

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

C Number: C50419

Cage Range: All

Date Range: All

Reasons For Removal: All

Removal Date Range: All

Treatment Groups: All

Study Gender: Female

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_001

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Liver

Pituitary gland

Uterus

Bile Duct

Endometrial Gland

Cortical Adenoma

Cytoplasmic Change, Basophilic

Hyperplasia, Nos

Adenoma, Nos

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_002

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Mammary gland

Pituitary gland

Pheochromocytoma, Malignant

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Hyperplasia, Nos

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Thyroid

Hyperplasia, C Cell

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_004

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Pituitary gland

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_005

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Dilatation, Ducts

Uterus

Hyperplasia, Nos

Endometrial Stromal Polyp

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_006

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Adrenal gland

Kidney

Liver

Mammary gland

Cortical Adenoma

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Fibroadenoma

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_010

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Hyperplasia, Nos

Liver

Inflammation, Chronic Suppurative

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

| | |
|-----------------|--------------------------------|
| Liver | Cytoplasmic Change, Basophilic |
| Mammary gland | Hyperplasia, Nos |
| Pituitary gland | Adenoma, Nos |
| Uterus | Endometrial Stromal Polyp |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Liver

Lymph node

Pancreas

Pituitary gland

Thyroid

Mesenteric Lymph Node

Islets

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Fibrosis

Islet-Cell Adenoma

Carcinoma, Nos

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_014

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_015

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Small

Jejunum

Sarcoma, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Thyroid

Hyperplasia, Nos

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_016

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Liver

Mammary gland

Pituitary gland

Cortical Adenoma

Hepatitis, Toxic

Fibroadenoma

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_017

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_018

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

| | | |
|-------------|---------------------|-----------------------------|
| Liver | Bile Duct | Hyperplasia, Nos |
| Stomach | | Inflammation, Chronic Focal |
| Unspecified | Multiple Organs Nos | Leukemia, Myelomonocytic |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Mammary gland

Fibroadenoma

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_021

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain

Hemosiderosis

Kidney

Inflammation, With Cavitation

Liver

Nephrosis, Nos

Pituitary gland

Cytoplasmic Change, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Intestine Large

Colon

Nematodiasis

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_024

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

Thyroid

Hyperplasia, C Cell

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_025

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_026

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Unspecified

Sarcoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_027

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

| | |
|---------------|--------------------------------|
| Liver | Cytoplasmic Change, Basophilic |
| Mammary gland | Fibroadenoma |
| Uterus | Endometrial Stromal Polyp |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_028

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_031

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Unspecified

Uterus

Multiple Organs Nos

Fibroadenoma

Leukemia, Myelomonocytic

Necrosis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_032

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Mammary gland

Uterus

Cytoplasmic Change, Basophilic

Fibroadenoma

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_033

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

Uterus

Hematoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_035

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_036

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Clitoral gland

Liver

Mammary gland

Pituitary gland

Cortical Adenoma

Hyperplasia, Nos

Cytoplasmic Change, Basophilic

Fibroadenoma

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_037

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Mammary gland

Hyperplasia, Nos

Lactation

Pituitary gland

Carcinoma, Nos

Unspecified

Face

Abscess, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_038

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Liver

Mammary gland

Pituitary gland

Pheochromocytoma

Cytoplasmic Change, Basophilic

Fibroadenoma

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_039

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

| | | |
|-----------------|---------------------|--------------------------|
| Liver | Bile Duct | Cyst, Nos |
| Mammary gland | | Papillary Adenocarcinoma |
| Pituitary gland | | Adenoma, Nos |
| Unspecified | Multiple Organs Nos | Leukemia, Myelomonocytic |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Intestine Small

Mesentery Nos

Necrosis, Fat

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_041

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Carcinoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_042

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_043

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Adrenal gland

Liver

Mammary gland

Pituitary gland

Thyroid

Cortical Adenoma

Cytoplasmic Change, Basophilic

Fibroadenoma

Hyperplasia, Cystic

Adenoma, Nos

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_045

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Liver

Uterus

Cortical Adenoma

Cytoplasmic Change, Basophilic

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_046

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Unspecified

Fibroadenoma

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_047

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Adenocarcinoma, Nos

Pituitary gland

Adenoma, Nos

Unspecified

Leg

Abscess, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_048

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Clitoral gland

Kidney

Liver

Pituitary gland

Centrilobular

Centrilobular

Hyperplasia, Nos

Undifferentiated Carcinoma

Congestion, Nos

Necrosis, Fat

Cyst, Hemorrhagic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_049

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Pituitary gland

Adenoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_001

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Small

Mesentery Nos

Steatitis

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_002

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Angiectasis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_004

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

| | | |
|-----------------|----------|--------------------------------|
| Brain | Cerebrum | Calcification, Focal |
| Kidney | | Nephrosis, Nos |
| Liver | | Cytoplasmic Change, Basophilic |
| Pituitary gland | | Adenoma, Nos |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_005

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Unspecified

Sarcoma, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_006

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Kidney

Liver

Thyroid

Follicle

Carcinoma, Nos

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Papillary Cystadenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_007

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_008

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_009

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Kidney

Pituitary gland

Unspecified

Multiple Organs Nos

Squamous Cell Carcinoma

Nephrosis, Nos

Hyperplasia, Focal

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_010

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney
Mammary gland
Unspecified

Tubule
Multiple Organs Nos

Calcification, Nos
Fibroadenoma
Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_011

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_012

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Thyroid

C-Cell Carcinoma

Uterus

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_013

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_014

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Adenocarcinoma, Nos

Pituitary gland

Adenoma, Nos

Thyroid

C-Cell Adenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_015

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Pituitary gland

Cortical Adenoma

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Clitoral gland

Hyperplasia, Nos

Pus

Kidney

Nephrosis, Nos

Liver

Leukemia, Myelomonocytic

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_017

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney
Mammary gland

Nephrosis, Nos
Cystadenoma, Nos
Fibroadenoma
Hyperplasia, Cystic

Pituitary gland
Thyroid
Unspecified

Follicle
Multiple Organs Nos

Adenoma, Nos
Hyperplasia, Cystic
Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_018

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pancreas

Islets

Islet-Cell Adenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_019

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Calcification, Nos

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_020

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_021

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Adenoma, Nos

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_022

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_023

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

| | | |
|-----------------|---------------------|--------------------------------|
| Liver | | Cytoplasmic Change, Basophilic |
| Ovary | | Cyst, Follicular Nos |
| Pituitary gland | | Adenoma, Nos |
| Unspecified | Multiple Organs Nos | Leukemia, Myelomonocytic |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_024

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Pituitary gland

Unspecified

Uterus

Multiple Organs Nos

Adenoma, Nos

Leukemia, Myelomonocytic

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_025

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_026

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortical Adenoma

Brain

Metamorphosis, Fatty

Cerebellum Nos

Malacia

Cerebrum

Malacia

Kidney

Nephrosis, Nos

Spleen

Necrosis, Diffuse

Stomach

Forestomach

Inflammation, Acute

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

Necrosis, Fat

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_027

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Fibroadenoma

Unspecified

Multiple Organs Nos

Hyperplasia, Cystic

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Angiectasis

Pituitary gland

Hyperplasia, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Adrenal gland

Kidney

Liver

Mammary gland

Pituitary gland

Cortical Adenoma

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Hyperplasia, Cystic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney
Pituitary gland
Uterus

Nephrosis, Nos
Adenoma, Nos
Necrosis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_032

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

| | | |
|-----------------|---------------------|--------------------------|
| Brain | Cerebrum | Hemorrhage |
| Kidney | | Nephrosis, Nos |
| Mammary gland | | Cystadenoma, Nos |
| Pituitary gland | | Adenoma, Nos |
| Unspecified | Multiple Organs Nos | Leukemia, Myelomonocytic |

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_033

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_034

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Ovary

Pituitary gland

Unspecified

Shoulder

Multiple Organs Nos

Cystic Follicles

Adenoma, Nos

Fibroma

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_035

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Hyperplasia, Basophilic

Pituitary gland

Adenoma, Nos

Uterus

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_037

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Mammary gland

Fibroadenoma

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_038

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Stomach

Forestomach

Edema, Nos

Forestomach

Inflammation, Acute

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Adrenal gland
Intestine Large
Kidney
Liver
Pituitary gland
Uterus

Colon

Cortical Adenoma
Nematodiasis
Nephrosis, Nos
Cytoplasmic Change, Basophilic
Adenoma, Nos
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_040

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: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_041

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

Unspecified

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_042

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_043

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_044

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Unspecified

Adipose Tissue

Necrosis, Fat

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

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

Liver

Cytoplasmic Change, Basophilic

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_047

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland
Kidney
Liver
Pituitary gland

Pus
Nephrosis, Nos
Cytoplasmic Change, Basophilic
Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_048

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Pituitary gland

Hyperplasia, Cystic

Thyroid

Adenoma, Nos

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_049

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:41

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_050

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Hemosiderosis

Liver

Bile Duct

Hyperplasia, Nos

Unspecified

Multiple Organs Nos

Metamorphosis, Fatty

Uterus

Leukemia, Myelomonocytic

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_001

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_002

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Ear

Kidney

Liver

Squamous Cell Papilloma

Nephrosis, Nos

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Liver

Mammary gland

Uterus

Cytoplasmic Change, Basophilic

Fibroadenoma

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Mammary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Liver

Unspecified

Cytoplasmic Change, Basophilic

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_006

TRT#: 3

DOSE: 0

SEX: Female

DISP: Moribund Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Mammary gland

Pituitary gland

Fibroadenoma

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_007

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_008

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Nos

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_009

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Mammary gland

Uterus

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Fibroadenoma

Fibrosis

Hemosiderosis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_011

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Liver

Pituitary gland

Cytoplasmic Change, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_013

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Liver

Mammary gland

Uterus

Cytoplasmic Change, Basophilic

Fibroadenoma

Endometrial Stromal Polyp

Infarct, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_015

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Ovary

Unspecified

Uterus

Multiple Organs Nos

Fibroadenoma

Cyst, Nos

Leukemia, Myelomonocytic

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_016

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Mammary Lobule

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_017

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_018

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain
Kidney
Pituitary gland
Thyroid

Cerebrum

Astrocytoma
Nephrosis, Nos
Carcinoma, Nos
C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_019

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_021

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Mammary gland

Fibroadenoma

Pituitary gland

Carcinoma, Nos

Stomach

Forestomach

Inflammation, Acute

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Mammary gland

Pituitary gland

Nephrosis, Nos

Fibroadenoma

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_023

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Liver

Uterus

Endometrium

Inflammation, Suppurative

Cytoplasmic Change, Basophilic

Hemorrhage

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_024

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Large
Kidney
Liver
Pituitary gland

Colon

Pheochromocytoma
Nematodiasis
Nephrosis, Nos
Cytoplasmic Change, Basophilic
Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_025

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Thyroid

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_026

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Ovary

Pituitary gland

Thyroid

Unspecified

Uterus

Multiple Organs Nos

Fibroadenoma

Cyst, Parovarian

Carcinoma, Nos

C-Cell Carcinoma

Leukemia, Myelomonocytic

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_027

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Mammary Lobule

Hyperplasia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Mammary gland

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Fibroadenoma

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_029

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Pituitary gland

Adenoma, Nos

Stomach

Forestomach

Squamous Cell Papilloma

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_030

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Unspecified

Fibroma

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Mammary gland

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Fibroadenoma

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_032

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Mammary gland

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Hyperplasia, Cystic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_033

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Mammary gland

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Adenocarcinoma, Nos

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_035

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_036

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Thyroid

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_037

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Metamorphosis, Fatty

Kidney

Nephrosis, Nos

Mammary gland

Hyperplasia, Nos

Pancreas

Islets

Hyperplasia, Nos

Pituitary gland

Carcinoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_038

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Nematodiasis

Kidney

Nephrosis, Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Clitoral gland
Kidney
Liver
Pituitary gland
Uterus

Carcinoma, Nos
Nephrosis, Nos
Cytoplasmic Change, Basophilic
Adenoma, Nos
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Mammary gland

Thyroid

Uterus

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Dilatation, Ducts

C-Cell Carcinoma

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_041

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Pituitary gland

Uterus

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Carcinoma, Nos

Necrosis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_043

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Adrenal gland

Liver

Mammary gland

Thyroid

Uterus

Bile Duct

Cortical Adenoma

Cytoplasmic Change, Basophilic

Hyperplasia, Nos

Fibroadenoma

C-Cell Adenoma

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_045

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Hyperplasia, Nos

Ovary

Cyst, Follicular Nos

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_046

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Unspecified

Multiple Organs Nos

Metamorphosis, Fatty

Nephrosis, Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

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

Kidney

Liver

Pituitary gland

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_048

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Leukemia, Myelomonocytic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_049

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Adenoma, Nos

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50419

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Locust bean gum

CAS Number: 9000-40-2

Date Report Requested: 10/26/2014

Time Report Requested: 09:38:42

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_050

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Dilatation, Ducts

Mammary Lobule

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Spleen

Hematopoiesis

Unspecified

Fibrosarcoma

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

**** END OF REPORT ****