

**Experiment Number:** 93027-21  
**Test Type:** 90-DAY  
**Route:** DOSED FEED  
**Species/Strain:** Rat/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
**Test Compound:** Peroxisome project (Gemfibrozil)  
**CAS Number:** 25812-30-0

**Date Report Requested:** 10/22/2014  
**Time Report Requested:** 07:50:48  
**First Dose M/F:** NA / NA  
**Lab:** BAT

**C Number:** C93027B  
**Lock Date:** 06/12/1996  
**Cage Range:** All  
**Date Range:** All  
**Reasons For Removal:** All  
**Removal Date Range:** All  
**Treatment Groups:** All  
**Study Gender:** Male  
**PWG Approval Date:** NONE

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Test Type: 90-DAY

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P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

HSD Rat Male  
0 PPM

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

Alimentary System

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

Cardiovascular System

Heart	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	----

Endocrine System

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

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 93027-21

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Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
0 PPM**

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	9	9	9	9	9	9	9	9	9	9	
	2	2	2	2	2	2	2	2	2	2	
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	7	7	7	7	7	7	7	7	7	7	
	0	0	0	0	0	0	0	0	0	1	
	1	2	3	4	5	6	7	8	9	0	<b>*TOTALS</b>
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	10
<b>General Body System</b>											
NONE											
<b>Genital System</b>											
Epididymis	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	M	+	+	+	+	+	9
Prostate	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10
<b>Hematopoietic System</b>											
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	10
Spleen	+	+	+	+	+	+	+	+	+	+	10
Thymus	+	+	+	+	+	+	+	+	+	+	10
<b>Integumentary System</b>											
Mammary Gland	+	+	+	+	+	+	+	+	+	+	10
Skin	+	+	+	+	+	+	+	+	+	+	10
<b>Musculoskeletal System</b>											
Bone	+	+	+	+	+	+	+	+	+	+	10

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+ ..Tissue examined microscopically

X ..Lesion present

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Date Report Requested: 10/22/2014  
 Time Report Requested: 07:50:48  
 First Dose M/F: NA / NA  
 Lab: BAT

HSD Rat Male  
 0 PPM

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

\*TOTALS

**Nervous System**

Brain + + + + + + + + + + 10

**Respiratory System**

Lung + + + + + + + + + + 10

Nose + + + + + + + + + + 10

Trachea + + + + + + + + + + 10

**Special Senses System**

NONE

**Urinary System**

Kidney + + + + + + + + + + 10

Urinary Bladder + + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + 10

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

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

Experiment Number: 93027-21  
 Test Type: 90-DAY  
 Route: DOSED FEED  
 Species/Strain: Rat/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Test Compound: Peroxisome project (Gemfibrozil)  
 CAS Number: 25812-30-0

Date Report Requested: 10/22/2014  
 Time Report Requested: 07:50:48  
 First Dose M/F: NA / NA  
 Lab: BAT

**HSD Rat Male**  
**10 PPM**

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

**Alimentary System**

Liver	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	10

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10

**Hematopoietic System**

NONE

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

\* ..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: 93027-21

Test Type: 90-DAY

Route: DOSED FEED

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**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
10 PPM**

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

**Nervous System**

NONE

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney	+	+	+	+	+	+	+	+	+	+	10
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**SYSTEMIC LESIONS**

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

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

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BLANK ..Not examined microscopically

Experiment Number: 93027-21

Test Type: 90-DAY

Route: DOSED FEED

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**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
100 PPM**

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

**Alimentary System**

Liver	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	10

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Testes		+	+	+	+	+	+	+	+	+	9

**Hematopoietic System**

NONE

**Integumentary System**

NONE

**Musculoskeletal System**

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

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M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

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First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
100 PPM**

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

**Nervous System**

NONE

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney	+	+	+	+	+	+	+	+	+	+	10
--------	---	---	---	---	---	---	---	---	---	---	----

**SYSTEMIC LESIONS**

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

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

+ ..Tissue examined microscopically

X ..Lesion present

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BLANK ..Not examined microscopically



Experiment Number: 93027-21

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Route: DOSED FEED

Species/Strain: Rat/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
1000 PPM**

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

**Alimentary System**

Liver	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach							+	+			2
Stomach, Glandular								+			1

**Cardiovascular System**

NONE

**Endocrine System**

NONE

**General Body System**

NONE

**Genital System**

Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10

**Hematopoietic System**

NONE

**Integumentary System**

NONE

\* ..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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Test Compound: Peroxisome project (Gemfibrozil)

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Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
1000 PPM**

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

**Musculoskeletal System**

NONE

**Nervous System**

NONE

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney

+ + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ

+ + + + + + + + + + 10

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

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Species/Strain: Rat/HSD

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Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

HSD Rat Male  
8000 PPM

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

Alimentary System

|          |   |   |   |   |   |   |   |   |   |   |    |
|----------|---|---|---|---|---|---|---|---|---|---|----|
| Liver    | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas | + |   | + | + | + | + | + | + | + | + | 9  |

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Testes          | + |   | + | + | + | + | + | + | + | + | 9  |

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

\* ..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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BLANK ..Not examined microscopically

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Date Report Requested: 10/22/2014  
 Time Report Requested: 07:50:48  
 First Dose M/F: NA / NA  
 Lab: BAT

**HSD Rat Male**  
**8000 PPM**

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

**Nervous System**

NONE

**Respiratory System**

NONE

**Special Senses System**

NONE

**Urinary System**

Kidney + + + + + + + + + + 10

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + 10

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

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

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Route: DOSED FEED

Species/Strain: Rat/HSD

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Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

HSD Rat Male  
16,000 PPM

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

Alimentary System

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

Cardiovascular System

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

Endocrine System

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

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+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 93027-21

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: Rat/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Peroxisome project (Gemfibrozil)

CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

HSD Rat Male  
16,000 PPM

| DAY ON TEST                   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|-------------------------------|---|---|---|---|---|---|---|---|---|---|---------|
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |         |
|                               | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |         |
| ANIMAL ID                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |         |
|                               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |         |
|                               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |         |
|                               | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS |
| Thyroid Gland                 | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>General Body System</b>    |   |   |   |   |   |   |   |   |   |   |         |
| NONE                          |   |   |   |   |   |   |   |   |   |   |         |
| <b>Genital System</b>         |   |   |   |   |   |   |   |   |   |   |         |
| Epididymis                    | + | + | + | + | + | + | + | + | + | + | 10      |
| Preputial Gland               | + | + | + | + | M | + | + | + | + | + | 9       |
| Prostate                      | + | + | + | + | + | + | + | + | + | + | 10      |
| Seminal Vesicle               | + | + | + | + | + | + | + | + | + | + | 10      |
| Testes                        | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Hematopoietic System</b>   |   |   |   |   |   |   |   |   |   |   |         |
| Lymph Node, Mandibular        | + | + | + | + | + | + | + | + | M | + | 9       |
| Lymph Node, Mesenteric        | + | + | + | + | + | + | + | + | + | + | 10      |
| Spleen                        | + | + | + | + | + | + | + | + | + | + | 10      |
| Thymus                        | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Integumentary System</b>   |   |   |   |   |   |   |   |   |   |   |         |
| Mammary Gland                 | + | + | + | + | + | + | + | + | + | + | 10      |
| Skin                          | + | + | + | + | + | + | + | + | + | + | 10      |
| <b>Musculoskeletal System</b> |   |   |   |   |   |   |   |   |   |   |         |
| Bone                          | + | + | + | + | + | + | + | + | + | + | 10      |

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CAS Number: 25812-30-0

Date Report Requested: 10/22/2014

Time Report Requested: 07:50:48

First Dose M/F: NA / NA

Lab: BAT

**HSD Rat Male  
16,000 PPM**

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

**Nervous System**

|             |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|----|
| Brain       | + | + | + | + | + | + | + | + | + | + | 10 |
| Spinal Cord |   |   | + |   |   |   |   |   |   |   | 1  |

**Respiratory System**

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

**Special Senses System**

NONE

**Urinary System**

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

**SYSTEMIC LESIONS**

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

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

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

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