**SYSTEMIC LESIONS**

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

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03  
**Test Type:** 90-DAY  
**Route:** SKIN APPLICATION  
**Species/Strain:** Rat/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Diisopropylcarbodiimide  
**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 19:33:03  
**First Dose M/F:** NA / NA  
**Lab:** MBA

**F 344/N Rat Female**  
**160 MG/KG**

| 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 | 0 | 0 |
| ANIMAL ID   | 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 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\*TOTALS

**Alimentary System**

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

**Cardiovascular System**

|              |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | 10 |

**Endocrine System**

|                    |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland  | + | + | + | M | + | M | + | + | + | + | 8  |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:03

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

**Lab:** MBA

**F 344/N Rat Female  
160 MG/KG**

| 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 | 0 | 0 |
| ANIMAL ID   | 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 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\*TOTALS

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Thyroid Gland   | + | + | + | + | + | + | + | + | + | + | 10 |

**General Body System**

NONE

**Genital System**

|                |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Ovary          | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus         | + | + | + | + | + | + | + | + | + | + | 10 |

**Hematopoietic System**

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

**Integumentary System**

|               |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Skin          | + | + | + | + | + | + | + | + | + | + | 10 |

**Musculoskeletal System**

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | 10 |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | 10 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

**Experiment Number:** 93020-03

**Test Type:** 90-DAY

**Route:** SKIN APPLICATION

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

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

**Test Compound:** Diisopropylcarbodiimide

**CAS Number:** 693-13-0

**Date Report Requested:** 10/22/2014

**Time Report Requested:** 19:33:03

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

**Lab:** MBA

**F 344/N Rat Female  
160 MG/KG**

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

\*TOTALS

**Nervous System**

|                  |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | 10 |
| Peripheral Nerve | + | + | + | + | + | + | + | + | + | + | 10 |
| Spinal Cord      | + | + | + | + | + | + | + | + | + | + | 10 |

**Respiratory System**

|         |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Lung    | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose    | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

**Special Senses System**

NONE

**Urinary System**

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

**SYSTEMIC LESIONS**

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

\*\* END OF REPORT \*\*

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue