

**Experiment Number:** 20209 - 03  
**Test Type:** CHRONIC  
**Route:** GAVAGE  
**Species/Strain:** RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
Pentabromodiphenyl oxide (technical) (DE 71)  
**CAS Number:** 32534-81-9

**Date Report Requested:** 08/05/2014  
**Time Report Requested:** 10:18:12  
**First Dose M/F:** 08/26/08 / 08/26/08  
**Lab:** SRI

F\_Core\_RE

<b>NTP Study Number:</b>	C20209		
<b>Lock Date:</b>	08/31/2011		
<b>Cage Range:</b>	ALL		
<b>Date Range:</b>	ALL		
<b>Reasons For Removal:</b>	25021 TSAC	25020 NATD	25019 MSAC
	25018 DACC		
<b>Removal Date Range:</b>	ALL		
<b>Treatment Groups:</b>	Include ALL		
<b>Study Gender:</b>	Both		
<b>TDMSE Version:</b>	3.0.2.1_001		
<b>PWG Approval Date:</b>	NONE		

Note: Animals arranged according to days on test.

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WISTAR HAN RATS MALE	DAY ON TEST																								males (cont...)
	003	004	005	008	001	003	005	007	001	002	003	006	007	007	007	007	007	007	007	007	007	007	007		
0 MG/KG	004	004	004	003	005	001	004	005	002	005	002	000	004	002	002	002	004	004	004	000	000	000	000	002	
ANIMAL ID	57	66	20	01	11	11	88	44	55	88	88	00	55	66	77	22	33	44	33	55	66	77	99		

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum Fibroma	+	+	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	A	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	A	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Liver Hepatocellular Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesentery Lipoma					+		+	+									+		+			+	+
Oral Mucosa																							+
Pancreas Adenoma	+	+	+	+	A	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Salivary Glands Parotid Gland, Adenoma	M	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Stomach, Forestomach Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

WISTAR HAN RATS MALE 0 MG/KG	DAY ON TEST																									males (cont...)
	003	004	005	008	001	003	005	007	004	009	006	006	003	006	007	007	007	007	007	007	007	007	007	007		
ANIMAL ID	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000		
444	443	445	441	445	441	444	445	442	445	442	440	442	442	442	444	444	440	443	443	440	440	440	440	442		
557	554	558	555	557	553	551	551	558	554	555	558	558	550	556	557	552	553	554	553	555	556	557	559	552		

Squamous Cell Papilloma

Stomach, Glandular  
Fibrosarcoma

Tooth

**CARDIOVASCULAR SYSTEM**

Heart

**ENDOCRINE SYSTEM**

Adrenal Cortex  
Carcinoma

Adrenal Medulla  
Pheochromocytoma Malignant

Islets, Pancreatic  
Adenoma  
Carcinoma

Parathyroid Gland  
Adenoma  
Adenoma, Multiple

Pituitary Gland  
Glioma Malignant, Metastatic, Brain  
Pars Distalis, Adenoma

Thyroid Gland  
C-cell, Adenoma

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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WISTAR HAN RATS MALE	DAY ON TEST																								males (cont...)
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
0 MG/KG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	4	4	4	3	5	1	4	5	2	5	2	0	4	2	2	2	4	4	4	0	0	0	2		
	5	7	6	2	0	1	1	8	4	5	8	8	0	5	6	7	2	3	4	3	5	6	2		

Follicular Cell, Adenoma

**GENERAL BODY SYSTEM**

Tissue NOS

+ +

**GENITAL SYSTEM**

Epididymis

+ +

Preputial Gland  
Carcinoma

+ + + + + + + + + + + + + + + + + X + + + + + + +

Prostate

+ +

Seminal Vesicle

+ +

Testes  
Interstitial Cell, Adenoma

+ + + + + + + + + X + + + + + + + + + + + + +

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ +

Lymph Node

+ + + + + + + + + + + + + + + + +

Lymph Node, Mandibular

M +

Lymph Node, Mesenteric  
Hemangioma

+ +

Hemangiosarcoma

X X

Spleen

+ + + + A + + + + + + + A + + + + + + + + + + +

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|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                            |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------------------------|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>males<br/>(cont...)</b> |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                            |
|                             | 0           | 0 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |                            |
| <b>0 MG/KG</b>              | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>males<br/>(cont...)</b> |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                            |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                            |
|                             | 4           | 4 | 4 | 3 | 5 | 1 | 4 | 5 | 2 | 5 | 2 | 0 | 4 | 2 | 2 | 2 | 4 | 4 | 4 | 0 | 0 | 0 | 2 |  |                            |
|                             | 5           | 7 | 6 | 2 | 0 | 1 | 1 | 8 | 4 | 5 | 8 | 8 | 0 | 5 | 6 | 7 | 2 | 3 | 4 | 3 | 5 | 6 | 7 |  |                            |

Hemangiosarcoma

Thymus + M + + A + A + + + + + A + + + + + + + + + + + + + +

INTEGUMENTARY SYSTEM

Mammary Gland M + + + I + + + + M M + I M M + + M + M + M + + +

Skin +

Basal Cell Adenoma

Fibroma

Keratoacanthoma X X

MUSCULOSKELETAL SYSTEM

Bone +

Skeletal Muscle +

Hemangiosarcoma X

NERVOUS SYSTEM

Brain +

Glioma Malignant X

Granular Cell Tumor Benign X

Peripheral Nerve + +

Spinal Cord + +

RESPIRATORY SYSTEM

Lung +

\* .. Total animals with tissue examined microscopically; Total animals with tumor
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|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                    |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--------------------|
| WISTAR HAN RATS MALE<br>0 MG/KG | DAY ON TEST | 0 | 0 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |                    |
|                                 |             | 0 | 4 | 0 | 1 | 3 | 5 | 7 | 1 | 2 | 3 | 6 | 7 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 |  |                    |
|                                 | ANIMAL ID   | 3 | 4 | 8 | 5 | 7 | 3 | 4 | 9 | 0 | 0 | 9 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 |  | males<br>(cont...) |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                    |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                    |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                    |
|                                 |             | 4 | 4 | 4 | 3 | 5 | 1 | 4 | 5 | 2 | 5 | 2 | 0 | 4 | 2 | 2 | 2 | 4 | 4 | 4 | 0 | 0 | 0 | 0 |  |                    |
|                                 |             | 5 | 7 | 6 | 2 | 0 | 1 | 1 | 8 | 4 | 5 | 8 | 8 | 0 | 5 | 6 | 7 | 2 | 3 | 4 | 3 | 5 | 6 | 7 |  |                    |
| Nose                            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |                    |
| Trachea                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |                    |
| <b>SPECIAL SENSES SYSTEM</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
| Eye                             |             | + | + | + | + | A | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |   |  |                    |
| Harderian Gland                 |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |                    |
| <b>URINARY SYSTEM</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
| Kidney                          |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |                    |
| Ureter                          |             |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |  |                    |
| Urinary Bladder                 |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |                    |
| <b>SYSTEMIC LESIONS</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
| Multiple Organ Leukemia         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                    |

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|---------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|----------|
|                                 | 0730        | 0730  | 0730  | 0730  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  |  |          |
| ANIMAL ID                       | 00038       | 00039 | 00052 | 00053 | 00091 | 00092 | 00093 | 00094 | 00095 | 00096 | 00097 | 00098 | 00099 | 00101 | 00102 | 00103 | 00104 | 00105 | 00106 | 00107 | 00108 | 00109 |  |          |

### ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Intestine Large, Cecum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46      |
| Intestine Large, Colon                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Intestine Large, Rectum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Intestine Small, Duodenum<br>Fibroma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | 46<br>1 |
| Intestine Small, Ileum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Small, Jejunum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Liver<br>Hepatocellular Adenoma           | + | + | + | + | + | + | + | + | + | X | + | + | + | X | + | + | + | + | + | X | + | 49<br>3 |
| Mesentery<br>Lipoma                       |   | + |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   | + |   |   |   | 12<br>1 |
| Oral Mucosa                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Pancreas<br>Adenoma                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46<br>1 |
| Salivary Glands<br>Parotid Gland, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46<br>1 |
| Stomach, Forestomach<br>Fibrosarcoma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | 49<br>1 |

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|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|---|----|
|  | 0730        | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  |          |   |    |
| ANIMAL ID  | 00038       | 00039 | 00052 | 00053 | 00019 | 00022 | 00023 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00044 | 00055 | 00055 | 00055 | 00055 | 00011 | 00011 | 00011 |          |   |    |
| Squamous Cell Papilloma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 1 |    |
| Stomach, Glandular Fibrosarcoma  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 48 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        |   | 1  |
| Tooth  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   | 1  |
| <b>CARDIOVASCULAR SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   |    |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | + | 49 |
| <b>ENDOCRINE SYSTEM</b>  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   |    |
| Adrenal Cortex Carcinoma   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 49 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        |   | 1  |
| Adrenal Medulla Pheochromocytoma Malignant                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 49 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        |   | 1  |
| Islets, Pancreatic Adenoma   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 49 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        |   | 4  |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        |   | 2  |
| Parathyroid Gland Adenoma  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 47 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        |   | 1  |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   | 1  |
| Pituitary Gland Glioma Malignant, Metastatic, Brain Pars Distalis, Adenoma | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 49 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   | 1  |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   | 19 |
| Thyroid Gland C-cell, Adenoma  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |   | 45 |
|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |   | 11 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                 | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |
| ANIMAL ID                       | 0<br>0<br>0<br>3<br>8 | 0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>1<br>9 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>3<br>5 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>4<br>9 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>1<br>0 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>1<br>7 |

Follicular Cell, Adenoma

X

1

GENERAL BODY SYSTEM

Tissue NOS

3

GENITAL SYSTEM

Epididymis

+ +

49

Preputial Gland  
Carcinoma

+ +

49  
1

Prostate

+ +

49

Seminal Vesicle

+ +

49

Testes  
Interstitial Cell, Adenoma

+  
X

49  
2

HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

49

Lymph Node

2

Lymph Node, Mandibular

+ +

48

Lymph Node, Mesenteric  
Hemangioma

+  
X

49  
1

Hemangiosarcoma

X  
X

7

Spleen

+ +

47

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |                       |    |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|                                 | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      |                       | 0<br>7<br>3<br>2      |                       |                       |    |
| ANIMAL ID                       | 0<br>0<br>0<br>3<br>8 | 0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>1<br>9 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>3<br>5 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>4<br>9 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>1<br>0 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>1<br>7 |    |
| Hemangiosarcoma                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 1                     |    |
| Thymus                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45 |
| <b>INTEGUMENTARY SYSTEM</b>     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Mammary Gland                   | +                     | +                     | +                     | +                     | M                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | M                     | 33                    |    |
| Skin                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Basal Cell Adenoma              | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Fibroma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Keratoacanthoma                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| <b>MUSCULOSKELETAL SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |    |
| Skeletal Muscle                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Hemangiosarcoma                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| <b>NERVOUS SYSTEM</b>           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Brain                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |    |
| Glioma Malignant                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Granular Cell Tumor Benign      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Peripheral Nerve                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| Spinal Cord                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| <b>RESPIRATORY SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Lung                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br><br>0 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |  |
|-------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|--|
|                                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |  |
|                                     | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |  |  |
| ANIMAL ID                           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |  |
|                                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |  |
|                                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |  |
|                                     | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |  |  |
|                                     | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |  |  |
|                                     | 8           | 9 | 2 | 3 | 9 | 0 | 1 | 0 | 1 | 3 | 4 | 5 | 6 | 9 | 1 | 6 | 7 | 9 | 0 | 2 | 3 | 5 | 6 |          |  |  |
| Nose                                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |  |
| Trachea                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |  |
| <b>SPECIAL SENSES SYSTEM</b>        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |  |
| Eye                                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46       |  |  |
| Harderian Gland                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |  |
| <b>URINARY SYSTEM</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |  |
| Kidney                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |  |
| Ureter                              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |  |
| Urinary Bladder                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |  |
| <b>SYSTEMIC LESIONS</b>             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |  |
| Multiple Organ                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |  |  |
| Leukemia                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

|                                     |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                    |
|-------------------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
| WISTAR HAN RATS MALE<br><br>3 MG/KG | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | males<br>(cont...) |
|                                     | 003         | 006 | 001 | 006 | 008 | 005 | 005 | 005 | 005 | 005 | 006 | 006 | 006 | 006 | 007 | 007 | 007 | 007 | 007 | 007 | 007 |                    |
| ANIMAL ID                           | 001         | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000                |
|                                     | 002         | 005 | 002 | 005 | 007 | 002 | 005 | 003 | 008 | 001 | 004 | 009 | 007 | 002 | 008 | 004 | 006 | 007 | 009 | 001 | 003 | 008                |

**ALIMENTARY SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum          | A | + | + | + | + | A | + | + | A | + | A | A | + | A | + | + | + | + | + | + | + | + |
| Intestine Large, Colon          | A | + | + | + | + | A | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Intestine Large, Rectum         | + | + | + | + | + | + | + | + | A | + | A | A | + | + | A | + | + | + | + | + | + | + |
| Intestine Small, Duodenum       | + | + | + | + | + | A | + | + | A | + | A | + | A | + | A | + | + | + | + | + | + | + |
| Intestine Small, Ileum          | A | A | + | + | + | A | + | + | A | + | A | + | A | + | A | + | + | + | + | + | + | + |
| Intestine Small, Jejunum        | M | A | + | + | + | A | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesentery                       |   | + |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |
| Pancreas<br>Adenoma             | + | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Salivary Glands                 | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular              | A | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Tongue                          |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | males<br>(cont...) |   |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|---|
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    | 0 |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |
|                                 | 0           | 2 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0                  |   |
|                                 | 0           | 6 | 0 | 6 | 8 | 0 | 4 | 8 | 8 | 9 | 4 | 4 | 5 | 8 | 0 | 2 | 2 | 2 | 3 | 3 | 3         | 0                  |   |
|                                 | 3           | 0 | 1 | 5 | 5 | 7 | 9 | 5 | 8 | 2 | 5 | 7 | 8 | 2 | 2 | 9 | 9 | 9 | 0 | 0 | 0         | 0                  |   |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |
|                                 | 1           | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |
|                                 | 0           | 0 | 9 | 8 | 8 | 7 | 9 | 8 | 0 | 9 | 6 | 0 | 6 | 6 | 9 | 9 | 9 | 9 | 6 | 6 | 6         | 0                  |   |
|                                 | 2           | 5 | 2 | 5 | 7 | 2 | 5 | 3 | 8 | 1 | 4 | 9 | 7 | 2 | 8 | 4 | 6 | 7 | 9 | 1 | 3         | 0                  |   |

Blood Vessel

+

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ + + + + + + + + + A + + + + + + + + + + + + + +

Adrenal Medulla

M + + + + + + + + + + A + + + + + + + + + + + + + +

Pheochromocytoma Complex

X

Islets, Pancreatic

+ + + + + + + + + + A + + + + + + + + + + + + + +

Adenoma

X

Parathyroid Gland

+ +

Pituitary Gland

+ + + + + + + + + + + + + + M + + + + + + + + + +

Craniopharyngioma

X

Ganglioneuroma

X

Pars Distalis, Adenoma

X

X

X

X

X

X

X

Pars Intermedia, Adenoma

X

X

Thyroid Gland

A + + + + A + + A + A + + + + + + + + + + + +

C-cell, Adenoma

X

X

X

X

X

Follicular Cell, Adenoma

X

X

Follicular Cell, Carcinoma

X

**GENERAL BODY SYSTEM**

Tissue NOS

+

+

+

Schwannoma Malignant

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>males<br/>(cont...)</b> |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                             | 0           | 2 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                            |
| <b>3 MG/KG</b>              | 0           | 6 | 0 | 6 | 8 | 0 | 4 | 8 | 8 | 9 | 4 | 4 | 5 | 8 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 |                            |
|                             | 3           | 0 | 1 | 5 | 5 | 7 | 9 | 5 | 8 | 2 | 5 | 7 | 8 | 2 | 2 | 9 | 9 | 9 | 9 | 0 | 0 | 0 |                            |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                             | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                             | 1           | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                             | 0           | 0 | 9 | 8 | 8 | 7 | 9 | 8 | 0 | 9 | 6 | 0 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 6 | 6 | 6 |                            |
|                             | 2           | 5 | 2 | 5 | 7 | 2 | 5 | 3 | 8 | 1 | 4 | 9 | 7 | 2 | 8 | 4 | 6 | 7 | 9 | 1 | 3 | 8 |                            |

GENITAL SYSTEM

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland            | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle            | M | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + |
| Testes                     | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland Fibroma | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + |
|                       |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | males<br>(cont...) |   |  |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|---|--|
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |   |  |
|                                 | 0           | 2 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                    |   |  |
|                                 | 0           | 6 | 0 | 6 | 8 | 0 | 4 | 8 | 8 | 9 | 4 | 4 | 5 | 8 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3         | 0                  |   |  |
|                                 | 3           | 0 | 1 | 5 | 5 | 7 | 9 | 5 | 8 | 2 | 5 | 7 | 8 | 2 | 2 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |  |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |  |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |  |
|                                 | 1           | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                  |   |  |
|                                 | 0           | 0 | 9 | 8 | 8 | 7 | 9 | 8 | 0 | 9 | 6 | 0 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 6 | 6 | 6 | 7         | 8                  | 0 |  |
|                                 | 2           | 5 | 2 | 5 | 7 | 2 | 5 | 3 | 8 | 1 | 4 | 9 | 7 | 2 | 8 | 4 | 6 | 7 | 9 | 1 | 3 | 8 | 9 | 9 | 0         | 0                  |   |  |

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Skin                    | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basal Cell Adenoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fibroma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fibrosarcoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hamartoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemangiosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Schwannoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Squamous Cell Papilloma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Meninges, Hemangioma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Peripheral Nerve     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

RESPIRATORY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Schwannoma Malignant, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                   | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Respiratory Epithelium, Adenoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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Lab: SRI

|                              |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |   |
|------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|---|
| WISTAR HAN RATS MALE         |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 | 0 |
| 3 MG/KG                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 | 0 |
| ANIMAL ID                    |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 | 0 |
|                              |  | 1           | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 | 0 |
| Trachea                      |  | A           | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | +                  | + |   |
| <b>SPECIAL SENSES SYSTEM</b> |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |
| Eye                          |  | A           | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | +                  | + |   |
| Harderian Gland              |  | +           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | +                  | + |   |
| <b>URINARY SYSTEM</b>        |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |
| Kidney                       |  | A           | + | + | + | + | + | + | + | A | + | A | + | + | + | A | + | + | + | + | + | +                  | + |   |
| Urinary Bladder              |  | A           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | +                  | + |   |
| <b>SYSTEMIC LESIONS</b>      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |
| Multiple Organ               |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + |   |
| Histiocytic Sarcoma          |  |             |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |                    |   |   |
| Lymphoma Malignant           |  |             |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |                    |   |   |
| Mesothelioma Malignant       |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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| WISTAR HAN RATS MALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 3 MG/KG              | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 50       |
|                      | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 43       |
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45       |
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46       |
|                      | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 45       |
|                      | 8           | 8 | 8 | 9 | 0 | 0 | 0 | 0 | 1 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 0 | 0 | 7 | 7 | 7 | 7 | 7 | 9 | 43       |
|                      | 1           | 8 | 9 | 0 | 0 | 1 | 3 | 4 | 0 | 5 | 6 | 3 | 4 | 5 | 2 | 4 | 6 | 6 | 7 | 0 | 1 | 6 | 7 | 8 | 3 | 44       |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesentery                 |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   | + |   | + |   |   |   |   |   |   |   | 6  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adenoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands           | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Tongue                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | * TOTALS |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------|
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |          |
|                                 | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |          |
|                                 | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |  |          |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |          |
| ANIMAL ID                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |          |
|                                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |          |
|                                 | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |  |          |
|                                 | 8           | 8 | 8 | 9 | 0 | 0 | 0 | 0 | 1 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 0 | 0 | 7 | 7 | 7 | 7 |  |          |
|                                 | 1           | 8 | 9 | 0 | 0 | 1 | 3 | 4 | 0 | 5 | 6 | 3 | 4 | 5 | 2 | 4 | 6 | 6 | 7 | 0 | 1 | 6 | 7 |  |          |

|              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|--------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Blood Vessel | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |
| Heart        | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |

**ENDOCRINE SYSTEM**

|                            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|----------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
| Adrenal Cortex             | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Adrenal Medulla            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 48 |
| Pheochromocytoma Complex   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Islets, Pancreatic         | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Adenoma                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |
| Parathyroid Gland          | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Pituitary Gland            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 49 |
| Craniopharyngioma          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Ganglioneuroma             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  |
| Pars Distalis, Adenoma     | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 |
| Pars Intermedia, Adenoma   | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |
| Thyroid Gland              | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 45 |
| C-cell, Adenoma            | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12 |
| Follicular Cell, Adenoma   | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3  |
| Follicular Cell, Carcinoma | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  |

**GENERAL BODY SYSTEM**

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Schwannoma Malignant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                      | 0730        | 0733 | 0730 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| 3 MG/KG              | 0081        | 0088 | 0089 | 0090 | 0001 | 0001 | 0003 | 0004 | 0005 | 0006 | 0003 | 0004 | 0005 | 0002 | 0004 | 0006 | 0006 | 0007 | 0000 | 0001 | 0006 | 0007 | 0008 | 0003 |          |

**GENITAL SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Interstitial Cell, Adenoma |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 4  |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node                             |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Lymph Node, Mesenteric Hemangiosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | 49 |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Thymus                                 | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

**INTEGUMENTARY SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland Fibroma | + | + | + | + | + | M | + | M | + | + | + | + | M | + | + | M | + | + | M | + | + | I | M | M | M | 38 |
|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>3 MG/KG        | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |  |  |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|--|--|
|  | 0730        | 0733 | 0730 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |  |  |
| ANIMAL ID                              | 0081        | 0088 | 0089 | 0090 | 0091 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0099 | 0100 | 0101 | 0102 | 0103 | 0104 | 0105 | 0106 | 0107 | 0108 | 0109 | 0110 | 0111 | 0112     |  |  |
| Skin                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |  |  |
| Basal Cell Adenoma                     |             |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Fibroma                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      | 3        |  |  |
| Fibrosarcoma                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Hamartoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Hemangiosarcoma                        |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Schwannoma Malignant                   |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Squamous Cell Papilloma                |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b>          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |  |
| Bone                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |  |
| Skeletal Muscle                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        |  |  |
| <b>NERVOUS SYSTEM</b>                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |  |
| Brain                                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |  |
| Meninges, Hemangioma                   |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Peripheral Nerve                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Spinal Cord                            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| <b>RESPIRATORY SYSTEM</b>              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |  |  |
| Lung                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |  |  |
| Alveolar/Bronchiolar Adenoma           |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      | X    |      | 3        |  |  |
| Schwannoma Malignant, Metastatic, Skin |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |
| Nose                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |  |  |
| Respiratory Epithelium, Adenoma        |             |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |  |  |

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 + .. Tissue examined microscopically  
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Lab: SRI

| WISTAR HAN RATS MALE<br>3 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |  |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|--|
|                                 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 |                  |          |  |
| ANIMAL ID                       | 0<br>0<br>8<br>1 | 0<br>0<br>8<br>8 | 0<br>0<br>8<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |          |  |
| Trachea                         | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46       |  |
| <b>SPECIAL SENSES SYSTEM</b>    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Eye                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46       |  |
| Harderian Gland                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |  |
| <b>URINARY SYSTEM</b>           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Kidney                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46       |  |
| Urinary Bladder                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 48       |  |
| <b>SYSTEMIC LESIONS</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |
| Multiple Organ                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |  |
| Histiocytic Sarcoma             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |  |
| Lymphoma Malignant              |                  | X                |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4        |  |
| Mesothelioma Malignant          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | 1        |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                      | 0<br>2<br>8<br>9      | 0<br>4<br>3<br>6      | 0<br>4<br>7<br>6      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>3      | 0<br>5<br>5<br>3      | 0<br>5<br>9<br>2      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>9      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>7      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |
| 15 MG/KG             | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus<br>Squamous Cell Papilloma                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum  | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum   | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum   | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum  | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Mesentery   |   |   |   |   |   |   |   | + |   |   | + |   |   | + |   | + |   |   | + |   |   | + |   | + |
| Pancreas<br>Adenoma<br>Adenoma, Multiple                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands<br>Parotid Gland, Adenoma<br>Parotid Gland, Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma, Multiple             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                            |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----------------------------|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>males<br/>(cont...)</b> |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                            |
|                             | 2           | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |                            |
|                             | 8           | 3 | 7 | 8 | 5 | 5 | 9 | 9 | 9 | 0 | 1 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |  |                            |
|                             | 9           | 6 | 6 | 0 | 3 | 3 | 2 | 5 | 9 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |  |                            |
| <b>15 MG/KG</b>             | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |                            |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                            |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |                            |
|                             | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |                            |
|                             | 4           | 4 | 5 | 2 | 2 | 4 | 1 | 1 | 5 | 1 | 5 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 |  |                            |
|                             | 4           | 3 | 7 | 9 | 8 | 2 | 6 | 1 | 1 | 9 | 8 | 6 | 5 | 6 | 7 | 8 | 9 | 0 | 5 | 6 | 3 | 4 |  |                            |

Stomach, Glandular +

**CARDIOVASCULAR SYSTEM**

Heart +

**ENDOCRINE SYSTEM**

Adrenal Cortex +

Adrenal Medulla  
Pheochromocytoma Benign +

Islets, Pancreatic  
Adenoma +  
Carcinoma X

Parathyroid Gland +

Pituitary Gland  
Glioma Malignant, Metastatic, Brain +  
Pars Distalis, Adenoma X X X X X X X X X X X X X X X  
Pars Distalis, Adenoma, Multiple X X X X X X X X X X X X X X X

Thyroid Gland  
C-cell, Adenoma + + A A +  
C-cell, Adenoma, Multiple X X X X X X X X X X X X X X X  
Follicular Cell, Adenoma X  
Follicular Cell, Carcinoma X

**GENERAL BODY SYSTEM**

Tissue NOS + +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

| WISTAR HAN RATS MALE<br>15 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                       |   |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|                                  | 0<br>2<br>8<br>9      | 0<br>4<br>3<br>6      | 0<br>4<br>7<br>6      | 0<br>4<br>8<br>0      | 0<br>5<br>5<br>3      | 0<br>5<br>5<br>3      | 0<br>5<br>9<br>2      | 0<br>5<br>9<br>5      | 0<br>5<br>9<br>9      | 0<br>6<br>0<br>2      | 0<br>6<br>1<br>7      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |                       |   |
| ANIMAL ID                        | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>0<br>5<br>8 | 0<br>0<br>0<br>2<br>6 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 |   |
|                                  | Schwannoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X |

**GENITAL SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate<br>Adenoma                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes<br>Interstitial Cell, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node  | + |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   | + |   |   |   |   |   | + |
| Lymph Node, Mandibular                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric<br>Hemangioma<br>Hemangiosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus<br>Thymoma Benign<br>Thymoma Malignant           | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



| Wistar Han Rats Male |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Day on Test          |  | 2 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 15 MG/KG             |  | 8 | 3 | 7 | 8 | 5 | 5 | 9 | 9 | 9 | 0 | 1 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
| Animal ID            |  | 9 | 6 | 6 | 0 | 3 | 3 | 2 | 5 | 9 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |
|                      |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                      |  | 4 | 4 | 5 | 2 | 2 | 4 | 1 | 1 | 5 | 1 | 5 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 1 |   |
|                      |  | 4 | 3 | 7 | 9 | 8 | 2 | 6 | 1 | 1 | 9 | 8 | 6 | 5 | 6 | 7 | 8 | 9 | 0 | 5 | 6 | 3 | 4 | 5 | 3 |   |
| <b>males</b>         |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>(cont...)</b>     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**INTEGUMENTARY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland<br>Fibroadenoma  | + | M | + | M | + | M | + | + | + | + | + | M | + | M | M | + | + | + | + | + | + | + | + | + | + |
| Skin                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basal Cell Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibroma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Keratoacanthoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lipoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Schwannoma Malignant           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pinna, Squamous Cell Papilloma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

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

**NERVOUS SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Glioma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Meninges, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Peripheral Nerve                     |   | + |   |   |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord                          |   | + |   |   |   |   |   |   |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>WISTAR HAN RATS MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                             |             | 2 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                             |             | 8 | 3 | 7 | 8 | 5 | 5 | 9 | 9 | 9 | 0 | 1 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 |
|                             |             | 9 | 6 | 6 | 0 | 3 | 3 | 2 | 5 | 9 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 |
| <b>15 MG/KG</b>             | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                             |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                             |             | 4 | 4 | 5 | 2 | 2 | 4 | 1 | 1 | 5 | 1 | 5 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 |   |
|                             | 4           | 3 | 7 | 9 | 8 | 2 | 6 | 1 | 1 | 9 | 8 | 6 | 5 | 6 | 7 | 8 | 9 | 0 | 5 | 6 | 3 | 4 | 5 | 2 |   |

males  
(cont...)

Thymoma Malignant, Metastatic, Thymus

X

Nose

+ +

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

Harderian Gland

+ +

Lacrimal Gland

**URINARY SYSTEM**

Kidney

+ +

Urinary Bladder

+ +

**SYSTEMIC LESIONS**

Multiple Organ

+ +

Histiocytic Sarcoma

Lymphoma Malignant

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

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Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>15 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                  | 0730        | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          |
| ANIMAL ID                        | 0011        | 0011 | 0012 | 0014 | 0014 | 0014 | 0011 | 0011 | 0022 | 0022 | 0022 | 0033 | 0033 | 0033 | 0033 | 0044 | 0044 | 0055 | 0055 | 0066 | 0066 | 0077 | 0077 | 0077 | 0077     |
|                                  | 7           | 8    | 7    | 7    | 8    | 9    | 4    | 5    | 3    | 4    | 5    | 0    | 1    | 2    | 3    | 4    | 0    | 2    | 6    | 9    | 0    | 0    | 1    | 2    | 1        |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |              |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------|
| Esophagus<br>Squamous Cell Papilloma                                  | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1      |
| Intestine Large, Cecum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Intestine Large, Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50           |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Intestine Small, Duodenum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Intestine Small, Ileum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49           |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50           |
| Liver<br>Hepatocellular Adenoma                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | X | + | + | + | + | + | 50<br>4      |
| Mesentery   | + |   |   |   |   |   | + | + | + |   | + |   |   |   |   |   |   |   |   |   |   |   | + |   | 13           |
| Pancreas<br>Adenoma<br>Adenoma, Multiple                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2<br>1 |
| Salivary Glands<br>Parotid Gland, Adenoma<br>Parotid Gland, Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1<br>1 |
| Stomach, Forestomach<br>Squamous Cell Papilloma, Multiple             | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

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CAS Number: 32534-81-9

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| WISTAR HAN RATS MALE<br>15 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                  | 0730        | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          |
| ANIMAL ID                        | 0011        | 0011 | 0012 | 0014 | 0014 | 0014 | 0011 | 0011 | 0022 | 0022 | 0022 | 0033 | 0033 | 0033 | 0033 | 0055 | 0055 | 0055 | 0055 | 0066 | 0066 | 0066 | 0066 | 0066 |          |
|                                  | 7           | 8    | 7    | 7    | 8    | 9    | 4    | 5    | 3    | 4    | 5    | 0    | 1    | 2    | 3    | 4    | 0    | 2    | 6    | 9    | 0    | 0    | 1    | 2    |          |

Stomach, Glandular + 50

**CARDIOVASCULAR SYSTEM**

Heart + 50

**ENDOCRINE SYSTEM**

Adrenal Cortex + 50

Adrenal Medulla Pheochromocytoma Benign + 50  
X 1

Islets, Pancreatic Adenoma + 50  
Carcinoma X 2  
1

Parathyroid Gland + 50

Pituitary Gland Glioma Malignant, Metastatic, Brain + 50  
Pars Distalis, Adenoma X X X X X X X X X X 21  
Pars Distalis, Adenoma, Multiple X 1

Thyroid Gland C-cell, Adenoma + 48  
C-cell, Adenoma, Multiple X 10  
Follicular Cell, Adenoma X 1  
Follicular Cell, Carcinoma X 2  
1

**GENERAL BODY SYSTEM**

Tissue NOS 2

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| WISTAR HAN RATS MALE<br>15 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | * TOTALS |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----------|
|                                  | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |   |          |
| ANIMAL ID                        | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 |   |          |
| Schwannoma Malignant             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |          |

**GENITAL SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Epididymis                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Preputial Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Prostate Adenoma                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Seminal Vesicle                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Testes Interstitial Cell, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Lymph Node                             |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5       |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Lymph Node, Mesenteric Hemangioma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |
| Lymph Node, Mesenteric Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   | X |   | 3       |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Thymus Thymoma Benign                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>1 |
| Thymus Thymoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |

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|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|----------|
|                                  | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                | 0<br>7                |  |          |
| ANIMAL ID                        | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 |  |          |

**INTEGUMENTARY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------|
| Mammary Gland Fibroadenoma     | + | + | M | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | M | M | + | + | <b>39</b><br>3 |
| Skin                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>      |
| Basal Cell Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>       |
| Fibroma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>       |
| Keratoacanthoma                |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>       |
| Lipoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>       |
| Schwannoma Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>       |
| Pinna, Squamous Cell Papilloma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>       |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Skeletal Muscle |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |

**NERVOUS SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Glioma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>2</b>  |
| Meninges, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Peripheral Nerve                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Spinal Cord                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |

**RESPIRATORY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Osteosarcoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>1</b>  |

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| WISTAR HAN RATS MALE<br>15 MG/KG      | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|                                       | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |          |  |
| ANIMAL ID                             | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>4<br>1 |          |  |
| Thymoma Malignant, Metastatic, Thymus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Nose                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Trachea                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>SPECIAL SENSES SYSTEM</b>          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Eye                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Harderian Gland                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Lacrimal Gland                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     | 1        |  |
| <b>URINARY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Kidney                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Urinary Bladder                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>SYSTEMIC LESIONS</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Multiple Organ                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Histiocytic Sarcoma                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 1        |  |
| Lymphoma Malignant                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                      |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |   |   |   |   |
|----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|---|---|---|---|
| WISTAR HAN RATS MALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 |   |   |   |   |
| 50 MG/KG             |  | 3           | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                    | 7 | 7 | 7 |   |   |
| ANIMAL ID            |  | 1           | 5 | 2 | 4 | 5 | 8 | 0 | 5 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 5 | 6 | 6 | 6 | 7 | 8                  | 9 | 0 | 0 | 1 | 9 |
|                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 | 0 | 0 | 0 | 0 |
|                      |  | 2           | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1                  | 2 | 1 | 2 | 1 | 2 |
|                      |  | 1           | 9 | 7 | 9 | 7 | 6 | 6 | 1 | 7 | 1 | 0 | 7 | 2 | 8 | 9 | 8 | 6 | 1 | 8 | 9 | 0                  | 8 | 1 | 9 | 0 | 0 |
|                      |  | 4           | 1 | 9 | 8 | 0 | 1 | 8 | 9 | 8 | 2 | 2 | 1 | 0 | 7 | 5 | 3 | 9 | 3 | 4 | 4 | 7                  | 2 | 0 | 6 | 0 | 0 |

ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum           | + | + | + | + | + | A | + | + | + | A | + | A | + | + | + | + | + | + | + | A | + | A | A | A |   |   |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + |   |   |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | A |   |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | A | A |   |
| Intestine Small, Ileum           | + | + | + | + | + | A | A | + | + | A | + | A | + | + | + | + | A | + | + | + | A | + | + | A | A |   |
| Intestine Small, Jejunum         | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + |   |
| Fibroma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X | X |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangioma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Mesentery                        |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leiomyosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                  |                       |                  |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|-----------------------|------------------|
|                                  | 0<br>3<br>1<br>0 | 0<br>3<br>5<br>1 | 0<br>4<br>2<br>4 | 0<br>4<br>4<br>8 | 0<br>4<br>5<br>8 | 0<br>4<br>8<br>0 | 0<br>5<br>5<br>5 | 0<br>5<br>8<br>5 | 0<br>5<br>9<br>5 | 0<br>5<br>9<br>5 | 0<br>6<br>9<br>9 | 0<br>6<br>0<br>0 | 0<br>6<br>1<br>1 | 0<br>6<br>3<br>9 | 0<br>6<br>5<br>8 | 0<br>6<br>6<br>6 | 0<br>6<br>6<br>6 | 0<br>6<br>7<br>6 | 0<br>6<br>8<br>2 | 0<br>6<br>9<br>8 |           |                    | 0<br>7<br>0<br>1 | 0<br>7<br>0<br>9      | 0<br>7<br>0<br>9 |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0<br>0<br>2<br>1<br>4 |                  |

Stomach, Glandular

+ + + + + + + + + A + + + + + + + + + + + + + +

CARDIOVASCULAR SYSTEM

Heart

+ +

ENDOCRINE SYSTEM

Adrenal Cortex  
Carcinoma

+ + + + + + + + + A + + + + + + + + + + + + + +

Adrenal Medulla

+ + + + + + + + + A + + + + + + + + + + + + + +

Islets, Pancreatic  
Adenoma

+ +

Parathyroid Gland

+ +

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Distalis, Adenoma, Multiple

+  
X  
X

Thyroid Gland  
C-cell, Adenoma  
C-cell, Carcinoma  
Follicular Cell, Adenoma

+ + + + + A + + + A + + + + + + + + + A + + A +  
X  
X  
X

GENERAL BODY SYSTEM

Tissue NOS

+

GENITAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                                  | 0310        | 0311 | 0314 | 0314 | 0314 | 0314 | 0315 | 0315 | 0315 | 0315 | 0315 | 0316 | 0316 | 0316 | 0316 | 0316 | 0316 | 0316 | 0316 | 0317 | 0317 | 0317 | 0317 |      |           |                    |
|                                  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0001 |           |                    |
|                                  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0002 |           |                    |
|                                  | 1           | 5    | 2    | 4    | 5    | 8    | 0    | 5    | 8    | 8    | 9    | 0    | 1    | 1    | 3    | 5    | 6    | 6    | 6    | 7    | 8    | 9    | 0    | 0003 |           |                    |
|                                  | 0           | 1    | 4    | 8    | 8    | 0    | 5    | 8    | 5    | 5    | 9    | 9    | 0    | 9    | 9    | 8    | 6    | 6    | 9    | 2    | 8    | 9    | 1    | 0004 |           |                    |
|                                  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0005 |           |                    |
|                                  | 2           | 1    | 1    | 1    | 1    | 1    | 1    | 2    | 1    | 2    | 2    | 1    | 2    | 1    | 1    | 1    | 1    | 2    | 1    | 1    | 2    | 1    | 2    | 0006 |           |                    |
|                                  | 1           | 9    | 7    | 9    | 7    | 6    | 6    | 1    | 7    | 1    | 0    | 7    | 2    | 8    | 9    | 8    | 6    | 1    | 8    | 9    | 0    | 8    | 1    | 0007 |           |                    |
|                                  | 4           | 1    | 9    | 8    | 0    | 1    | 8    | 9    | 8    | 2    | 2    | 1    | 0    | 7    | 5    | 3    | 9    | 3    | 4    | 4    | 7    | 2    | 0    | 0008 |           |                    |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Epididymis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Preputial Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + |  |
| Testes                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |  |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemangioma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | A |  |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>WISTAR HAN RATS MALE</b><br><br><b>50 MG/KG</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |
|  |             | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |   |
|  |             | 1 | 5 | 2 | 4 | 5 | 8 | 0 | 5 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 5 | 6 | 6 | 6 | 7 | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 0 | 1 | 4 | 8 | 8 | 0 | 5 | 8 | 5 | 5 | 9 | 9 | 0 | 9 | 9 | 8 | 6 | 6 | 9 | 6 | 2 | 8 | 9 | 1 | 9 | 9 | 1 | 9 | 9 | 1 | 9 | 9 | 1 |
|  | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |   |
|  |             | 1 | 9 | 7 | 9 | 7 | 6 | 6 | 1 | 7 | 1 | 0 | 7 | 2 | 8 | 9 | 8 | 6 | 1 | 8 | 9 | 0 | 8 | 1 | 9 | 0 | 8 | 1 | 9 | 0 | 8 | 1 | 9 | 0 |
|  |             | 4 | 1 | 9 | 8 | 0 | 1 | 8 | 9 | 8 | 2 | 2 | 1 | 0 | 7 | 5 | 3 | 9 | 3 | 4 | 4 | 7 | 2 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 |

males  
(cont...)

Fibrosarcoma  
Schwannoma Malignant  
Squamous Cell Papilloma

X

MUSCULOSKELETAL SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

NERVOUS SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Granular Cell Tumor Benign           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Meninges, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

RESPIRATORY SYSTEM

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Carcinoma, Metastatic, Adrenal Cortex |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma                          |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Trachea                               | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | A | A |   |   |   |   |   |   |   |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lacrimal Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Zymbal's Gland  | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue  
M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
|                             | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                |  |
| <b>WISTAR HAN RATS MALE</b> |             | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                  |  |
| <b>50 MG/KG</b>             |             | 1 | 5 | 2 | 4 | 5 | 8 | 0 | 5 | 8 | 9 | 9 | 0 | 1 | 1 | 3 | 5 | 6 | 6 | 6 | 6 | 7 | 8 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                  |  |
|                             | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>males</b>     |  |
|                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>(cont...)</b> |  |
|                             |             | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |   |                  |  |
|                             |             | 1 | 9 | 7 | 9 | 7 | 6 | 6 | 1 | 7 | 1 | 0 | 7 | 2 | 8 | 9 | 8 | 6 | 1 | 8 | 9 | 0 | 8 | 1 | 9 | 0 | 8 | 1 | 9 | 0 | 8 | 1 | 9 | 0 |                  |  |
|                             |             | 4 | 1 | 9 | 8 | 0 | 1 | 8 | 9 | 8 | 2 | 2 | 1 | 0 | 7 | 5 | 3 | 9 | 3 | 4 | 4 | 7 | 2 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 |   |                  |  |

Carcinoma X

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lipoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leiomyoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**SYSTEMIC LESIONS**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Multiple Organ         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Mesothelioma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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X .. Lesion present  
I .. Insufficient tissue

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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

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Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |
|----------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
|                                  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          |
| ANIMAL ID                        | 001722      | 001723 | 001724 | 001726 | 001727 | 001728 | 001729 | 001730 | 001731 | 001732 | 001733 | 001734 | 001735 | 001736 | 001737 | 001738 | 001739 | 001740 | 001741 | 001742 | 001743 | 001744 |          |
|                                  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 22       |
|                                  | 1           | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 2      | 1      | 1      | 2      | 2      | 2      | 1      | 1      | 2      | 2      | 2      | 2      | 1      | 22       |
|                                  | 7           | 7      | 7      | 7      | 7      | 8      | 8      | 8      | 9      | 0      | 6      | 6      | 6      | 0      | 1      | 1      | 6      | 9      | 0      | 0      | 0      | 1      | 9        |
|                                  | 2           | 3      | 4      | 6      | 7      | 0      | 1      | 6      | 9      | 1      | 3      | 4      | 6      | 9      | 1      | 8      | 7      | 2      | 3      | 4      | 5      | 6      | 0        |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Fibroma                          |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma           |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   | 7  |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocholangioma                |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesentery                        |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   | + | + |   |   |   | + | 10 |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |        |        |        |        |    |
|----------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|--------|--------|--------|----|
|                                  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          | 0729   |        |        |        |        |    |
| ANIMAL ID                        | 001722      | 001723 | 001724 | 001726 | 001727 | 001728 | 001729 | 001730 | 001731 | 001732 | 001733 | 001734 | 001736 | 001737 | 001738 | 001739 | 001740 | 001741 | 001742 | 001743 | 001744   | 001745 | 001746 | 001747 | 001748 | 001749 |    |
| Stomach, Glandular               | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 49 |
| <b>CARDIOVASCULAR SYSTEM</b>     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |    |
| Heart                            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 50 |
| <b>ENDOCRINE SYSTEM</b>          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |    |
| Adrenal Cortex                   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 49 |
| Carcinoma                        |             |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        | 1  |
| Adrenal Medulla                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 49 |
| Islets, Pancreatic               | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 50 |
| Adenoma                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        | X      |        |        | 1  |
| Parathyroid Gland                | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 50 |
| Pituitary Gland                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 50 |
| Pars Distalis, Adenoma           | X           | X      | X      |        | X      |        | X      |        |        |        | X      | X      | X      | X      | X      |        | X      | X      |        |        |          | X      |        |        |        |        | 34 |
| Pars Distalis, Adenoma, Multiple |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        | 1  |
| Thyroid Gland                    | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | +      | +      | +      | +      | +      | 46 |
| C-cell, Adenoma                  |             | X      |        |        | X      |        | X      |        |        | X      |        |        |        |        |        |        |        |        |        |        |          |        |        |        | X      |        | 6  |
| C-cell, Carcinoma                |             |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        | 1  |
| Follicular Cell, Adenoma         |             |        |        |        | X      |        |        |        |        |        |        |        | X      |        |        |        |        |        |        | X      |          | X      |        |        |        |        | 6  |
| <b>GENERAL BODY SYSTEM</b>       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |    |
| Tissue NOS                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        | 1  |
| <b>GENITAL SYSTEM</b>            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |        |        |        |        |    |

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |    |  |
|----------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----|--|
|                                  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          |    |  |
| ANIMAL ID                        | 001722      | 001723 | 001724 | 001726 | 001727 | 001728 | 001729 | 001730 | 001731 | 001733 | 001734 | 001736 | 001737 | 001738 | 001739 | 001740 | 001741 | 001742 | 001743 | 001744 | 001745 | 001746 | 001747 | 001748 |          |    |  |
| Epididymis                       | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Preputial Gland                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Prostate                         | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Seminal Vesicle                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 49       |    |  |
| Testes                           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Interstitial Cell, Adenoma       | X           |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 4        |    |  |
| <b>HEMATOPOIETIC SYSTEM</b>      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |    |  |
| Bone Marrow                      | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Lymph Node                       | +           |        |        |        |        |        |        |        | +      |        | +      |        |        |        |        |        |        |        |        |        |        |        |        |        | 6        |    |  |
| Lymph Node, Mandibular           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Lymph Node, Mesenteric           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| Hemangioma                       |             |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |    |  |
| Hemangiosarcoma                  | X           |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        | 4        |    |  |
| Spleen                           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 49       |    |  |
| Hemangiosarcoma                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |    |  |
| Thymus                           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |
| <b>INTEGUMENTARY SYSTEM</b>      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |    |  |
| Mammary Gland                    | +           | +      | +      | +      | M      | +      | +      | M      | M      | +      | M      | M      | +      | +      | M      | +      | +      | +      | M      | +      | +      | +      | M      | +      | +        | 41 |  |
| Skin                             | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS MALE<br>50 MG/KG | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |
|----------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
|                                  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          |
| ANIMAL ID                        | 001722      | 001734 | 001746 | 001758 | 001770 | 001782 | 001794 | 001806 | 001818 | 001830 | 001842 | 001854 | 001866 | 001878 | 001890 | 001902 | 001914 | 001926 | 001938 | 001950 | 001962 | 001974 | 001986 | 001998 | 002010 |          |
| Fibrosarcoma                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X        |
| Schwannoma Malignant             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X        |
| Squamous Cell Papilloma          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X        |

MUSCULOSKELETAL SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  |
|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50 |

NERVOUS SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  |
| Granular Cell Tumor Benign           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  |
| Meninges, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50 |
|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

RESPIRATORY SYSTEM

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  |
| Carcinoma, Metastatic, Adrenal Cortex |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  |
| Nose                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  |
| Fibrosarcoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Trachea                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  |
|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50 |
|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50 |
|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 49 |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |   |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lacrimal Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Zymbal's Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 03  
Test Type: CHRONIC  
Route: GAVAGE  
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Pentabromodiphenyl oxide (technical) (DE 71)  
**CAS Number: 32534-81-9**

**Date Report Requested: 08/05/2014**  
**Time Report Requested: 10:18:12**  
**First Dose M/F: 08/26/08 / 08/26/08**  
**Lab: SRI**

|                             | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * <b>TOTALS</b> |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>WISTAR HAN RATS MALE</b> | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                             | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
| <b>50 MG/KG</b>             | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |
|                             | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                             | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 |                 |
|                             | 7           | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 9 | 0 | 6 | 6 | 6 | 0 | 1 | 1 | 6 | 9 | 0 | 0 | 0 | 0 | 1 | 8 | 9 |                 |
|                             | 2           | 3 | 4 | 6 | 7 | 0 | 1 | 6 | 9 | 1 | 3 | 4 | 6 | 9 | 1 | 8 | 7 | 2 | 3 | 4 | 5 | 6 | 6 | 8 | 0 |                 |
|                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |

  

| <b>URINARY SYSTEM</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lipoma                |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Urinary Bladder       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leiomyoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

  

| <b>SYSTEMIC LESIONS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Mesothelioma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                                   | 0<br>3<br>7      | 0<br>2<br>9<br>2 | 0<br>4<br>4<br>5 | 0<br>5<br>0<br>8 | 0<br>5<br>2<br>5 | 0<br>5<br>8<br>5 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>6<br>2<br>7 | 0<br>6<br>4<br>6 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                  |                      |
| ANIMAL ID                         | 0<br>0<br>6<br>7 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>2 | 0<br>0<br>5<br>6 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>3<br>3 | 0<br>0<br>7<br>4 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 |                      |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                            | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                            | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                         | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                            | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                          | A | A | + | + | + | + | + | + | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery   |   |   |   | + |   |   |   |   |   |   |   |   | + | + | + |   | + |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Sublingual Gland, Adenocarcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Forestomach                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                                | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

| WISTAR HAN RATS FEMALE<br>0 MG/KG | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID             | females<br>(cont...) |
|-----------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------------------|----------------------|
|                                   | 0<br>3<br>7 | 0<br>2<br>9<br>2 | 0<br>4<br>4<br>5 | 0<br>5<br>0<br>8 | 0<br>5<br>2<br>5 | 0<br>5<br>8<br>5 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>6<br>2<br>7 | 0<br>6<br>4<br>6 | 0<br>6<br>9<br>4 | 0<br>7<br>0<br>8 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                       |                       |                      |
|                                   | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>7 |                      |

Tooth +

CARDIOVASCULAR SYSTEM

Blood Vessel +  
Heart +

ENDOCRINE SYSTEM

Adrenal Cortex Adenoma + X  
Adrenal Medulla Pheochromocytoma Benign Pheochromocytoma Complex + X  
Islets, Pancreatic +  
Parathyroid Gland Adenoma + X  
Pituitary Gland Pars Distalis, Adenoma Pars Distalis, Adenoma, Multiple Pars Intermedia, Adenoma + X  
Thyroid Gland C-cell, Adenoma C-cell, Adenoma, Multiple Follicular Cell, Adenoma A A + + + + + + + + X A A + + A + + + + + + + X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue  
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Experiment Number: 20209 - 03

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 08/05/2014

Test Type: CHRONIC

Pentabromodiphenyl oxide (technical) (DE 71)

Time Report Requested: 10:18:12

Route: GAVAGE

CAS Number: 32534-81-9

First Dose M/F: 08/26/08 / 08/26/08

Species/Strain: RATS/Wistar Han

Lab: SRI

|   |  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                                    |       |       |
|---|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------------------------------|-------|-------|
| <b>Wistar Han Rats Female</b><br><b>0 MG/KG</b> |  | DAY ON TEST | 0037  | 0092  | 0045  | 0055  | 0055  | 0055  | 0055  | 0055  | 0066  | 0066  | 0066  | 0077  | 0077  | 0077  | 0077  | 0077  | 0077  | 0077  | 0077  | 0077  | 0077  | 0077  | <b>females</b><br><b>(cont...)</b> |       |       |
|   |  | ANIMAL ID   | 00267 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 | 00022 |                                    | 00022 |       |
|   |  |             | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |                                    | 00000 | 00000 |
|   |  |             | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |                                    | 00000 | 00000 |

**GENERAL BODY SYSTEM**

Tissue NOS + + +

**GENITAL SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Granulosa Cell Tumor Benign        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Malignant     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Multiple           |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma                            |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Malignant Mixed Mullerian Tumor    |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                      |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cervix, Granular Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Cervix, Schwannoma Malignant       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                             | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                             |   |   | + |   | + |   |   | + | + |   |   |   |   |   |   |   | + |   | + | + | + |   |   |   |   |   |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric Hemangiosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|                                   | 0<br>0<br>3<br>7 | 0<br>2<br>9<br>2 | 0<br>4<br>4<br>5 | 0<br>5<br>0<br>8 | 0<br>5<br>2<br>5 | 0<br>5<br>8<br>5 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>6<br>2<br>7 | 0<br>6<br>4<br>6 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                       |           |                      |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>2<br>6<br>7 |           |                      |

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Spleen | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Thymus | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

INTEGUMENTARY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Carcinoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fibroadenoma                   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   | X |   |  |
| Fibroadenoma, Multiple         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skin                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basal Cell Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

MUSCULOSKELETAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Femur, Osteosarcoma                               |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skeletal Muscle                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

NERVOUS SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                              |  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |
|------------------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
| WISTAR HAN RATS FEMALE       |  | 0<br>3<br>7      | 0<br>2<br>9<br>2 | 0<br>4<br>4<br>5 | 0<br>5<br>0<br>8 | 0<br>5<br>2<br>5 | 0<br>5<br>8<br>5 | 0<br>5<br>9<br>2 | 0<br>5<br>9<br>2 | 0<br>6<br>2<br>7 | 0<br>6<br>4<br>6 | 0<br>6<br>9<br>8 | 0<br>7<br>0<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                  |                      |
| 0 MG/KG                      |  | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
|                              |  | 0<br>2<br>6<br>7 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>2 | 0<br>0<br>5<br>6 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>2 | 0<br>0<br>4<br>2 | 0<br>0<br>2<br>6 | 0<br>0<br>6<br>3 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>4<br>7 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>7 | 0<br>0<br>4<br>8     |
| Nose<br>Chondroma            |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Trachea                      |  | A                | +                | +                | +                | M                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| <b>SPECIAL SENSES SYSTEM</b> |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Ear                          |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Eye                          |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Harderian Gland              |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| <b>URINARY SYSTEM</b>        |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Kidney                       |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| Ureter                       |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Urinary Bladder              |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |
| <b>SYSTEMIC LESIONS</b>      |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |
| Multiple Organ               |  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    |

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+ .. Tissue examined microscopically  
X .. Lesion present  
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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                        | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          |
| 0 MG/KG                | 0050        | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 |          |
| ANIMAL ID              | 0050        | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 |          |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Ileum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Jejunum                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma, Multiple                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sublingual Gland, Adenocarcinoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Forestomach                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Glandular                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

| WISTAR HAN RATS FEMALE |  | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |   |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|
| 0 MG/KG                |  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |   |
|                        |  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |   |
|                        |  |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                 |   |
|                        |  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |   |
|                        |  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |   |
|                        |  |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                 |   |
|                        |  |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |                 |   |
|                        |  |             | 0 | 2 | 3 | 5 | 6 | 7 | 8 | 0 | 3 | 4 | 1 | 2 | 4 | 5 | 6 | 7 | 5 | 2 | 3 | 5 | 6 | 7 | 8 | 9               | 0 |
|                        |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

Tooth 1

CARDIOVASCULAR SYSTEM

Blood Vessel 1

Heart + 50

ENDOCRINE SYSTEM

Adrenal Cortex Adenoma + 50  
1

Adrenal Medulla Pheochromocytoma Benign + 50  
Pheochromocytoma Complex X 1  
1

Islets, Pancreatic + 50

Parathyroid Gland Adenoma + 49  
1

Pituitary Gland Pars Distalis, Adenoma + 50  
X X 21  
Pars Distalis, Adenoma, Multiple X 2  
Pars Intermedia, Adenoma 1

Thyroid Gland C-cell, Adenoma + 45  
X 6  
C-cell, Adenoma, Multiple X 1  
Follicular Cell, Adenoma X 1

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 03  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Pentabromodiphenyl oxide (technical) (DE 71)  
 CAS Number: 32534-81-9

Date Report Requested: 08/05/2014  
 Time Report Requested: 10:18:12  
 First Dose M/F: 08/26/08 / 08/26/08  
 Lab: SRI

| WISTAR HAN RATS FEMALE<br>0 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
|-----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|
|                                   | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          | 0735 | 0735 |
| ANIMAL ID                         | 0050        | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050 | 0050     | 0050 | 0050 |

**GENERAL BODY SYSTEM**

Tissue NOS 3

**GENITAL SYSTEM**

Clitoral Gland + M 49

Ovary + + + + + + + X + 50  
 Granulosa Cell Tumor Benign X 1  
 Granulosa Cell Tumor Malignant X 1

Uterus + 50  
 Adenocarcinoma, Multiple 1  
 Adenoma 1  
 Malignant Mixed Mullerian Tumor 1  
 Polyp Stromal X X 3  
 Cervix, Granular Cell Tumor Benign 1  
 Cervix, Schwannoma Malignant X 1

Vagina M 1

**HEMATOPOIETIC SYSTEM**

Bone Marrow + 50

Lymph Node + 10

Lymph Node, Mandibular + 50

Lymph Node, Mesenteric Hemangiosarcoma + + + + + + + X + 50  
2

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>0 MG/KG                   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|   | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |          |  |
| ANIMAL ID   | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 |          |  |
| Spleen  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Thymus  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>INTEGUMENTARY SYSTEM</b>                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Mammary Gland                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Carcinoma   |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Fibroadenoma  |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     | X                     |                       | 8        |  |
| Fibroadenoma, Multiple                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Skin  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Basal Cell Adenoma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 1        |  |
| Osteosarcoma, Metastatic, Bone                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Bone  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Femur, Osteosarcoma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Skeletal Muscle                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Granulosa Cell Tumor Malignant, Metastatic, Ovary   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1        |  |
| <b>NERVOUS SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Brain   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>RESPIRATORY SYSTEM</b>                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Lung  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Malignant Mixed Mullerian Tumor, Metastatic, Uterus |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

Test Type: CHRONIC

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Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

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Lab: SRI

| WISTAR HAN RATS FEMALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |   |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|---|
|                                   | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |          |   |
| ANIMAL ID                         | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>0 |          |   |
| Nose                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Chondroma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |   |
| Trachea                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47       |   |
| <b>SPECIAL SENSES SYSTEM</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Ear                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Eye                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Harderian Gland                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49       |   |
| <b>URINARY SYSTEM</b>             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Kidney                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Ureter                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |   |
| Urinary Bladder                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| <b>SYSTEMIC LESIONS</b>           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Multiple Organ                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 20209 - 03

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Pentabromodiphenyl oxide (technical) (DE 71)

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Lab: SRI

|                               |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------------------------------|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>WISTAR HAN RATS FEMALE</b> | DAY ON TEST    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                               |                | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |
|                               |                | 5 | 2 | 8 | 1 | 5 | 5 | 6 | 8 | 9 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |  |
|                               | <b>3 MG/KG</b> | 8 | 5 | 5 | 9 | 1 | 8 | 2 | 7 | 4 | 4 | 8 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |
|                               | ANIMAL ID      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |  |
|                               |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                               |                | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |
|                               |                | 1 | 0 | 1 | 8 | 0 | 0 | 2 | 0 | 9 | 2 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                               |                | 9 | 3 | 2 | 8 | 7 | 8 | 3 | 0 | 8 | 4 | 2 | 6 | 7 | 9 | 0 | 6 | 7 | 9 | 1 | 2 | 4 | 5 | 1 | 3 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |  |
|                               |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

females (cont...)

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum                      | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Colon                      | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum                     | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum<br>Leiomyosarcoma | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |
| Intestine Small, Ileum                      | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Jejunum<br>Leiomyoma       | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Liver<br>Hepatocellular Adenoma             | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Mesentery                                   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                    | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach                        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                          | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>3 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|                                   | 0<br>3<br>5<br>8 | 0<br>5<br>2<br>5 | 0<br>5<br>8<br>5 | 0<br>6<br>1<br>9 | 0<br>6<br>5<br>8 | 0<br>6<br>5<br>8 | 0<br>6<br>6<br>2 | 0<br>6<br>8<br>7 | 0<br>6<br>9<br>4 | 0<br>6<br>9<br>4 | 0<br>7<br>0<br>8 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                       |           |                      |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>3<br>1<br>9 |           |                      |

Heart  
Endocardium, Schwannoma Benign

+  
X

ENDOCRINE SYSTEM

Adrenal Cortex

+ + + + + + A + + + + + + + + + + + + + + + + +

Adrenal Medulla  
Pheochromocytoma Benign

+ +

Islets, Pancreatic  
Adenoma

+ + + + + + M + + + + + + + + + + + + + + + + +

Parathyroid Gland  
Adenoma

+ +

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Intermedia, Adenoma

+  
X X X X X X X X X X X X X X X X X X X X

Thyroid Gland  
C-cell, Adenoma  
C-cell, Adenoma, Multiple  
Follicular Cell, Adenoma

+ + + + + + A + + + X + + + + + + + + + + + + + +  
X X X X X X X X X X X X X X X X X X X X

GENERAL BODY SYSTEM

Tissue NOS

+ +

GENITAL SYSTEM

Clitoral Gland

+ + + + + + M + + + + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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Experiment Number: 20209 - 03

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Route: GAVAGE

Species/Strain: RATS/Wistar Han

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Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | females<br>(cont...) |
|-----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------------------|
|                                   | 0358        | 0558 | 0081 | 0665 | 0065 | 0666 | 0666 | 0666 | 0666 | 0666 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 |           |                      |
|                                   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0031      |                      |
|                                   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0033      |                      |
|                                   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0035      |                      |
|                                   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0038      |                      |

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ovary                       | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Benign |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma              |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Luteoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                      | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenocarcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Leiomyoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal               |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |
| Polyp Stromal, Multiple     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                      | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M |
| Granular Cell Tumor Benign  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma     |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Pentabromodiphenyl oxide (technical) (DE 71)  
 CAS Number: 32534-81-9

Date Report Requested: 08/05/2014  
 Time Report Requested: 10:18:12  
 First Dose M/F: 08/26/08 / 08/26/08  
 Lab: SRI

| WISTAR HAN RATS FEMALE        | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |                      |
|-------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|----------------------|
|                               | 0358        | 0555  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  | 0666  |                      | 0666                 |
| <b>3 MG/KG</b>                | 0000        | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000  | 0000                 | females<br>(cont...) |
|                               | 00319       | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319                |                      |
|                               | 00319       | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319                |                      |
|                               | 00319       | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319 | 00319                |                      |
| Fibroadenoma                  |             |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       | X                    |                      |
| Fibroadenoma, Multiple        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |                      |                      |
| Skin                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| Schwannoma Malignant          |             |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |                      |
| <b>MUSCULOSKELETAL SYSTEM</b> |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |                      |
| Bone                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| <b>NERVOUS SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |                      |
| Brain                         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| <b>RESPIRATORY SYSTEM</b>     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |                      |
| Lung                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| Nose                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| Trachea                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| <b>SPECIAL SENSES SYSTEM</b>  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |                      |
| Eye                           | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| Harderian Gland               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| <b>URINARY SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |                      |
| Kidney                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |
| Urinary Bladder               | +           | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|
|                               | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| <b>WISTAR HAN RATS FEMALE</b> | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>females<br/>(cont...)</b> |
|                               | 3           | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                              |
|                               | 5           | 2 | 8 | 1 | 5 | 5 | 6 | 8 | 9 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                              |
|                               | 8           | 5 | 5 | 9 | 1 | 8 | 2 | 7 | 4 | 4 | 8 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                              |
| <b>3 MG/KG</b>                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                              |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                              |
|                               | 3           | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 |   |                              |
|                               | 1           | 0 | 1 | 8 | 0 | 0 | 2 | 0 | 9 | 2 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 8 | 8 |   |                              |
|                               | 9           | 3 | 2 | 8 | 7 | 8 | 3 | 0 | 8 | 4 | 2 | 6 | 7 | 9 | 0 | 6 | 7 | 9 | 1 | 2 | 4 | 5 | 1 | 3 | 4 |   |                              |

SYSTEMIC LESIONS

Multiple Organ  
Lymphoma Malignant

+ +

X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| DAY ON TEST                   |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|-------------------------------|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|
| <b>WISTAR HAN RATS FEMALE</b> |                | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |
|                               |                | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 |
|                               | <b>3 MG/KG</b> | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6               | 6 |
| ANIMAL ID                     |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|                               |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|                               |                | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 |
|                               |                | 8 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2               | 3 |
|                               |                | 5 | 1 | 2 | 3 | 4 | 5 | 6 | 9 | 0 | 1 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 2 | 5 | 6 | 7               | 9 |
|                               |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Intestine Small, Duodenum<br>Leiomyosarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>1 |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Intestine Small, Jejunum<br>Leiomyoma       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>1 |
| Liver<br>Hepatocellular Adenoma             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>2 |
| Mesentery                                   |   |   |   | + |   |   |   |   |   |   |   |   |   |   | + | + |   | + |   |   |   |   |   | 7       |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |
| Stomach, Glandular                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>3 MG/KG   | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |                  |                  |                  |                  |                   |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|--|
|   | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>5 |                  | 0<br>7<br>3<br>5 |                  |                  |                  |                   |  |
| ANIMAL ID   | 0<br>0<br>8<br>5 | 0<br>0<br>9<br>1 | 0<br>0<br>9<br>2 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>4 | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>0 | 0<br>0<br>9<br>1 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>4 | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>7 | 0<br>0<br>9<br>8 | 0<br>0<br>9<br>0 | 0<br>0<br>9<br>1 | 0<br>0<br>9<br>2 | 0<br>0<br>9<br>2 | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>7 | 0<br>0<br>9<br>8 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>0  |  |
| Heart<br>Endocardium, Schwannoma Benign   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50<br>1           |  |
| <b>ENDOCRINE SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                   |  |
| Adrenal Cortex  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49                |  |
| Adrenal Medulla<br>Pheochromocytoma Benign  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50<br>1           |  |
| Islets, Pancreatic<br>Adenoma   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49<br>1           |  |
| Parathyroid Gland<br>Adenoma  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | M                | +                | +                | M                | +                | +                | +                | +                | +                | +                | 47<br>1           |  |
| Pituitary Gland<br>Pars Distalis, Adenoma<br>Pars Intermedia, Adenoma                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | 49<br>20<br>1     |  |
| Thyroid Gland<br>C-cell, Adenoma<br>C-cell, Adenoma, Multiple<br>Follicular Cell, Adenoma | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49<br>3<br>3<br>3 |  |
| <b>GENERAL BODY SYSTEM</b>  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                   |  |
| Tissue NOS  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                 |  |
| <b>GENITAL SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                   |  |
| Clitoral Gland  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49                |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

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Route: GAVAGE

Species/Strain: RATS/Wistar Han

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Pentabromodiphenyl oxide (technical) (DE 71)

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Lab: SRI

| WISTAR HAN RATS FEMALE<br>3 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |    |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|                                   | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |                       | 0<br>7<br>3<br>5      |    |
| ANIMAL ID                         | 0<br>0<br>2<br>8<br>5 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>9<br>1 |    |
| Ovary                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Cystadenoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | 1  |
| Granulosa Cell Tumor Benign       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 3  |
| Leiomyosarcoma                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Luteoma                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1  |
| Uterus                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Adenocarcinoma                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Leiomyoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1  |
| Polyp Stromal                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Polyp Stromal, Multiple           |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Vagina                            | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 1  |
| Granular Cell Tumor Benign        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| <b>HEMATOPOIETIC SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Lymph Node                        |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Lymph Node, Mandibular            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Lymph Node, Mesenteric            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Spleen                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Thymus                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| <b>INTEGUMENTARY SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Mammary Gland                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Carcinoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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| WISTAR HAN RATS FEMALE<br>3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |
|-----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|
|                                   | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          | 0735 |      |      |      |
| ANIMAL ID                         | 0085        | 0091 | 0092 | 0093 | 0094 | 0095 | 0096 | 0099 | 0090 | 0091 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0090 | 0091 | 0092 | 0095 | 0096     | 0097 | 0098 | 0099 | 0090 |
| Fibroadenoma                      |             |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      | X    |      | X        |      | X    |      | 7    |
| Fibroadenoma, Multiple            |             |      |      |      |      |      |      |      |      | X    | X    |      |      |      |      |      |      |      |      |      |          |      |      |      | 3    |
| Skin                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |
| Schwannoma Malignant              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      | 1    |

MUSCULOSKELETAL SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

NERVOUS SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

RESPIRATORY SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

SPECIAL SENSES SYSTEM

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

URINARY SYSTEM

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |  |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|--|
|                               | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |  |
| <b>WISTAR HAN RATS FEMALE</b> | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |                              |  |
|                               | 3           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |   |                              |  |
|                               | 6           | 7 | 0 | 5 | 5 | 6 | 1 | 1 | 5 | 5 | 7 | 7 | 7 | 8 | 9 | 0 | 1 | 3 | 3 | 3 | 3 | 3 |   |                              |  |
|                               | 8           | 2 | 8 | 3 | 5 | 9 | 0 | 4 | 5 | 6 | 6 | 6 | 6 | 6 | 4 | 1 | 5 | 0 | 2 | 2 | 2 | 2 | 2 |                              |  |
| <b>15 MG/KG</b>               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                              |  |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                              |  |
|                               | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |                              |  |
|                               | 7           | 6 | 3 | 3 | 4 | 5 | 6 | 4 | 7 | 3 | 5 | 5 | 6 | 4 | 7 | 5 | 7 | 3 | 7 | 7 | 7 | 7 | 8 | <b>females<br/>(cont...)</b> |  |
| 7                             | 5           | 3 | 6 | 3 | 8 | 2 | 8 | 5 | 7 | 3 | 6 | 8 | 5 | 1 | 9 | 0 | 9 | 2 | 3 | 4 | 6 | 8 | 9 |                              |  |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Leiomyoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   | + |   |   |   |   | + | + |   | + | + |   |   |   |   |   |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |
| Schwannoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma            |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
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|                        |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
| WISTAR HAN RATS FEMALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 | 0 |
| 15 MG/KG               |  | 3           | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      | 7 | 7 |
|                        |  | 6           | 7 | 0 | 5 | 5 | 6 | 1 | 1 | 5 | 5 | 7 | 7 | 8 | 9 | 0 | 1 | 3 | 3 | 3 | 3 | 3                    | 3 |   |
|                        |  | 8           | 2 | 8 | 3 | 5 | 9 | 0 | 4 | 5 | 6 | 6 | 6 | 6 | 4 | 1 | 5 | 0 | 2 | 2 | 2 | 2                    | 2 |   |
| ANIMAL ID              |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|                        |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|                        |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 |   |
|                        |  | 7           | 6 | 3 | 3 | 4 | 5 | 6 | 4 | 7 | 3 | 5 | 5 | 6 | 4 | 7 | 5 | 7 | 3 | 7 | 7 | 7                    | 7 |   |
|                        |  | 7           | 5 | 3 | 6 | 3 | 8 | 2 | 8 | 5 | 7 | 3 | 6 | 8 | 5 | 1 | 9 | 0 | 9 | 2 | 3 | 4                    | 6 |   |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Stomach, Glandular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |

| CARDIOVASCULAR SYSTEM |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                       |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Heart                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

| ENDOCRINE SYSTEM                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |
| Adrenal Medulla                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pheochromocytoma Benign            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pheochromocytoma Complex           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pheochromocytoma Malignant         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |   |
| Parathyroid Gland                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Pituitary Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Pars Distalis, Adenoma             | X | X |   | X | X |   |   |   | X | X | X | X | X |   | X |   |   |   |   |   | X | X |   | X | X |   |
| Pars Intermedia, Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





| WISTAR HAN RATS FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| 15 MG/KG               | 3           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
|                        | 6           | 7 | 0 | 5 | 5 | 6 | 1 | 1 | 5 | 5 | 7 | 7 | 7 | 8 | 9 | 0 | 1 | 3 | 3 | 3 | 3 | 3 |                      |
|                        | 8           | 2 | 8 | 3 | 5 | 9 | 0 | 4 | 5 | 6 | 6 | 6 | 6 | 4 | 1 | 5 | 0 | 2 | 2 | 2 | 2 | 2 |                      |
| ANIMAL ID              | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                        | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                      |
|                        | 7           | 6 | 3 | 3 | 4 | 5 | 6 | 4 | 7 | 3 | 5 | 5 | 6 | 4 | 7 | 5 | 7 | 3 | 7 | 7 | 7 | 7 |                      |
|                        | 7           | 5 | 3 | 6 | 3 | 8 | 2 | 8 | 5 | 7 | 3 | 6 | 8 | 5 | 1 | 9 | 0 | 9 | 2 | 3 | 4 | 6 |                      |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node<br>Mediastinal, Adenocarcinoma, Metastatic,<br>Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   | + |
| Lymph Node, Mandibular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen<br>Adenocarcinoma, Metastatic, Uterus                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus   | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland<br>Carcinoma      | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + |
| Fibroadenoma                    |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |
| Fibroadenoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



**Experiment Number:** 20209 - 03

**Test Type:** CHRONIC

**Route:** GAVAGE

**Species/Strain:** RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

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Route: GAVAGE

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CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>15 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |    |  |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|----|--|
|                                    | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          |    |  |
| ANIMAL ID                          | 0033        | 0033 | 0033 | 0033 | 0034 | 0034 | 0034 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 |          |    |  |
| Salivary Glands                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 49       |    |  |
| Stomach, Forestomach               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |    |  |
| Adenocarcinoma, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        |    |  |
| Squamous Cell Papilloma            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |    |  |
| Stomach, Glandular                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |    |  |
| Adenocarcinoma, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |    |  |
| <b>CARDIOVASCULAR SYSTEM</b>       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |    |  |
| Blood Vessel                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 3  |  |
| Heart                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50 |  |
| <b>ENDOCRINE SYSTEM</b>            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |    |  |
| Adrenal Cortex                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50 |  |
| Adenocarcinoma, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 2  |  |
| Adrenal Medulla                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50 |  |
| Pheochromocytoma Benign            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1  |  |
| Pheochromocytoma Complex           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1  |  |
| Pheochromocytoma Malignant         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1  |  |
| Islets, Pancreatic                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 49 |  |
| Parathyroid Gland                  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 49 |  |
| Pituitary Gland                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50 |  |
| Pars Distalis, Adenoma             |             | X    | X    |      | X    |      |      |      |      |      |      | X    | X    | X    |      |      |      |      |      |      |      | X    |      |      | X        | 23 |  |
| Pars Intermedia, Adenoma           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |          | 2  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>15 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                    | 0735        | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          |
| ANIMAL ID                          | 0033        | 0033 | 0033 | 0033 | 0034 | 0034 | 0034 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 | 0036 |          |
| Thyroid Gland                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| C-cell, Adenoma                    |             |      |      |      | X    |      | X    |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      | X    | 7        |
| C-cell, Adenoma, Multiple          |             |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      | X    |      |      |      |      | 3        |
| Follicular Cell, Adenoma           |             |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      | 3        |

**GENERAL BODY SYSTEM**

|                                    |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS                         |  |  |  |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 4 |
| Adenocarcinoma, Metastatic, Uterus |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Ovary                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma, Metastatic, Uterus       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Cystadenoma                              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granulosa Cell Tumor Benign              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant, Mesentery          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenocarcinoma                           |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Adenoma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granular Cell Tumor Benign               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |
| Polyp Stromal                            |   |   |   |   |   | X |   | X | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Polyp Stromal, Multiple                  |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma Stromal                          |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Vagina                                   | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | 2  |
| Sarcoma Stromal, Metastatic, Uterus      |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| DAY ON TEST | WISTAR HAN RATS FEMALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|-------------|------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|             | 0735                   | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 | 0735 |          |
| ANIMAL ID   | 0033                   | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033     |
| 15 MG/KG    | 1                      | 2    | 4    | 5    | 1    | 2    | 4    | 6    | 7    | 9    | 8    | 0    | 6    | 7    | 9    | 0    | 1    | 2    | 4    | 5    | 7    | 0    | 1    | 3    | 4        |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Bone Marrow  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Lymph Node<br>Mediastinal, Adenocarcinoma, Metastatic,<br>Uterus |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   | 6<br>1  |
| Lymph Node, Mandibular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Lymph Node, Mesenteric   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Spleen<br>Adenocarcinoma, Metastatic, Uterus                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Thymus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |

**INTEGUMENTARY SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Mammary Gland<br>Carcinoma      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |
| Fibroadenoma                    | X |   |   | X |   |   |   |   |   | X | X | X |   |   |   |   |   |   |   |   | X |   |   |   |   | 10      |
| Fibroadenoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   | 2       |
| Skin<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>15 MG/KG   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>5      |                       | 0<br>7<br>3<br>5      |
| ANIMAL ID  | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>4 |
| Brain<br>Glioma Malignant  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1               |
| Peripheral Nerve   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>RESPIRATORY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung<br>Adenocarcinoma, Metastatic, Uterus<br>Schwannoma Malignant, Metastatic, Uterus | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>2<br>1          |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| <b>SPECIAL SENSES SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Harderian Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| <b>URINARY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |
| Urinary Bladder<br>Adenocarcinoma, Metastatic, Uterus                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49<br>2               |
| <b>SYSTEMIC LESIONS</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ<br>Histiocytic Sarcoma<br>Leukemia Granulocytic                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1<br>2          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



**Experiment Number:** 20209 - 03

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**Species/Strain:** RATS/Wistar Han

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**CAS Number:** 32534-81-9

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**Lab:** SRI

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Lab: SRI

| WISTAR HAN RATS FEMALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | females<br>(cont...) |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------------------|
|                        | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>3 | 0<br>2<br>2<br>5 | 0<br>3<br>8<br>5 | 0<br>3<br>9<br>6 | 0<br>4<br>9<br>0 | 0<br>5<br>3<br>7 | 0<br>5<br>4<br>3 | 0<br>5<br>5<br>3 | 0<br>5<br>9<br>7 | 0<br>6<br>1<br>7 | 0<br>6<br>1<br>9 | 0<br>6<br>2<br>7 | 0<br>6<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>7 | 0<br>6<br>8<br>6 | 0<br>7<br>8<br>7 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |  |                      |
| 50 MG/KG               | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |                      |
|                        | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |                      |
|                        | 3                | 4                | 4                | 4                | 4                | 4                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 4                | 3                |  |                      |
|                        | 8                | 0                | 3                | 1                | 1                | 3                | 0                | 3                | 9                | 0                | 2                | 9                | 2                | 0                | 0                | 8                | 2                | 8                | 1                | 2                | 0                | 8                | 8                |  |                      |
|                        | 3                | 5                | 5                | 8                | 2                | 6                | 7                | 9                | 1                | 9                | 0                | 6                | 7                | 6                | 3                | 5                | 8                | 8                | 9                | 5                | 0                | 6                | 7                |  |                      |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum                                    | + | A | A | + | + | M | + | A | + | A | + | + | + | + | M | A | + | A | + | + | A | + | + |
| Intestine Large, Colon<br>Carcinoma, Metastatic, Pancreas | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + | A | + | + | + | + | + |
| Intestine Large, Rectum                                   | + | M | + | + | + | M | + | + | + | + | + | + | + | + | A | A | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                                 | A | A | A | + | + | M | + | + | + | + | + | + | + | + | M | + | + | A | + | + | A | + | + |
| Intestine Small, Ileum                                    | A | + | A | + | + | M | + | + | + | A | + | + | + | + | M | A | + | A | + | + | A | + | + |
| Intestine Small, Jejunum                                  | + | + | A | + | + | M | + | A | + | + | + | + | + | + | M | A | + | A | + | + | A | + | + |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | M | + | + |
| Carcinoma, Metastatic, Pancreas                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Cholangiocarcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cholangiocarcinoma, Multiple                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                                    |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   | X |
| Hepatocellular Carcinoma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Carcinoma, Multiple                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |
| Hepatocholangiocarcinoma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Hepatocholangioma   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |
| Hepatocholangioma, Multiple                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Mesentery   |   |   |   |   |   |   |   |   |   |   | + |   | + |   |   |   | + |   |   | + |   |   |   |
| Oral Mucosa   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically





Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

|   |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|---|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
| WISTAR HAN RATS FEMALE  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 |
| 50 MG/KG  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 |
| ANIMAL ID   |  | 3           | 3 | 5 | 5 | 6 | 7 | 7 | 9 | 9 | 1 | 1 | 2 | 3 | 4 | 5 | 7 | 7 | 8 | 8 | 9 | 9                    |   |
|   |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|   |  | 3           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 3 | 3                    |   |
|   |  | 8           | 0 | 3 | 1 | 1 | 3 | 0 | 3 | 9 | 0 | 2 | 9 | 2 | 0 | 0 | 8 | 2 | 8 | 1 | 2 | 0                    |   |
|   |  | 3           | 5 | 5 | 8 | 2 | 6 | 7 | 9 | 1 | 9 | 0 | 6 | 7 | 6 | 3 | 5 | 8 | 8 | 9 | 5 | 0                    |   |
| Lymph Node  |  | +           | + |   | + | + |   | + |   |   |   |   | + |   |   |   | + |   |   |   | + |                      |   |
| Lymph Node, Mandibular<br>Adenocarcinoma, Metastatic, Salivary Glands |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | +                    |   |
| Lymph Node, Mesenteric  |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | M | A | + | + | + | + | M | +                    |   |
| Spleen  |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | M | A | + | A | + | + | M | +                    |   |
| Thymus<br>Thymoma Benign  |  | +           | + | + | + | + | + | M | + | + | + | + | + | + | A | + | + | + | + | + | M | +                    |   |
| <b>INTEGUMENTARY SYSTEM</b>   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
| Mammary Gland<br>Carcinoma  |  | +           | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
| Carcinoma, Multiple   |  |             |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |                      |   |
| Fibroadenoma  |  |             |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   | X |   | X |   |                      |   |
| Fibroadenoma, Multiple  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |                      |   |
| Skin<br>Squamous Cell Papilloma                                       |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
| <b>MUSCULOSKELETAL SYSTEM</b>   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
| Bone  |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
| <b>NERVOUS SYSTEM</b>   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
| Brain   |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |   |
| <b>RESPIRATORY SYSTEM</b>   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 20209 - 03

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CAS Number: 32534-81-9

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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |                  |                  |  |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|------------------|------------------|--|
|                                    | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>3 | 0<br>2<br>8<br>5 | 0<br>3<br>9<br>5 | 0<br>3<br>9<br>6 | 0<br>4<br>9<br>0 | 0<br>5<br>3<br>7 | 0<br>5<br>4<br>3 | 0<br>5<br>5<br>3 | 0<br>5<br>9<br>7 | 0<br>6<br>1<br>7 | 0<br>6<br>1<br>9 | 0<br>6<br>2<br>7 | 0<br>6<br>3<br>0 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>7 | 0<br>6<br>8<br>6 | 0<br>7<br>8<br>2 |           |                      | 0<br>7<br>9<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |  |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                    | 0                | 0                | 0                | 0                | 0                |  |
|                                    | 3                | 4                | 4                | 4                | 4                | 4                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 3                | 4                | 4                | 4         | 3                    | 4                | 4                | 3                | 4                | 4                |  |
|                                    | 8                | 0                | 3                | 1                | 1                | 3                | 0                | 3                | 9                | 0                | 2                | 9                | 2                | 0                | 0                | 8                | 2                | 8                | 1                | 2                | 0         | 8                    | 8                | 8                | 0                | 0                | 0                |  |
|                                    | 3                | 5                | 5                | 8                | 2                | 6                | 7                | 9                | 1                | 9                | 0                | 6                | 7                | 6                | 3                | 5                | 8                | 8                | 9                | 5                | 0         | 6                    | 7                | 9                | 1                | 1                | 1                |  |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma, Metastatic, Pancreas    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                               | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                            | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | M | + | A | + | + | A | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | M | + | + | + | + | + |
| Ureter          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | A | + | A | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

| DAY ON TEST            |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
| WISTAR HAN RATS FEMALE |  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |
| 50 MG/KG               |  | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |
| ANIMAL ID              |  | 9 | 9 | 9 | 9 | 2 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6        | 6 |
|                        |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|                        |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|                        |  | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |
|                        |  | 0 | 0 | 1 | 1 | 1 | 8 | 8 | 0 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 9 | 9 | 9 | 9 | 9 | 9        | 3 |
|                        |  | 2 | 4 | 6 | 7 | 5 | 2 | 4 | 8 | 0 | 1 | 3 | 9 | 0 | 1 | 2 | 4 | 2 | 3 | 5 | 7 | 8 | 9        | 8 |
|                        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 40 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Carcinoma, Metastatic, Pancreas    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 41 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Carcinoma, Metastatic, Pancreas    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Cholangiocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |
| Cholangiocarcinoma, Multiple       |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   | X |   |   |   |   |   |   |   | X |   |   | X | X |   |   |   |   |   |   | X |   |   | 8  |
| Hepatocellular Adenoma, Multiple   | X |   |   |   |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   |   | X |   |   | 8  |
| Hepatocellular Carcinoma           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 3  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocholangioma                  |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   | X |   |   | 5  |
| Hepatocholangioma, Multiple        |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Mesentery                          |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 6  |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG                 | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |         |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|---------|
|  | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          | 0729    |
| ANIMAL ID  | 004022      | 004044 | 004066 | 004077 | 004088 | 004099 | 004100 | 004111 | 004122 | 004133 | 004144 | 004155 | 004166 | 004177 | 004188 | 004199 | 004200 | 004211 | 004222 | 004233 | 004244   |         |
| Pancreas Carcinoma                                 | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47<br>1 |
| Salivary Glands Parotid Gland, Adenocarcinoma      | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 45<br>1 |
| Stomach, Forestomach                               | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48      |
| Stomach, Glandular Carcinoma, Metastatic, Pancreas | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 46<br>1 |
| <b>CARDIOVASCULAR SYSTEM</b>                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |         |
| Blood Vessel                                       | +           |        |        |        |        | +      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 3       |
| Heart  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48      |
| <b>ENDOCRINE SYSTEM</b>                            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |         |
| Adrenal Cortex                                     | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 46      |
| Adrenal Medulla                                    | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47      |
| Islets, Pancreatic                                 | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47      |
| Parathyroid Gland                                  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | M      | +      | +      | +        | 46      |
| Pituitary Gland                                    | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47      |
| Pars Distalis, Adenoma                             |             |        |        | X      |        | X      |        |        | X      |        |        |        |        |        |        | X      | X      | X      |        |        |          | 20      |
| Pars Distalis, Adenoma, Multiple                   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      |        |          | 1       |
| Pars Intermedia, Adenoma                           |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      |        |          | 1       |
| Thyroid Gland                                      | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 42      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG                                    | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |      |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|------|
|   | 0729        | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   | 0729   |          | 0729 |
| ANIMAL ID   | 004022      | 004044 | 004066 | 004077 | 004088 | 004099 | 004100 | 004111 | 004122 | 004133 | 004144 | 004155 | 004166 | 004177 | 004188 | 004199 | 004200 | 004211 | 004222 | 004233 | 004244   |      |
| Lymph Node  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 9    |
| Lymph Node, Mandibular<br>Adenocarcinoma, Metastatic, Salivary Glands | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48   |
| Lymph Node, Mesenteric  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 46   |
| Spleen  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 45   |
| Thymus<br>Thymoma Benign  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 46   |
|   |             | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1    |

**INTEGUMENTARY SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland<br>Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Carcinoma, Multiple        |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Fibroadenoma               |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |
| Fibroadenoma, Multiple     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | 6  |
| Skin                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Squamous Cell Papilloma    |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 2  |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**NERVOUS SYSTEM**

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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Experiment Number: 20209 - 03

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: RATS/Wistar Han

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Pentabromodiphenyl oxide (technical) (DE 71)

CAS Number: 32534-81-9

Date Report Requested: 08/05/2014

Time Report Requested: 10:18:12

First Dose M/F: 08/26/08 / 08/26/08

Lab: SRI

| WISTAR HAN RATS FEMALE<br>50 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                    | 0729        | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 | 0729 |          |
| ANIMAL ID                          | 0040        | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 | 0040 |          |
| Lung                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Adenocarcinoma, Metastatic, Uterus |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |          |
| Carcinoma, Metastatic, Pancreas    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Nose                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Trachea                            | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>SPECIAL SENSES SYSTEM</b>       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Eye                                | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Harderian Gland                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>URINARY SYSTEM</b>              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Ureter                             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Urinary Bladder                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>SYSTEMIC LESIONS</b>            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Multiple Organ                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Histiocytic Sarcoma                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |

\*\*\* END OF REPORT \*\*\*

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