

Experiment Number: 05131-03
Test Type: CHRONIC
Route: DOSED WATER
Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)
Test Compound: SODIUM FLUORIDE

Date Report Requested: 10/19/2014
Time Report Requested: 03:24:16
First Dose M/F: NA / NA
Lab: NIEHS

C Number:	C55221C
Lock Date:	Not Entered.
Cage Range:	All
Date Range:	All
Reasons For Removal:	All
Removal Date Range:	All
Treatment Groups:	All
Study Gender:	Male
PWG Approval Date	10/15/1997

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Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

**F 344/N Rat Male
VEHICLE CONTROL**

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

Alimentary System

Oral Mucosa																																				
Squamous Cell Carcinoma																																				
Tooth, Incisor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Tooth, Molar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

Bone Marrow																																					
			+				+						+		+	+	+	+																			

Integumentary System

NONE

Musculoskeletal 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

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Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

	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				
	6	7	7	7	7	7	7	6	7	7	7	6	7	6	6	6	7	6	7	7	6	6	6	7	7	6	7	7				
	9	3	3	3	3	3	3	9	3	3	3	3	3	9	9	9	3	9	3	3	9	1	6	3	3	9	2	1				
	5	7	6	9	7	9	3	5	7	9	9	3	5	5	7	6	5	3	7	6	1	7	9	7	6	0	7	7				
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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				
	0	0	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	0	0	0	0	2	3	3	4	4				
	4	8	9	1	9	4	6	7	9	2	5	0	8	0	1	0	4	4	9	2	6	7	9	2	2	7	3	4				
Bone, Cranium																																
Squamous Cell Carcinoma																																
Bone, Femur				+	+	+	+	+	+					+		+	+	+	+						+	+			+	+		
Bone, Humerus	+	+	+	+	+			+	+					+		+	+	+	+					+	+					+		
Bone, Intervertebral Disc						+	+																		+							
Bone, Joint					+	+		+	+					+		+	+	+	+					+	+			+		+		
Bone, Mandible																																
Osteosarcoma																																
Bone, Maxilla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Sarcoma																																
Squamous Cell Carcinoma																																
Bone, Pelvis																																
Osteosarcoma																																
Bone, Tibia	+		+	+	+			+	+					+	+		+	+	+	+					+		+	+		+	+	+
Bone, Vertebra																																
				+	+	+		+	+					+		+										+	+			+	+	+

Nervous System

NONE

Respiratory System

NONE

Special Senses 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

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Time Report Requested: 03:24:17

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male VEHICLE CONTROL	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	0
		6	7	7	7	7	7	7	7	6	7	7	7	6	7	6	6	6	7	6	7	6	6	7	7	6	7	7	6	7	7	6	7	7	7	7	7	7	7
		9	3	3	3	3	3	3	9	3	3	3	3	3	9	9	9	9	3	9	3	3	9	1	6	3	3	9	2	1	3	3	3	3	3	3	3	3	3
	ANIMAL ID	5	7	6	9	7	9	3	5	7	9	9	9	6	5	5	7	6	5	7	6	1	7	9	7	7	6	0	7	7	6	0	7	7	7	7	7	7	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
	0	0	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	0	0	0	0	2	3	3	4	4	4	4	4	4	4	4	4	4	4	4	
	4	8	9	1	9	4	6	7	9	2	5	0	8	0	1	0	4	4	9	2	6	7	9	2	2	7	3	4	6	7	8	8	8	8	8	8	8	8	

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leukemia Mononuclear				X			X				X	X	X	X	X																										
Lymphoma Malignant																																									

* ..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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Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:17

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male VEHICLE CONTROL	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	ANIMAL ID	7	7	6	6	7	5	7	6	6	7	7	6	6	7	7	7	6	6	7	
		3	2	9	6	3	6	3	1	6	3	3	1	3	3	3	3	9	3	3	
		7	3	5	7	7	5	7	1	7	9	7	1	9	7	7	7	5	9	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	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	
		4	5	5	5	6	6	7	7	8	8	8	9	9	9	0	0	1	1	1	
		9	2	5	7	3	7	1	5	9	2	6	9	0	1	8	2	6	6	7	
		*TOTALS																			
Bone, Cranium																					1
Squamous Cell Carcinoma																					1
Bone, Femur		+	+	+		+		+	+	+	+	+		+		+		+			28
Bone, Humerus						+		+	+		+			+		+					21
Bone, Intervertebral Disc																		+			4
Bone, Joint		+	+			+		+	+	+	+			+		+		+			23
Bone, Mandible									+												1
Osteosarcoma									X												1
Bone, Maxilla		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Sarcoma					X																1
Squamous Cell Carcinoma									X									X			5
Bone, Pelvis																				+	1
Osteosarcoma																				X	1
Bone, Tibia		+	+			+		+	+	+	+			+		+		+			28
Bone, Vertebra						+					+					+	+	+			14

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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Date Report Requested: 10/19/2014

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Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:17

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male VEHICLE CONTROL	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		7	7	6	6	7	5	7	6	6	7	7	6	6	7	7	7	6	6	7
		3	2	9	6	3	6	3	1	6	3	3	1	3	3	3	3	9	3	3
		7	3	5	7	7	5	7	1	7	9	7	1	9	7	7	7	5	9	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	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	
		4	5	5	5	6	6	7	7	7	8	8	8	9	9	9	0	0	1	
		9	2	5	7	3	7	1	5	9	2	6	9	0	1	8	2	6	6	
		*TOTALS																		

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Leukemia Mononuclear																				7
Lymphoma Malignant																		X		1

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

M ..Missing tissue

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X ..Lesion present

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Experiment Number: 05131-03

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Time Report Requested: 03:24:17

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

**F 344/N Rat Male
250 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	0	0	0	0	0	0
	6	7	6	7	7	7	7	6	7	7	6	6	6	7	7	7	7	6	7	7	7	7	6	7	7	6	7	6
	9	3	9	3	3	3	3	6	3	3	1	1	3	3	0	3	1	3	9	3	3	3	3	6	3	3	9	6
	5	6	5	6	0	6	9	6	7	6	6	6	1	1	9	6	4	6	6	5	6	6	6	9	6	2	7	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	0	0	0	0	0	0	0	0	0	0
	0	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
	0	0	0	1	1	1	2	2	2	3	3	3	3	5	5	5	5	6	7	7	8	8	9	9	1	1	2	4
	1	3	5	3	4	7	3	5	6	2	3	5	8	0	1	4	7	9	7	5	8	9	3	8	2	3	3	2

Alimentary System

Oral Mucosa																												+	
Squamous Cell Carcinoma																												X	
Tooth, Incisor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tooth, Molar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Cardiovascular System

NONE																											
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Endocrine System

NONE																											
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General Body System

Tissue NOS																											
Osteosarcoma																											

Genital System

NONE																											
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Hematopoietic System

Bone Marrow																										+	
Femur, Sarcoma, Metastatic, Uncertain Primary Site																											
Humerus, Sarcoma, Metastatic, Uncertain Primary Site																											

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 + ..Tissue examined microscopically
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Test Compound: SODIUM FLUORIDE

Date Report Requested: 10/19/2014
 Time Report Requested: 03:24:17
 First Dose M/F: NA / NA
 Lab: NIEHS

F 344/N Rat Male
250 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	0	0	0	0	0	0	0
	6	7	6	7	7	7	7	6	7	7	6	6	6	7	7	7	6	7	7	7	7	7	6	7	7	6	7	6	6
	9	3	9	3	3	3	3	6	3	3	1	1	3	3	0	3	1	3	9	3	3	3	3	3	6	3	3	9	6
	5	6	5	6	0	6	9	6	7	6	6	6	1	1	9	6	4	6	6	6	5	6	6	6	6	9	6	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	1	1	1	2	2	2	3	3	3	3	5	5	5	5	5	6	7	7	7	8	8	9	9	1	1	1
	1	3	5	3	4	7	3	5	6	2	3	5	8	0	1	4	7	9	7	5	8	9	3	8	2	3	3	4	3

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ

+ +

Leukemia Mononuclear

X

* ..Total animals with tissue examined microscopically; Total animals with tumor
 + ..Tissue examined microscopically
 X ..Lesion present
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Time Report Requested: 03:24:17

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
250 PPM

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

Alimentary System

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|----|
| Oral Mucosa | | | | | | | | | | | | | | | | | | | | 5 |
| Squamous Cell Carcinoma | | | | | | | X | X | | | | X | | | X | | | | | 5 |
| Tooth, Incisor | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | | + | + | + | 49 |
| Tooth, Molar | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | | + | + | + | 49 |

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

| | | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| Tissue NOS | | | | | | | | | | | | | | | | | | | | 1 |
| Osteosarcoma | | | | | | | | | | | | | | | | | | | X | 1 |

Genital System

NONE

Hematopoietic System

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| Bone Marrow | | | | | | | | | | | | | | | | | | | | 2 |
| Femur, Sarcoma, Metastatic, Uncertain
Primary Site | | | | | | | | | | | | | | | | | | | X | 1 |
| Humerus, Sarcoma, Metastatic, Uncertain
Primary Site | | | | | | | | | | | | | | | | | | | 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: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:18

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

**F 344/N Rat Male
250 PPM**

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

Integumentary System

NONE

Musculoskeletal System

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Cranium | | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Femur | + | | + | | | | | | + | | | | + | | + | | | | + | 19 |
| Bone, Humerus | | | | | | | | | | | | + | | + | | + | | | + | 13 |
| Bone, Joint | + | | | | | | | | | | | | | + | | + | | | + | 16 |
| Bone, Maxilla | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | | + | + | + | 49 |
| Squamous Cell Carcinoma | | | | | | X | X | | | | X | | | X | | | | | | 5 |
| Bone, Rib | | | | | | | | | | | | | | | | | | | + | 2 |
| Sarcoma, Metastatic, Uncertain Primary Site | | | | | | | | | | | | | | | | | | X | | 1 |
| Bone, Tibia | + | | | | | | | | | | | | | + | | + | | | + | 17 |
| Bone, Vertebra | | | | | + | | + | | | | | | | + | | + | | | + | 15 |
| Sarcoma, Metastatic, Uncertain Primary Site | | | | | | | | | | | | | | | | | | X | | 1 |

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 05131-03
 Test Type: CHRONIC
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)
Test Compound: SODIUM FLUORIDE

Date Report Requested: 10/19/2014
 Time Report Requested: 03:24:18
 First Dose M/F: NA / NA
 Lab: NIEHS

F 344/N Rat Male
250 PPM

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

Urinary System

NONE

SYSTEMIC LESIONS

| | | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Leukemia Mononuclear | | | | | | | | | | | | | | | | | | | 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: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:18

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
IRRAD WATER

| 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 | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 5 | 7 | 6 | 7 | 5 |
| 3 | 6 | 3 | 3 | 3 | 3 | 2 | 3 | 6 | 0 | 5 | 3 | 3 | 3 | 3 | 1 | 8 | 3 | 0 | 3 | 3 | 8 | 3 | 9 | 3 | 3 | 6 | 3 | 1 | 3 | 8 |
| 9 | 5 | 9 | 8 | 9 | 9 | 3 | 8 | 7 | 5 | 5 | 9 | 9 | 9 | 9 | 1 | 3 | 8 | 2 | 9 | 9 | 3 | 8 | 5 | 6 | 9 | 5 | 9 | 1 | 9 | 3 |
| 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 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 6 | 6 | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 4 | |
| 2 | 6 | 0 | 2 | 7 | 9 | 1 | 2 | 4 | 6 | 6 | 1 | 4 | 5 | 0 | 6 | 7 | 8 | 0 | 3 | 5 | 1 | 2 | 9 | 0 | 9 | 0 | 3 | 4 | 0 | |

Alimentary System

Oral Mucosa
Squamous Cell Carcinoma

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Tooth, Incisor | + | | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Tooth, Molar | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

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

Integumentary System

NONE

Musculoskeletal 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: 05131-03
 Test Type: CHRONIC
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)
Test Compound: SODIUM FLUORIDE

Date Report Requested: 10/19/2014
 Time Report Requested: 03:24:18
 First Dose M/F: NA / NA
 Lab: NIEHS

F 344/N Rat Male
IRRAD WATER

| | 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 | | | |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|---|
| | ANIMAL ID | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 5 | 7 | 6 | 7 | 7 | 5 | 7 | 6 | 7 | 5 | | | |
| | | 3 | 6 | 3 | 3 | 3 | 3 | 2 | 3 | 6 | 0 | 5 | 3 | 3 | 3 | 1 | 8 | 3 | 0 | 3 | 3 | 8 | 3 | 9 | 3 | 3 | 6 | 3 | 3 | 6 | 3 | | | |
| | | 9 | 5 | 9 | 8 | 9 | 9 | 3 | 8 | 7 | 5 | 5 | 9 | 9 | 9 | 9 | 1 | 3 | 8 | 2 | 9 | 9 | 3 | 5 | 6 | 9 | 5 | 9 | 1 | 9 | 3 | | | |
| Bone, Cranium | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Bone, Femur | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Bone, Humerus | | 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 | | | |
| Bone, Intervertebral Disc | | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 6 | 6 | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | | | |
| Bone, Joint | | 2 | 6 | 0 | 2 | 7 | 9 | 1 | 2 | 4 | 6 | 1 | 4 | 5 | 0 | 6 | 7 | 8 | 0 | 3 | 5 | 1 | 2 | 9 | 0 | 9 | 0 | 3 | 4 | 0 | 1 | | | |
| Sarcoma, Metastatic, Uncertain Primary Site | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | |
| Bone, Maxilla | | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | | | |
| Squamous Cell Carcinoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bone, Pelvis | | | | | | | | | | | | | | + | | | | | | | | | | | | | | | | | | | | |
| Bone, Rib | | | | | | | | | | | | | | | | | | | | | + | | | | | | | | | | | | | |
| Bone, Scapula | | | | | | | | | | | | | | | | | | | | | | | | | | | + | | | | | | | |
| Bone, Tarsal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bone, Tibia | | + | | | | | | + | + | | | | | | + | + | + | | | + | + | | + | | | | | | | | | | | + |
| Bone, Vertebra | | + | + | | + | | | + | | | | | | + | + | + | | | | + | | + | | | | | | + | | | | | | |

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary 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

F 344/N Rat Male
IRRAD WATER

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

Urinary System

NONE

SYSTEMIC LESIONS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| Leukemia Mononuclear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:18

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
IRRAD WATER

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

Alimentary System

| | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Oral Mucosa | + | | | | | + | | | | | + | | | + | | | | | 4 |
| Squamous Cell Carcinoma | X | | | | | | | | | | | | | X | | | | | 2 |
| Tooth, Incisor | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Tooth, Molar | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

| | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Bone Marrow | | | | | | + | | | | | | | | | | | | | 5 |
|-------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|---|

Integumentary System

NONE

Musculoskeletal System

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:18

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
IRRAD WATER

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Cranium | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Femur | | | | | + | | | | + | + | + | + | | + | | | | + | 19 |
| Bone, Humerus | | | | | + | | | | + | + | + | + | | + | | | | + | 16 |
| Bone, Intervertebral Disc | | | | | + | | | | | | | | | | | | | | 7 |
| Bone, Joint | | | | | + | | | | + | + | + | + | | + | | | + | | 17 |
| Sarcoma, Metastatic, Uncertain Primary Site | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Maxilla | + | + | + | + | + | + | + | + | | + | + | + | + | + | + | + | + | + | 48 |
| Squamous Cell Carcinoma | X | | | | | | | | | | | | | | | | | | 1 |
| Bone, Pelvis | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Rib | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Scapula | | | | | | | | | | | | | | | | + | | | 2 |
| Bone, Tarsal | | | | | | | | | + | | | | | | | | | | 1 |
| Bone, Tibia | | | | + | + | | | | + | + | + | + | | + | + | | | + | 19 |
| Bone, Vertebra | | | | | + | | + | + | + | | + | + | | + | | | | + | 18 |

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary 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: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:18

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
IRRAD WATER

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

Urinary System

NONE

SYSTEMIC LESIONS

| | | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Leukemia Mononuclear | | | | | X | | | | X | | | | | | | | | | 3 |

* ..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: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:18

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

| | | 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 |
| F 344/N Rat Male | 250 PPM IRR FL | 5 | 6 | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | |
| | | 5 | 1 | 3 | 8 | 3 | 3 | 3 | 3 | 8 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| | | 5 | 1 | 8 | 3 | 6 | 8 | 8 | 8 | 3 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 6 | 8 | 8 | 6 | 8 | 8 | 8 | 8 | 8 | 6 | 8 | 5 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 | 0 | 0 |
| | | 2 | 6 | 7 | 9 | 0 | 1 | 5 | 8 | 4 | 0 | 5 | 3 | 2 | 3 | 6 | 9 | 2 | 3 | 4 | 2 | 7 | 1 | 5 | 1 | 4 | 8 | 0 | 6 |

Alimentary System

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Oral Mucosa | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Squamous Cell Carcinoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tooth | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tooth, Incisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tooth, Molar | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Cardiovascular System

NONE

Endocrine System

Adrenal Cortex

General Body System

NONE

Genital System

NONE

Hematopoietic System

Bone Marrow

Integumentary System

NONE

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

Experiment Number: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:19

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

**F 344/N Rat Male
250 PPM IRR FL**

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

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

Experiment Number: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:19

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
250 PPM IRR FL

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

Alimentary System

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Oral Mucosa | | | | | | | | | | | | | | | | | | | | 8 |
| Squamous Cell Carcinoma | | | | | | | | | | | | | | | | | | | | 3 |
| Tooth | | | | | | | | | | | | | | | | | | | | 1 |
| Tooth, Incisor | + | + | + | + | | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Tooth, Molar | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

Cardiovascular System

| | | | | | | | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|---|
| NONE | | | | | | | | | | | | | | | | | | | | |
| Endocrine System | | | | | | | | | | | | | | | | | | | | |
| Adrenal Cortex | | | | | | | | | + | + | | | | | | | | | | 2 |

General Body System

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| NONE | | | | | | | | | | | | | | | | | | | | |
| Genital System | | | | | | | | | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | | | |
| Hematopoietic System | | | | | | | | | | | | | | | | | | | | |
| Bone Marrow | | | | | | | | | | | | | | | | | | | | 4 |

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
A ..Autolysis precludes evaluation
BLANK ..Not examined microscopically

Experiment Number: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:19

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
250 PPM IRR FL

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

Musculoskeletal System

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur | | + | + | | + | | + | | + | | + | + | | | | + | + | | + | 21 |
| Bone, Humerus | | | | + | | + | | + | | + | | | | | | + | | | + | 14 |
| Bone, Joint | | + | + | | | | | + | | + | | + | + | | | + | + | | + | 17 |
| Bone, Mandible | | | | | | | | | | | | | | | | | | | | 1 |
| Osteosarcoma | | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Maxilla | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Squamous Cell Carcinoma | | | | | | | | | | | | | | | | | | | | 3 |
| Bone, Radius | | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Rib | | | | | | | | | | | | | | | | | | | | 1 |
| Bone, Tibia | | + | + | | + | | + | | + | | + | + | | | | + | + | | + | 20 |
| Bone, Vertebra | | | | + | | + | | | + | | | | | + | | + | | | + | 14 |

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 05131-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: CHRONIC

Test Compound: SODIUM FLUORIDE

Time Report Requested: 03:24:19

Route: DOSED WATER

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: NIEHS

F 344/N Rat Male
250 PPM IRR FL

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

SYSTEMIC LESIONS

| | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Histiocytic Sarcoma | | | | | 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: 05131-03

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: SODIUM FLUORIDE

Date Report Requested: 10/19/2014

Time Report Requested: 03:24:19

First Dose M/F: NA / NA

Lab: NIEHS

**** END OF REPORT ****

* ..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