

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

C Number:	C04568
Cage Range:	All
Date Range:	All
Reasons For Removal:	All
Removal Date Range:	All
Treatment Groups:	All
Study Gender:	Female

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_001

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_002

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_003

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_006

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_007

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_008

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node
Spleen

Mesenteric Lymph Node

Lymphoma, Histiocytic-Malignant Type
Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_009

TRT#: 1
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Adrenal gland
Brain

Nerve Tract

Lymphoma, Lymphocytic-Malignant Type
Lymphoma, Lymphocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_010

TRT#: 1
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Ovary		Cyst, Nos
Unspecified	Multiple Organs Nos	Lymphoma, Histiocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_011

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver		Lymphoma, Histiocytic-Malignant Type
Pancreas	Duct Nos	Dilatation, Nos
Spleen		Lymphoma, Histiocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_012

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_013

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Kidney

Atrophy, Nos
Pyelonephritis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_014

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Spleen		Lymphoma, Histiocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_015

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Cyst, Nos
Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_016

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_017

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Intestine Large
Uterus

Colon

Nematodiasis
Inflammation, Nos

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_018

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver	Hepatocellular Carcinoma
Uterus	Inflammation, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_019

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung	Alveolar/Bronchiolar Adenoma
Uterus	Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 1_020

TRT#: 1
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Intestine Large
Uterus

Colon
Endometrium

Nematodiasis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_001

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_002

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver	Hepatocellular Carcinoma
Uterus	Hydrometra
Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_003

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_004

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_005

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_006

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node

Cervical Lymph Node Nos
Mesenteric Lymph Node

Hyperplasia, Lymphoid
Inflammation, Nos

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_007

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Lymph node	Mesenteric Lymph Node	Inflammation, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_008

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_009

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Pancreas
Uterus

Endometrium

Cystic Ducts
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_011

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_012

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_013

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Hemorrhage
Pancreas	Acinus	Atrophy, Nos
		Cystic Ducts
Uterus		Leiomyosarcoma

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_014

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_015

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver

Uterus

Endometrium

Hemangioma

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_016

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Cyst, Follicular Nos
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_018

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_019

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified
Uterus

Multiple Organs Nos
Endometrium

Lymphoma, Lymphocytic-Malignant Type
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_020

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Lymph node	Cervical Lymph Node Nos	Inflammation, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_021

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Eye		Phthisis Bulbi
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_022

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_023

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Pancreas
Uterus

Endometrium

Cystic Ducts
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_024

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_025

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver		Hemangiosarcoma
Skin		Squamous Cell Carcinoma
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_026

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_027

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_028

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_029

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Intestine Small
Kidney
Unspecified

Ileum

Multiple Organs Nos

Lymphoma, Histiocytic-Malignant Type
Inflammation, Chronic
Amyloidosis

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_030

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain	Cranial Nerve Nos	Neurofibrosarcoma
Kidney		Lymphoma, Lymphocytic-Malignant Type
Liver		Infarct, Nos
		Necrosis, Nos
Ovary		Cyst, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_031

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Pancreas
Peritoneum
Uterus

Endometrium

Cystic Ducts
Inflammation, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_032

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Trachea
Uterus

Endometrium

Inflammation, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_033

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node
Mammary gland
Uterus

Endometrium

Fibrous Histiocytoma, Malignant
Adenocarcinoma, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_034

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_035

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 028.0 MG/KG

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Uterus

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_036

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_037

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node
Uterus

Mesenteric Lymph Node
Endometrium

Hyperplasia, Lymphoid
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_038

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_039

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Alveolar/Bronchiolar Adenoma
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_040

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified
Uterus

Multiple Organs Nos
Endometrium

Lymphoma, Lymphocytic-Malignant Type
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_041

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_042

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_043

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node	Cervical Lymph Node Nos	Hyperplasia, Lymphoid
	Mesenteric Lymph Node	Hyperplasia, Lymphoid
Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_044

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Ovary		Cyst, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_045

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_046

TRT#: 2

DOSE: 028.0 MG/KG

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney	Endometrial Stromal Sarcoma, Metastatic
Liver	Endometrial Stromal Sarcoma, Metastatic
Mammary gland	Galactocele
Pancreas	Cystic Ducts
Pituitary gland	Chromophobe Adenoma
Uterus	Endometrial Stromal Sarcoma

PRIMARY CAUSE OF DEATH -

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_047

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Pyometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_048

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Pancreas

Atrophy, Nos

Cystic Ducts

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_049

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung
Unspecified

Multiple Organs Nos

Pneumonia, Chronic Murine
Lymphoma, Lymphocytic-Malignant Type

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 2_050

TRT#: 2
DOSE: 028.0 MG/KG

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver
Ovary
Spleen

Centrilobular

Necrosis, Nos
Cystadenoma, Nos
Amyloidosis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_001

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Spleen		Hyperplasia, Reticulum Cell
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_002

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node	Mesenteric Lymph Node
Ovary	
Uterus	Endometrium

Hyperplasia, Lymphoid
Cyst, Follicular Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_003

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_004

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Stomach
Uterus

Endometrium

Inflammation, Focal
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_005

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Heart		Periarteritis
Lung		Pneumonia, Chronic Murine
Ovary		Cyst, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_006

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_007

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_011

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary		Cyst, Nos
Unspecified	Multiple Organs Nos	Lymphoma, Histiocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_012

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Follicular Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_013

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hydrometra
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_014

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lymph node
Uterus

Mesenteric Lymph Node
Endometrium

Hyperplasia, Lymphoid
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_015

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Pneumonia, Chronic Murine
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_016

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Trachea
Uterus

Endometrium

Inflammation, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_017

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Kidney
Uterus

Endometrium

Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_018

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_019

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver
Lung

Hyperplasia, Focal
Hemorrhage

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_021

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_022

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Abscess, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_023

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_024

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_025

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Follicular Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_026

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_027

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver		Hyperplasia, Focal
Ovary		Cyst, Follicular Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_028

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung
Lymph node
Uterus

Mesenteric Lymph Node
Endometrium

Hemorrhage
Angiectasis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_031

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary		Cyst, Follicular Nos
Unspecified	Multiple Organs Nos	Lymphoma, Lymphocytic-Malignant Type
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_032

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_033

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Liver		Thrombus, Organized
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_034

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_035

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Brain
Uterus

Endometrium

Malacia
Angiectasis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_036

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung
Uterus

Endometrium

Hemorrhage
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_037

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Follicular Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_038

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary

Pancreas

Uterus

Endometrium

Cyst, Nos

Cystic Ducts

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_039

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_041

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 056.0 MG/KG

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Adenocarcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_042

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_043

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Uterus

Endometrium

Cyst, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_044

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary

Pancreas

Uterus

Endometrium

Cyst, Nos

Cystic Ducts

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_045

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_046

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Adrenal gland
Unspecified
Uterus

Cortex Nos
Multiple Organs Nos
Endometrium

Degeneration, Nos
Lymphoma, Histiocytic-Malignant Type
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_047

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Unspecified
Uterus

Multiple Organs Nos
Endometrium

Lymphoma, Lymphocytic-Malignant Type
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_048

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_049

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 3_050

TRT#: 3
DOSE: 056.0 MG/KG

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_001

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Congestion, Nos
Ovary		Atrophy, Nos
Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_002

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Intestine Small	Ileum	Hyperplasia, Lymphoid
Kidney		Lymphoma Metastatic
Liver		Lymphoma Metastatic
Lymph node		Lymphoma, Nos-Malignant
Ovary		Lymphoma Metastatic
Spleen		Lymphoma, Nos-Malignant
Stomach		Ulcer, Acute
Urinary bladder		Lymphocytic Inflammatory Infiltrate
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_003

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Adrenal gland
Kidney
Lung
Ovary
Skin
Spleen
Uterus

Endometrium

Cortical Adenoma
Lymphocytic Inflammatory Infiltrate
Edema, Nos
Atrophy, Nos
Acanthosis
Hyperplasia, Lymphoid
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_004

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Brain
Lung
Ovary
Uterus

Endometrium

Hemorrhage
Lymphoma, Nos-Malignant
Congestion, Nos
Lymphoma Metastatic
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_006

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung

Ovary

Uterus

Endometrium

Congestion, Nos

Cyst, Follicular Nos

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_007

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Kidney		Lymphocytic Inflammatory Infiltrate
Lung		Congestion, Nos
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_008

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung

Congestion, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_009

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung

Congestion, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_010

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung

Congestion, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_011

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung

Congestion, Nos

Skin

Inflammation, Nos

Uterus

Endometrium

Acanthosis

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_012

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow		Hyperplasia, Hematopoietic
Kidney		Lymphoma Metastatic
Lymph node		Lymphoma, Nos-Malignant
Pancreas		Lymphoma Metastatic
Skin		Acanthosis
Spleen		Lymphoma Metastatic
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_013

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung
Skin
Uterus

Endometrium

Inflammation, Nos
Acanthosis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_014

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Bone marrow
Kidney

Hyperplasia, Hematopoietic
Inflammation, Chronic
Nephrosis, Hydro

Liver
Lung
Lymph node
Spleen
Uterus

Inflammation, Acute/Chronic
Pneumonia, Chronic Murine
Inflammation, Chronic
Inflammation, Acute
Hyperplasia, Cystic

Endometrium

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_015

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Ovary
Skin
Uterus

Endometrium

Cyst, Nos
Acanthosis
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_016

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung		Inflammation, Nos
Skin		Acanthosis
Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_017

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Kidney		Lymphocytic Inflammatory Infiltrate
Liver		Lymphocytic Inflammatory Infiltrate
Lymph node		Hyperplasia, Lymphoid
Skin		Acanthosis
Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_018

TRT#: 4
DOSE: 0

SEX: Female
DISP: Scheduled Sacrifice

DAY ON TEST:
HISTO:

OBSERVATIONS

Adrenal gland	Cortex Nos	Hyperplasia, Nos
Kidney		Lymphocytic Inflammatory Infiltrate
Liver		Lymphocytic Inflammatory Infiltrate
Lung		Inflammation, Nos
Lymph node		Hyperplasia, Lymphoid
Ovary		Cyst, Nos
Skin		Acanthosis
Spleen		Hyperplasia, Lymphoid
Uterus	Endometrium	Hyperplasia, Cystic
		Inflammation, Acute Suppurative

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C04568
Test Type: Long-Term
Route: Gavage
Species/Strain: Mouse/B6C3F1

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA
Test Compound: Iodoform
CAS Number: 75-47-8

Date Report Requested: 10/26/2014
Time Report Requested: 15:19:00
First Dose M/F: NA / NA
Lab: NA

ANIMAL ID: 4_019

TRT#: 4
DOSE: 0

SEX: Female
DISP: Natural Death

DAY ON TEST:
HISTO:

OBSERVATIONS

Lung
Uterus

Endometrium

Congestion, Nos
Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

**** END OF REPORT ****