

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

C Number:	C50395
Cage Range:	All
Date Range:	All
Reasons For Removal:	All
Removal Date Range:	All
Treatment Groups:	All
Study Gender:	Female

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_001

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Ovary

Abscess, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_002

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver		Necrosis, Focal
Lung	Bronchus	Inflammation, Nos
Ovary		Cyst, Nos
Pancreas	Acinus	Atrophy, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_003

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Unspecified
Uterus

Multiple Organs Nos
Endometrium

Lymphoma, Lymphocytic-Malignant Type
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_004

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Fibrosis, Focal

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_005

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver	Hematopoiesis
Lung	Alveolar/Bronchiolar Adenoma
	Hematopoiesis
Ovary	Abscess, Nos
Spleen	Hematopoiesis

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_006

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Unspecified

Multiple Organs Nos

Fibrosis, Focal

Periarteritis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_007

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Ovary

Stomach

Forestomach

Mucosa

Fibrosis, Focal

Cyst, Nos

Acanthosis

Metaplasia, Squamous

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 16:24:29

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_008

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Uterus

Endometrium

Fibrosis, Focal

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_009

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Brain

Lymph node

Stomach

Mesenteric Lymph Node

Forestomach

Fibrosis, Focal

Calcification, Focal

Congestion, Nos

Squamous Cell Papilloma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_010

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney		Amyloidosis
Lymph node	Renal Lymph Node	Inflammation, Acute/Chronic
Spleen		Hematopoiesis
Stomach	Mucosa	Atypia, Nos
Uterus	Tubo-Ovarian Site	Abscess, Nos

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_011

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Pituitary gland		Hyperplasia, Chromophobe Cell
Spleen		Congestion, Nos
Stomach	Forestomach	Hyperplasia, Basal Cell
Urinary bladder		Perivasculitis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_012

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Brain

Stomach

Unspecified

Uterus

Forestomach

Multiple Organs Nos

Endometrium

Fibrosis, Focal

Calcification, Focal

Squamous Cell Papilloma

Lymphoma, Mixed-Malignant Type

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_013

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Brain

Calcification, Focal

Uterus

Tubo-Ovarian Site

Abscess, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_014

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Harderian gland
Uterus

Hardarian Gland
Endometrium

Fibrosis, Focal
Adenoma, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_015

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Mixed-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_016

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Bone marrow
Brain
Pituitary gland
Uterus

Endometrium

Amyloidosis
Fibrosis, Focal
Calcification, Focal
Hyperplasia, Chromophobe Cell
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_017

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Uterus

Endometrium

Fibrosis, Focal
Calcification, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_018

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Pituitary gland
Uterus

Fibrosis, Focal
Chromophobe Adenoma
Hemangiosarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_019

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Spleen
Stomach

Fibrosis, Focal
Lymphoma, Mixed-Malignant Type
Hyperkeratosis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_020

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Ovary		Mucinous Cystadenoma
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type
Uterus		Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_021

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Uterus

Endometrium

Fibrosis, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_022

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Fibrosis, Focal

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_023

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Lung

Uterus

Endometrium

Fibrosis, Focal

Alveolar/Bronchiolar Carcinoma

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_024

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_025

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Liver		Necrosis, Focal
Spleen		Hematopoiesis
Unspecified	Multiple Organs Nos	Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_026

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Lung		Alveolar/Bronchiolar Adenoma
Ovary		Cyst, Nos
Stomach	Forestomach	Acanthosis
	Forestomach	Inflammation, Acute/Chronic
Uterus	Endometrium	Inflammation, Chronic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_027

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver
Lymph node
Spleen

Hepatocellular Adenoma
Lymphoma, Nos-Malignant
Hematopoiesis

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_028

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_029

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Pituitary gland
Stomach
Uterus

Mucosa
Endometrium

Fibrosis, Focal
Hemorrhage
Atypia, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_030

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Brain

Ovary

Unspecified

Multiple Organs Nos

Fibrosis, Focal

Calcification, Focal

Cyst, Nos

Leukemia, Granulocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_031

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Mammary gland
Stomach
Urinary bladder

Adenocarcinoma, Nos
Periarteritis
Periarteritis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_032

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Unspecified	Multiple Organs Nos	Lymphoma, Histiocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_033

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_034

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Brain

Spleen

Uterus

Endometrium

Fibrosis, Focal

Calcification, Focal

Lymphoma, Mixed-Malignant Type

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_035

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver

Metamorphosis, Fatty

Unspecified

Multiple Organs Nos

Lymphoma, Lymphocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_036

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Ovary

Abscess, Nos

Uterus

Inflammation, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_037

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Ovary		Cyst, Nos
Unspecified	Multiple Organs Nos	Lymphoma, Histiocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_038

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Stomach		Hyperplasia, Basal Cell
Unspecified	Multiple Organs Nos	Lymphoma, Lymphocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_039

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver

Hepatocellular Carcinoma

Lung

Hepatocellular Carcinoma, Metastatic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_040

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Lung

Fibrosis, Focal
Perivasculitis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_041

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Spleen		Hematopoiesis
Stomach	Mucosa	Atypia, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_042

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Hyperplasia, Hematopoietic
Liver		Hematopoiesis
Spleen		Hematopoiesis
Thymus		Cyst, Nos
Uterus	Tubo-Ovarian Site	Abscess, Nos
	Endometrium	Inflammation, Acute

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_043

TRT#: 1
DOSE: 50000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Hyperplasia, Hematopoietic
Lymph node	Renal Lymph Node	Hyperplasia, Nos
Spleen		Hematopoiesis
Uterus	Tubo-Ovarian Site	Abscess, Nos
	Fallopian Tube	Inflammation, Chronic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_044

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Lymph node
Uterus

Mesenteric Lymph Node
Endometrium

Fibrosis, Focal
Hyperplasia, Nos
Inflammation, Acute

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_045

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney	Calcification, Focal
Liver	Hepatocellular Carcinoma
Lung	Hepatocellular Carcinoma, Metastatic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_046

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Ovary

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_047

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Lymph node

Pancreas

Uterus

Mesenteric Lymph Node

Islets

Endometrium

Fibrosis, Focal

Congestion, Nos

Hyperplasia, Nos

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_048

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Fibrosis, Focal

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_049

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Ovary
Unspecified

Multiple Organs Nos

Cyst, Nos
Leukemia, Lymphocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_050

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Brain	Calcification, Focal
Liver	Hepatocellular Carcinoma
Lung	Hepatocellular Carcinoma, Metastatic
Spleen	Hematopoiesis

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_001

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_002

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Pancreas
Stomach

Omentum Nos

Cystic Ducts
Necrosis, Fat

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_003

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Fibrosis, Focal

Stomach

Acanthosis

Unspecified

Multiple Organs Nos

Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_004

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Ovary

Cystadenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_005

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Brain

Calcification, Focal

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_006

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Uterus

Endometrium

Fibrosis, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_007

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain
Mammary gland
Pituitary gland
Spleen
Stomach
Unspecified

Multiple Organs Nos

Carcinoma, Nos, Invasive
Lactation
Carcinoma, Nos
Hemangiosarcoma
Acanthosis
Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_008

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Unspecified	Multiple Organs Nos	Lymphoma, Lymphocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_010

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Liver	Bile Duct	Cyst, Nos
Lung	Bronchus	Inflammation, Nos
Urinary bladder		Inflammation, Chronic
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_011

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Spleen		Infarct, Focal
Unspecified	Multiple Organs Nos	Lymphoma, Lymphocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_012

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver		Necrosis, Focal
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_014

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Moribund Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver
Unspecified

Multiple Organs Nos

Metamorphosis, Fatty
Lymphoma, Lymphocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_015

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver
Abscess, Nos
Metamorphosis, Fatty

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_016

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Ovary		Cyst, Nos
Stomach		Squamous Cell Papilloma
Unspecified	Mediastinum Nos	Lymphoma, Lymphocytic-Malignant Type
Uterus	Endometrium	Inflammation, Acute

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_017

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Uterus

Endometrium

Fibrosis, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_018

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Pancreas	Acinus	Atrophy, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_019

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Intestine Large
Unspecified

Colon
Abdominal Cavity

Parasitism
Mesothelioma, Nos

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_020

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Spleen

Uterus

Endometrium

Fibrosis, Focal

Lymphoma, Lymphocytic-Malignant Type

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_021

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_022

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Brain
Lymph node
Ovary
Urinary bladder

Mesenteric Lymph Node

Fibrosis, Focal
Calcification, Focal
Congestion, Nos
Cyst, Nos
Perivasculitis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_023

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Thyroid
Unspecified
Uterus

Multiple Organs Nos

Follicular-Cell Adenoma
Lymphoma, Nos-Malignant
Pyometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_024

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Unspecified
Urinary bladder
Uterus

Multiple Organs Nos

Fibrosis, Focal
Lymphoma, Histiocytic-Malignant Type
Perivasculitis
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_025

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Kidney
Uterus

Endometrium

Fibrosis, Focal
Calcification, Focal
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_026

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Pancreas	Acinus	Atrophy, Nos
Unspecified	Multiple Organs Nos	Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_027

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Unspecified
Vagina

Multiple Organs Nos

Fibrosis, Focal
Lymphoma, Mixed-Malignant Type
Squamous Cell Papilloma

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_028

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Brain

Uterus

Endometrium

Fibrosis, Focal

Calcification, Focal

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_029

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Fibrosis, Focal

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_030

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Brain
Liver
Urinary bladder
Uterus

Endometrium

Fibrosis, Focal
Calcification, Focal
Focal Cellular Change
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_031

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Lung		Metaplasia, Nos
Lymph node	Mesenteric Lymph Node	Congestion, Nos
Pituitary gland		Adenoma, Nos
Spleen		Lymphoma, Lymphocytic-Malignant Type
Thyroid		Hyperplasia, Follicular Cell
Urinary bladder		Perivasculitis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_032

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_033

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_034

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver	Hepatocellular Carcinoma
Pancreas	Atrophy, Nos
Uterus	Hepatocellular Carcinoma, Metastatic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_035

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver
Pituitary gland
Spleen
Stomach
Uterus

Metamorphosis, Fatty
Hyperplasia, Focal
Congestion, Nos
Inflammation, Chronic Focal
Pyometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_036

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Fibrosis, Focal

Brain

Calcification, Focal

Liver

Hepatocellular Carcinoma

Ovary

Cyst, Nos

Stomach

Acanthosis

Unspecified

Multiple Organs Nos

Lymphoma, Lymphocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_037

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Moribund Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Gall bladder		Inflammation, Chronic
Kidney		Nephropathy
Liver		Metamorphosis, Fatty
Pancreas		Inflammation, Chronic
Spleen		Hematopoiesis
Stomach		Hyperkeratosis
Unspecified	Abdominal Cavity	Necrosis, Fat
	Mediastinum Nos	Necrosis, Fat

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_038

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Lymph node

Ovary

Uterus

Mediastinal Lymph Node

Fibrosis, Focal

Hyperplasia, Nos

Cyst, Nos

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_039

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Brain
Kidney
Uterus

Fibrosis, Focal
Calcification, Focal
Perivasculitis
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_040

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Unspecified	Multiple Organs Nos	Perivasculitis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_041

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Mammary gland
Ovary
Pancreas
Spleen
Uterus

Fibrosis, Focal
Acinar-Cell Carcinoma
Cyst, Nos
Dilatation, Ducts
Congestion, Nos
Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_042

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Moribund Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone	Femur	Osteosarcoma
Lung		Osteosarcoma, Metastatic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_043

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Urinary bladder
Uterus

Fibrosis, Focal
Calcification, Focal
Perivasculitis
Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_044

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain

Uterus

Endometrium

Calcification, Focal

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_045

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Brain
Stomach
Uterus

Fibrosis, Focal
Calcification, Focal
Acanthosis
Hemangiosarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_046

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Urinary bladder
Uterus

Endometrium

Fibrosis, Focal
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_047

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Intestine Small
Kidney
Lung

Ileum, Ileum

Fibrosis, Focal
Lymphoma, Mixed-Malignant Type
Perivasculitis
Alveolar/Bronchiolar Adenoma

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_048

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Intestine Large
Kidney
Spleen
Stomach

Colon

Fibrosis, Focal
Parasitism
Perivasculitis
Hemangiosarcoma
Inflammation, Chronic Focal

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_049

TRT#: 2
DOSE: 25000 PPM

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_050

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow
Intestine Large
Liver
Uterus

Colon

Endometrium

Fibrosis, Focal
Parasitism
Clear-Cell Change
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_001

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain	Calcification, Focal
Liver	Hepatocellular Carcinoma
Lung	Hepatocellular Carcinoma, Metastatic
Stomach	Ulcer, Nos

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_002

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Lymph node	Mesenteric Lymph Node	Congestion, Nos
Peritoneum		Inflammation, Nos
Uterus		Pyometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_003

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Liver		Hemangioma
Spleen		Hematopoiesis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_004

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Pituitary gland
Thyroid

Adenoma, Nos
Hyperplasia, Follicular Cell

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_005

TRT#: 3
DOSE: 0

SEX: Female
DISP: Moribund Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_006

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Osteosarcoma, Metastatic
Unspecified	Abdominal Cavity	Osteosarcoma

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_007

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Liver		Hepatocellular Carcinoma
Ovary		Cyst, Nos
Urinary bladder		Perivasculitis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_008

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Lymphocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_009

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow	
Lymph node	Mesenteric Lymph Node
Ovary	
Uterus	Endometrium

Fibrosis, Focal
Congestion, Nos
Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_010

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Uterus

Tubo-Ovarian Site
Endometrium

Fibrosis, Focal
Calcification, Focal
Abscess, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_011

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Adrenal gland		Pheochromocytoma
Brain		Calcification, Focal
Peritoneum		Cyst, Nos
Spleen		Hemangioma
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type
Uterus		Pyometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_012

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Urinary bladder
Uterus

Endometrium

Fibrosis, Focal
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_013

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Lung
Stomach
Uterus

Endometrium

Fibrosis, Focal
Calcification, Focal
Perivasculitis
Inflammation, Chronic Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_014

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Stomach	Mucosa	Metaplasia, Squamous
Unspecified	Multiple Organs Nos	Lymphoma, Lymphocytic-Malignant Type
Uterus		Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_015

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Ovary		Cyst, Hemorrhagic
Pituitary gland		Hyperplasia, Focal
Spleen		Lymphoma, Histiocytic-Malignant Type
Urinary bladder		Perivasculitis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_016

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Liver
Uterus

Endometrium

Fibrosis, Focal
Calcification, Focal
Clear-Cell Change
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_017

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Liver
Unspecified
Uterus

Multiple Organs Nos
Endometrium

Fibrosis, Focal
Hepatocellular Adenoma
Lymphoma, Lymphocytic-Malignant Type
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_018

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Pituitary gland
Urinary bladder
Uterus

Fibrosis, Focal
Hyperplasia, Focal
Perivasculitis
Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_019

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_020

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Harderian gland	Hardarian Gland	Adenoma, Nos
Liver		Metamorphosis, Fatty
Lymph node	Mesenteric Lymph Node	Lymphoma, Mixed-Malignant Type
Ovary		Papillary Cystadenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_021

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Thyroid
Unspecified
Uterus

Multiple Organs Nos

Fibrosis, Focal
Papillary Cystadenoma, Nos
Lymphoma, Lymphocytic-Malignant Type
Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_022

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Ovary
Uterus

Endometrium

Fibrosis, Focal
Papillary Cystadenocarcinoma Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_023

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Lymph node	Mesenteric Lymph Node	Congestion, Nos
Ovary		Cyst, Hemorrhagic
Uterus		Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_024

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Fibrosarcoma

Lymphoma, Mixed-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_026

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung
Unspecified

Bronchiole
Multiple Organs Nos

Metaplasia, Nos
Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_027

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Uterus

Endometrium

Fibrosis, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_028

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Stomach
Unspecified
Uterus

Multiple Organs Nos

Hyperplasia, Epithelial
Lymphoma, Lymphocytic-Malignant Type
Hemangioma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_029

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Ovary
Urinary bladder
Uterus

Endometrium

Fibrosis, Focal
Cyst, Nos
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_030

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Cholesteatoma
Lung		Alveolar/Bronchiolar Adenoma
Pancreas		Atrophy, Focal
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type
Uterus		Hydrometra

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_031

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Lung		Alveolar/Bronchiolar Adenoma
Pituitary gland		Adenoma, Nos
Stomach		Hyperplasia, Papillary
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_032

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain		Calcification, Focal
Lung		Alveolar/Bronchiolar Carcinoma
Unspecified	Multiple Organs Nos	Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_033

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Hyperplasia, Hematopoietic
Lung		Squamous Cell Carcinoma, Metastatic
Pituitary gland		Adenoma, Nos
Skin	Axilla	Squamous Cell Carcinoma
Unspecified	Multiple Organs Nos	Hematopoiesis
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_034

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Parathyroid gland
Stomach

Fibrosis, Focal
Hyperplasia, Nos
Squamous Cell Papilloma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_035

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Liver

Fibrosis, Focal
Hepatocellular Adenoma
Hepatocellular Carcinoma
Metamorphosis, Fatty
Hyperplasia, Cystic

Uterus Endometrium

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_037

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Unspecified
Uterus

Multiple Organs Nos
Endometrium

Fibrosis, Focal
Calcification, Focal
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_038

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Ovary		Cyst, Nos
Stomach		Hyperplasia, Epithelial
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_039

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Pancreas
Pituitary gland
Thyroid
Uterus

Follicle

Fibrosis, Focal
Dilatation, Ducts
Adenoma, Nos
Cystadenoma, Nos
Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_040

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Liver		Hepatocellular Carcinoma
Unspecified	Multiple Organs Nos	Lymphoma, Mixed-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_041

TRT#: 3
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Pancreas

Cystic Ducts

Spleen

Fibrosis

Uterus

Hematopoiesis

Inflammation, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_042

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Spleen		Lymphoma, Histiocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_043

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow	Fibrosis, Focal
Brain	Calcification, Focal
Liver	Infarct, Nos
Lymph node	Lymphoma, Mixed-Malignant Type
Uterus	Hydrometra

PRIMARY CAUSE OF DEATH -

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_044

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Uterus

Endometrium

Fibrosis, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_045

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Stomach
Unspecified
Uterus

Multiple Organs Nos

Fibrosis, Focal
Inflammation, Focal
Lymphoma, Lymphocytic-Malignant Type
Cyst, Nos

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_046

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Urinary bladder

Fibrosis, Focal
Perivasculitis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_047

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Heart
Lung
Stomach

Myocardium Nos

Fibrosis, Focal
Degeneration, Nos
Alveolar/Bronchiolar Carcinoma
Hyperplasia, Nos
Inflammation, Chronic
Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_048

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Lung
Uterus

Endometrium

Fibrosis, Focal
Alveolar/Bronchiolar Carcinoma
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_049

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Stomach
Urinary bladder
Uterus

Forestomach

Endometrium

Fibrosis, Focal
Acanthosis
Perivasculitis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395
Test Type: Long-Term
Route: Dosed-Feed
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum
CAS Number: 9000-30-0

Date Report Requested: 10/26/2014
Time Report Requested: 16:24:29
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_050

TRT#: 3
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Fibrosis, Focal
Brain		Calcification, Focal
Lung		Perivasculitis
Pituitary gland		Hyperplasia, Focal
Stomach	Mucosa	Metaplasia, Squamous
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

**** END OF REPORT ****