

**TDMS No.** 88133 - 07

**Test Type:** CHRONIC

**Route:** SKIN APPLICATION

**Species/Strain:** RATS/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Trimethylolpropane triacrylate

**CAS Number:** 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

**Lab:** SRI

**C Number:** C88133C

**Lock Date:** 10/30/2007

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 2.2.0

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FISCHER 344 RATS MALE		DAY ON TEST	0 MG/KG																		males (cont...)	
ANIMAL ID			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	0	0	7	0	6	7	7	6	3	7	7	7	6	3	7	5	7	3	7	5	7	3
6	1	2	1	5	3	3	7	6	2	3	3	8	6	3	5	3	6	2	9	0	7	9
6	6	5	9	5	9	0	1	4	6	9	0	1	0	6	0	0	0	6	2	9	1	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
0	0	0	0	0	0	0	0	0	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	2	2	2	2	2
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3

## **ALIMENTARY 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

DE WITT NOT EXAMINED MICROSCOPICALLY



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## **GENERAL BODY SYSTEM**

## Tissue NOS

## Osteosarcoma, Metastatic, Bone

## **GENITAL SYSTEM**

Epididymis  
Leukemia Mononuclear

## Preputial Gland Adenoma

## Prostate Leukemia Mononuclear

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

males  
(cont...)**FISCHER 344 RATS MALE****0 MG/KG**

ANIMAL ID

**INTEGUMENTARY SYSTEM**Mammary Gland  
Fibroadenoma

+ +

X

Skin

Keratoacanthoma

+ +

X

Keratoacanthoma, Multiple

Squamous Cell Papilloma

Subcutaneous Tissue, Fibroma

Subcutaneous Tissue, Lipoma

X X

**MUSCULOSKELETAL SYSTEM**Bone  
Osteosarcoma

+ +

X

Skeletal Muscle  
Osteosarcoma, Metastatic, Bone**NERVOUS SYSTEM**Brain  
Leukemia Mononuclear

+ +

X

Peripheral Nerve

Spinal Cord

**RESPIRATORY SYSTEM**

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## Leukemia Mononuclear

**males**  
**(cont...)**

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Lab: SRI

| FISCHER 344 RATS MALE                 | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |                    |
|---------------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--------------------|
|                                       |             | 0<br>7<br>2<br>9 | 0<br>4<br>3<br>9 | 0<br>6<br>0<br>6 | 0<br>0<br>1<br>5 | 0<br>7<br>2<br>9 | 0<br>6<br>7<br>6 | 0<br>7<br>2<br>9 | 0<br>6<br>2<br>5 | 0<br>0<br>1<br>5 | 0<br>6<br>9<br>5 | 0<br>0<br>2<br>1 | 0<br>7<br>3<br>2 | 0<br>5<br>0<br>4 | 0<br>6<br>8<br>1 | 0<br>6<br>0<br>1 | 0<br>7<br>3<br>0 | 0<br>5<br>6<br>7 | 0<br>7<br>2<br>0 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>9 | 0<br>6<br>5<br>2 | 0<br>7<br>1<br>1 | 0<br>0<br>9<br>2 | 0<br>6<br>5<br>1 |                    |                    |
| 0 MG/KG                               | ANIMAL ID   | 0<br>0<br>0<br>0 |                  |                    |                    |
|                                       |             | 0<br>0<br>0<br>0 |                  |                    |                    |
| Seminal Vesicle                       |             | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |                    |
| Leukemia Mononuclear                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Testes                                |             | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |                    |
| Bilateral, Interstitial Cell, Adenoma |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Interstitial Cell, Adenoma            |             | X                | X                | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                  | males<br>(cont...) |
| <b>HEMATOPOIETIC SYSTEM</b>           |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Bone Marrow                           |             | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |                    |
| Leukemia Mononuclear                  |             |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Osteosarcoma, Metastatic, Bone        |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    | males<br>(cont...) |
| Lymph Node                            |             | +                | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                    |                    |
| Osteosarcoma, Metastatic, Bone        |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    | males<br>(cont...) |
| Deep Cervical, Leukemia Mononuclear   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Mediastinal, Leukemia Mononuclear     |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    | males<br>(cont...) |
| Pancreatic, Leukemia Mononuclear      |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Lymph Node, Mandibular                |             | M                | +                | M                |                  | M                | M                | M                | M                | M                | M                |                  | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | males<br>(cont...) |                    |
| Leukemia Mononuclear                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Lymph Node, Mesenteric                |             | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |                    |
| Leukemia Mononuclear                  |             |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Spleen                                |             | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |                    |
| Leukemia Mononuclear                  |             |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |
| Thymus                                |             | +                | +                | M                |                  | +                | +                | +                | I                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | I                | +                | +                | +                | +                | +                | males<br>(cont...) |                    |
| Leukemia Mononuclear                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |

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Lab: SRI

DAY ON TEST

## FISCHER 344 RATS MALE

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

males  
(cont...)

## INTEGUMENTARY SYSTEM

Mammary Gland  
Fibroadenoma

+ +

Skin  
Keratoacanthoma  
Keratoacanthoma, Multiple  
Squamous Cell Papilloma  
Subcutaneous Tissue, Fibroma  
Subcutaneous Tissue, Lipoma

+ +

X

X

X

## MUSCULOSKELETAL SYSTEM

Bone  
Osteosarcoma

+ +

X

Skeletal Muscle  
Osteosarcoma, Metastatic, Bone

+ +

+

X

## NERVOUS SYSTEM

Brain  
Leukemia Mononuclear

+ +

X

X

Peripheral Nerve

+

+

Spinal Cord

+

+

## RESPIRATORY SYSTEM

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

M .. Missing tissue

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Lab: SRI

|                       |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |
|-----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
| FISCHER 344 RATS MALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
| 0 MG/KG               |  | 7           | 4 | 6 | 0 | 7 | 6 | 7 | 7 | 6 | 0 | 6 | 0 | 6 | 0 | 7 | 5 | 5 | 6 | 7 | 5 |                    |
|                       |  | 2           | 3 | 0 | 1 | 2 | 7 | 2 | 0 | 2 | 1 | 3 | 9 | 2 | 3 | 0 | 8 | 0 | 3 | 3 | 6 |                    |
|                       |  | 9           | 9 | 6 | 5 | 9 | 6 | 9 | 2 | 5 | 5 | 5 | 1 | 2 | 1 | 4 | 1 | 6 | 0 | 0 | 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 |                    |
|                       |  | 2           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 |                    |
|                       |  | 6           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                    |

Leukemia Mononuclear

X

X

X

X

X

X

X

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DAY ON TEST

**FISCHER 344 RATS MALE****0 MG/KG**

ANIMAL ID

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

**\* TOTALS****ALIMENTARY SYSTEM**

Esophagus

+ + + + + + + + + + + + + + 48

Intestine Large, Cecum

Leukemia Mononuclear

+ + + + + + + + + + + + + + 50

X

1

Intestine Large, Colon

+ + + + + + + + + + + + + + 50

Intestine Large, Rectum

+ + + + + + + + + + + + + + 49

Intestine Small, Duodenum

+ + + + + + + + + + + + + + 50

Intestine Small, Ileum

+ + + + + + + + + + + + + + 49

Intestine Small, Jejunum

+ + + + + + + + + + + + + + 48

Liver

Hepatocellular Adenoma, Multiple

+ + + + + + + + + + + + + + 50

1

Hepatocellular Carcinoma

1

Leukemia Mononuclear

X X X X X X X X X X X X 25

25

Mesentery

Osteosarcoma, Metastatic, Bone

+ + + + + + + + + + + + + + 18

1

Pancreas

Leukemia Mononuclear

+ + + + + + + + + + + + + + 50

1

Mixed Tumor Benign

1

Acinus, Adenoma

1

X

Salivary Glands

+ + + + + + + + + + + + + + 50

50

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|-----------------------------------|---------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|                                   |         |             | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>8      | 0<br>7<br>9<br>4      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>1      | 0<br>7<br>3<br>4      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>6<br>4      | 0<br>7<br>2<br>5      |                       |                       |    |
|                                   |         | ANIMAL ID   | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>5 | 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>8 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 |    |
| Carcinoma                         |         |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Leukemia Mononuclear              |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Stomach, Forestomach              |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Leukemia Mononuclear              |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Stomach, Glandular                |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Leukemia Mononuclear              |         |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2  |
| Tongue                            |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Squamous Cell Papilloma           |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| <b>CARDIOVASCULAR SYSTEM</b>      |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Blood Vessel                      |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Heart                             |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Leukemia Mononuclear              |         |             | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| <b>ENDOCRINE SYSTEM</b>           |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Adrenal Cortex                    |         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |
| Adenoma                           |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Leukemia Mononuclear              |         |             | X                     |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10 |
| Osteosarcoma, Metastatic, Bone    |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Adrenal Medulla                   |         |             | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |
| Leukemia Mononuclear              |         |             | X                     | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7  |
| Pheochromocytoma Benign           |         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7  |
| Pheochromocytoma Benign, Multiple |         |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4  |
| Pheochromocytoma 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE            | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
|----------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|                                  |             | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>8      | 0<br>7<br>9<br>4      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>1      | 0<br>7<br>3<br>4      | 0<br>6<br>9<br>0      | 0<br>7<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>4      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>4      |                       |    |
| 0 MG/KG                          | ANIMAL ID   | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>5 | 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>8 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>6<br>5 |    |
| <b>* TOTALS</b>                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Islets, Pancreatic               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |    |
| Adenoma                          |             |                       |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 15 |
| Adenoma, Multiple                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3  |
| Parathyroid Gland                |             | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     |                       | 45 |
| Pituitary Gland                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 49 |
| Leukemia Mononuclear             |             | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Pars Distalis, Adenoma           |             | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     |                       |                       |                       |                       | 32 |
| Pars Distalis, Adenoma, Multiple |             |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 2  |
| Thyroid Gland                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50 |
| C-cell, Adenoma                  |             |                       |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 8  |
| C-cell, Carcinoma                |             |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 1  |
| <b>GENERAL BODY SYSTEM</b>       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Tissue NOS                       |             | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Osteosarcoma, Metastatic, Bone   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| <b>GENITAL SYSTEM</b>            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Epididymis                       |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50 |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Preputial Gland                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50 |
| Adenoma                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3  |
| Prostate                         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50 |
| 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE                 | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|---------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                       |             | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>8      | 0<br>7<br>9<br>4      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>1      | 0<br>7<br>3<br>4      | 0<br>6<br>9<br>0      | 0<br>7<br>2<br>9      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>5      |                       |          |
| 0 MG/KG                               | ANIMAL ID   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|                                       |             | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>5 | 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>8 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>6<br>5 |          |
| Seminal Vesicle                       |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Leukemia Mononuclear                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Testes                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Bilateral, Interstitial Cell, Adenoma |             |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 8        |
| Interstitial Cell, Adenoma            |             |                       |                       |                       | X                     | X                     | X                     | X                     |                       |                       |                       |                       | X                     |                       |                       |                       | 19       |
| <b>HEMATOPOIETIC SYSTEM</b>           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone Marrow                           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Leukemia Mononuclear                  |             | X                     | X                     | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 18       |
| Osteosarcoma, Metastatic, Bone        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node                            |             | +                     |                       |                       | +                     | +                     |                       |                       |                       |                       |                       |                       |                       |                       | +                     | 20                    |          |
| Osteosarcoma, Metastatic, Bone        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Deep Cervical, Leukemia Mononuclear   |             |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Mediastinal, Leukemia Mononuclear     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9        |
| Pancreatic, Leukemia Mononuclear      |             |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 8        |
| Lymph Node, Mandibular                |             | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 4                     |          |
| Leukemia Mononuclear                  |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node, Mesenteric                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Leukemia Mononuclear                  |             | X                     |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 18       |
| Spleen                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Leukemia Mononuclear                  |             | X                     | X                     | X                     |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 26       |
| Thymus                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |          |
| Leukemia Mononuclear                  |             | X                     | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 6        |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

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

\* TOTALS

## FISCHER 344 RATS MALE

0 MG/KG

ANIMAL ID

## INTEGUMENTARY SYSTEM

Mammary Gland  
Fibroadenoma

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

50

1

Skin

Keratoacanthoma

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

50

3

Keratoacanthoma, Multiple

X

1

Squamous Cell Papilloma

X

1

Subcutaneous Tissue, Fibroma

X

4

Subcutaneous Tissue, Lipoma

X

2

## MUSCULOSKELETAL SYSTEM

Bone  
Osteosarcoma

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

50

2

Skeletal Muscle  
Osteosarcoma, Metastatic, Bone

X

2

1

## NERVOUS SYSTEM

Brain  
Leukemia Mononuclear

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

50

4

X

Peripheral Nerve

X

2

Spinal Cord

X

2

## RESPIRATORY 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

TDMS No. 88133 - 07

Test Type: CHRONIC

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| FISCHER 344 RATS MALE                  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--|
|  |             | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>8      | 0<br>7<br>9<br>4      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>1      | 0<br>7<br>3<br>4      | 0<br>6<br>9<br>0      | 0<br>7<br>6<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>6<br>9      | 0<br>7<br>2<br>4      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>5 |  |
| 0 MG/KG                                | ANIMAL ID   | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>5 | 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>8 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>6<br>5 | * TOTALS         |  |
| Lung                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50               |  |
| Alveolar/Bronchiolar Adenoma, Multiple |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |  |
| Carcinoma                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |  |
| Leukemia Mononuclear                   |             | X                     | X                     |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 18               |  |
| Osteosarcoma, Metastatic, Bone         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                |  |
| Nose                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50               |  |
| Trachea                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50               |  |
| <b>SPECIAL SENSES SYSTEM</b>           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |
| Eye                                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50               |  |
| Harderian Gland                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50               |  |
| Zymbal's Gland                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |  |
| Adenoma                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |  |
| <b>URINARY SYSTEM</b>                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |
| Kidney                                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50               |  |
| Leukemia Mononuclear                   |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6                |  |
| Osteosarcoma, Metastatic, Bone         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 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

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

|                       |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
|-----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----|
|                       |  | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| FISCHER 344 RATS MALE |  | 0 MG/KG     |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |    |
| Leukemia Mononuclear  |  | X           | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X        | 26 |
|                       |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |    |
|                       |  | 0           | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 0 | 6 | 7 | 6 | 7 | 6 | 7 | 6        |    |
|                       |  | 9           | 0 | 0 | 9 | 3 | 2 | 3 | 9 | 3 | 9 | 7 | 3 | 6 | 2 | 7 | 4        |    |
|                       |  | 1           | 8 | 4 | 3 | 0 | 9 | 0 | 0 | 1 | 4 | 0 | 9 | 9 | 2 | 7 | 4        |    |
|                       |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |    |
|                       |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6        |    |
|                       |  | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |          |    |

\* .. 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE |           | DAY ON TEST | MORTALITY |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | SEX |
|-----------------------|-----------|-------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----|
| 0.3 MG/KG             | 0.6 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   |
|                       |           | 1           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0   |
|                       |           | 5           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0   |
|                       |           | 9           | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0   |
|                       |           | 6           | 6         | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 7   |
|                       |           | 6           | 6         | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 7   |
|                       |           | 6           | 6         | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 7   |
|                       |           | 6           | 7         | 8 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4         | 5   |
|                       |           | 6           | 7         | 8 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4         | 5   |

# ALIMENTARY 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



TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **GENERAL BODY SYSTEM**

NONE

# **GENITAL SYSTEM**

### Epididymis

## Preputial Gland

## **Adenoma Carcinoma**

Sarmenta

## Prostate

Editor

## Seminal Vesicle

## Testes

Bilateral

## Interstitial Cell, 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  
BLANK .. Not examined microscopically





TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

**CAS Number:** 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## Harderian Gland

+ -

## Zymbal's Gland Carcinoma

**males**  
**(cont...)**

## **URINARY SYSTEM**

Kidney  
Leukemia Mononuclear  
Nephroblastoma  
Renal Tubule, Carcinoma

## Urinary Bladder

+ -

## **SYSTEMIC LESIONS**

Multiple Organ  
Leukemia Mononuclear  
Lymphoma Malignant  
Mesothelioma 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

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# ALIMENTARY SYSTEM

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+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

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BLANK .. Not examined microscopically

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

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+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

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BLANK .. Not examined microscopically

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **GENERAL BODY SYSTEM**

NONE

# **GENITAL SYSTEM**

## Epididymis

## Preputial Gland

## Adenoma Carcinoma

## Prostate Leukemia Mononuclear

### Seminal Vesicle

Testes  
Bilateral, Interstitial Cell, Adenoma  
Interstitial Cell, Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| X |   |   |   |   |   |   |   |   |   | X |   |   | X | 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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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

|                       |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |  |
|-----------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|--|
| FISCHER 344 RATS MALE |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |
| 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 | 0 | 0 | 0 | 0 | males<br>(cont...) |  |
| 5                     | 6 | 7           | 0 | 3 | 7 | 6 | 5 | 0 | 6 | 4 | 5 | 0 | 7 | 7 | 3 | 0 | 7 | 5 | 0 | 7 | 7 | 6 | 0 | 7 | 4 |                    |  |
| 2                     | 7 | 2           | 1 | 6 | 3 | 6 | 7 | 9 | 5 | 7 | 4 | 9 | 2 | 3 | 6 | 2 | 9 | 1 | 3 | 2 | 6 | 0 | 7 | 4 |   |                    |  |
| 9                     | 4 | 9           | 5 | 5 | 0 | 3 | 7 | 1 | 5 | 2 | 3 | 1 | 9 | 0 | 6 | 9 | 1 | 0 | 9 | 2 | 9 | 4 | 0 | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |                    |  |
| 9                     | 9 | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |   |                    |  |
| 1                     | 2 | 3           | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 1 | 2 | 3 | 4 |   |                    |  |
|                       |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |  |

Keratoacanthoma

Trichoepithelioma

Subcutaneous Tissue, Fibroma

Subcutaneous Tissue, Lipoma

Subcutaneous Tissue, Schwannoma Benign

X

X

## MUSCULOSKELETAL SYSTEM

Bone

+ +

## NERVOUS SYSTEM

Brain

+ +

Peripheral Nerve

+

Spinal Cord

+

## RESPIRATORY SYSTEM

Lung

+ +

Alveolar/Bronchiolar Carcinoma

Leukemia Mononuclear

X X

Nose

+ +

Trachea

+ +

## SPECIAL SENSES SYSTEM

Eye

+ +

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

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Lab: SRI

|                         |                  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |  |
|-------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--|
| FISCHER 344 RATS MALE   |                  | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| 0<br>5<br>2<br>9        | 0<br>6<br>7<br>4 | 0<br>7<br>2<br>9 | 0<br>0<br>1<br>5 | 0<br>3<br>6<br>0 | 0<br>7<br>3<br>3 | 0<br>5<br>7<br>1 | 0<br>0<br>5<br>5 | 0<br>6<br>4<br>2 | 0<br>0<br>9<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>3<br>6 | 0<br>7<br>2<br>6 | 0<br>7<br>1<br>5 | 0<br>5<br>9<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>5 | 0<br>7<br>0<br>0 | 0<br>7<br>2<br>9 | 0<br>6<br>0<br>4 | 0<br>7<br>6<br>4 | 0<br>7<br>0<br>3 |                    |  |
| 0<br>0<br>0<br>9        | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>1 | 0<br>0<br>1<br>1 | 0<br>0<br>1<br>1 | 0<br>0<br>0<br>0 |                  |                    |  |
| 0<br>0<br>0<br>1        | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>2 |                    |  |
| 0<br>0<br>0<br>1        | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>2 |                    |  |
| 0<br>0<br>0<br>1        | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>4 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>6 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>8 | 0<br>0<br>0<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>2 |                    |  |
| Harderian Gland         |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |  |
| Zymbal's Gland          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| Carcinoma               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |  |
| URINARY SYSTEM          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| Kidney                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |  |
| Leukemia Mononuclear    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| Nephroblastoma          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |  |
| Renal Tubule, Carcinoma |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| Urinary Bladder         |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |  |
| SYSTEMIC LESIONS        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| Multiple Organ          |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | males<br>(cont...) |  |
| Leukemia Mononuclear    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
| Lymphoma Malignant      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |  |
| Mesothelioma Malignant  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |
|                         |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |  |
|                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE | 0.3 MG/KG       | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|-----------------------|-----------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|
|                       |                 |             | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>1<br>3<br>0 | 0<br>5<br>8<br>2 | 0<br>6<br>3<br>9 | 0<br>0<br>9<br>1 | 0<br>6<br>9<br>7 | 0<br>4<br>3<br>6 | 0<br>5<br>3<br>5 | 0<br>7<br>2<br>9 | 0<br>6<br>2<br>2 |  |  |  |
| ANIMAL ID             | * TOTALS        |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       | 000000000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       | 000000000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       | 111111111111111 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       | 111111111111111 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       | 678901234567890 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       |                 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       |                 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       |                 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |
|                       |                 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Rectum          | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear             | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 16 |
| Mesentery                        | + | + |   |   | + | + |   | + |   |   |   |   |   |   |   |   | 13 |
| Leukemia Mononuclear             |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesothelioma Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE             | 0.3 MG/KG          | DAY ON TEST |                                 |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
|-----------------------------------|--------------------|-------------|---------------------------------|------------------|------------------|------------------|------------------|------------------|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|
|                                   |                    |             | 0<br>6<br>5<br>2                | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>1<br>3<br>0 | 0<br>5<br>8<br>2 | 0<br>6<br>3<br>9 | 0<br>0<br>9<br>1                | 0<br>6<br>9<br>7 | 0<br>4<br>3<br>6 | 0<br>5<br>3<br>5 | 0<br>7<br>2<br>9 | 0<br>6<br>2<br>2 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 |    |
| ANIMAL ID                         | * TOTALS           |             |                                 |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
|                                   | Stomach, Glandular |             | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50 |
| Tongue                            |                    |             |                                 |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |
| Tooth                             |                    |             |                                 |                  |                  |                  |                  |                  | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |
| <b>CARDIOVASCULAR SYSTEM</b>      |                    |             |                                 |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
| Blood Vessel                      |                    |             | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2  |
| Heart                             |                    |             | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50 |
| Leukemia Mononuclear              |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3  |
| <b>ENDOCRINE SYSTEM</b>           |                    |             |                                 |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
| Adrenal Cortex                    |                    |             | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50 |
| Adenoma                           |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |
| Leukemia Mononuclear              |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 6  |
| Adrenal Medulla                   |                    |             | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50 |
| Leukemia Mononuclear              |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4  |
| Pheochromocytoma Benign           |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 8  |
| Pheochromocytoma Benign, Multiple |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4  |
| Pheochromocytoma Malignant        |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3  |
| Islets, Pancreatic                |                    |             | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 50 |
| Adenoma                           |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 13 |
| Adenoma, Multiple                 |                    |             | X X X X X X X X X X X X X X X X |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3  |
| Parathyroid Gland                 |                    |             | + + + M M + + + + + + + + + + + |                  |                  |                  |                  |                  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | 46 |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE            | 0.3 MG/KG | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |    |    |
|----------------------------------|-----------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|----|
|                                  |           |             | 0<br>6<br>5<br>2           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>2           | 0<br>1<br>2<br>0           | 0<br>5<br>8<br>2           | 0<br>6<br>3<br>9           | 0<br>0<br>9<br>1           | 0<br>6<br>9<br>7           | 0<br>4<br>3<br>6           | 0<br>5<br>3<br>5           | 0<br>7<br>2<br>2           | 0<br>6<br>2<br>2           | * TOTALS                   |    |    |
| ANIMAL ID                        |           |             | 0<br>0<br>1<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>1<br>8 | 0<br>0<br>2<br>2<br>2<br>0 | 0<br>0<br>1<br>2<br>2<br>1 | 0<br>0<br>1<br>2<br>2<br>3 | 0<br>0<br>1<br>2<br>2<br>4 | 0<br>0<br>1<br>2<br>2<br>5 | 0<br>0<br>1<br>2<br>2<br>6 | 0<br>0<br>1<br>2<br>2<br>7 | 0<br>0<br>1<br>2<br>2<br>8 | 0<br>0<br>1<br>2<br>2<br>9 | 0<br>0<br>1<br>2<br>3<br>0 |    |    |
| Pituitary Gland                  |           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50 |    |
| Leukemia Mononuclear             |           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X  | 3  |
| Pars Distalis, Adenoma           |           |             | X                          | X                          | X                          | X                          |                            |                            |                            | X                          | X                          | X                          | X                          | X                          |                            |    | 40 |
| Pars Distalis, Adenoma, Multiple |           |             |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |    | 1  |
| Thyroid Gland                    |           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |    | 50 |
| C-cell, Adenoma                  |           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X  | 2  |
| C-cell, Carcinoma                |           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |    | 1  |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                       |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland                       |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                               |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Carcinoma                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Prostate                              |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear                  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Seminal Vesicle                       |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes                                |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Bilateral, Interstitial Cell, Adenoma |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Interstitial Cell, Adenoma            |  |   | X |   |   | X | X |   | X |   |   |   |   |   |   | 13 |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

**FISCHER 344 RATS MALE****0.3 MG/KG**

ANIMAL ID

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

**\* TOTALS****HEMATOPOIETIC SYSTEM**Bone Marrow  
Leukemia Mononuclear

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X | X |   |   |   |   |   | X |   |   |   |   |   |   |   | 15 |

Lymph Node  
Deep Cervical, Leukemia Mononuclear  
Mediastinal, Leukemia Mononuclear  
Pancreatic, Leukemia Mononuclear

|  |  |  |   |  |  |  |   |   |   |  |  |  |  |  |    |
|--|--|--|---|--|--|--|---|---|---|--|--|--|--|--|----|
|  |  |  | + |  |  |  | + | + |   |  |  |  |  |  | 20 |
|  |  |  |   |  |  |  |   |   |   |  |  |  |  |  | 1  |
|  |  |  |   |  |  |  |   |   | X |  |  |  |  |  | 4  |
|  |  |  |   |  |  |  |   |   | X |  |  |  |  |  | 7  |

Lymph Node, Mandibular

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Lymph Node, Mesenteric  
Leukemia Mononuclear

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 11 |

Spleen  
Leukemia Mononuclear  
Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X | X |   |   |   |   |   | X |   |   |   |   |   |   |   | 17 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

Thymus  
Leukemia Mononuclear

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | M |  | 44 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | 1  |

**INTEGUMENTARY SYSTEM**Mammary Gland  
Carcinoma  
Fibroadenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

Skin  
Basal Cell Adenoma  
Basal Cell Carcinoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | 49 |
|   |   |   |   |   |   |   |   |   |   |   | X | X |   |   | 3  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 88133 - 07

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Trimethylolpropane triacrylate

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Lab: SRI

|  |  | DAY ON TEST | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>1<br>3<br>0      | 0<br>5<br>8<br>2      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>6<br>7<br>7      | 0<br>4<br>3<br>6      | 0<br>5<br>3<br>5      | 0<br>7<br>2<br>9      | 0<br>6<br>8<br>2      |                       |                       |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>1<br>6 | 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>2<br>2<br>0 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>2<br>4 | 0<br>0<br>2<br>2<br>5 | 0<br>0<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>8 | 0<br>0<br>2<br>2<br>9 | 0<br>0<br>2<br>2<br>0 |
| <b>* TOTALS</b>                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Keratoacanthoma                        |  |             |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       | 5                     |
| Trichoepithelioma                      |  |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Subcutaneous Tissue, Fibroma           |  |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 4                     |
| Subcutaneous Tissue, Lipoma            |  |             |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Subcutaneous Tissue, Schwannoma Benign |  |             |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>MUSCULOSKELETAL SYSTEM</b>          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone                                   |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| <b>NERVOUS SYSTEM</b>                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain                                  |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Peripheral Nerve                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     | +                     |                       | 3                     |
| Spinal Cord                            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     | +                     |                       | 3                     |
| <b>RESPIRATORY SYSTEM</b>              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung                                   |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Alveolar/Bronchiolar Carcinoma         |  |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Leukemia Mononuclear                   |  |             |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 9                     |
| Nose                                   |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Trachea                                |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| <b>SPECIAL SENSES SYSTEM</b>           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye                                    |  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

\* .. 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## ALIMENTARY SYSTEM

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

± Tissue examined microscopically

X Lesion present

X .. Lesion present

#### M .. Missing tissue

A - Autolysis precludes evaluation

BLANK Not examined microscopically



TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **GENERAL BODY SYSTEM**

Tissue NOS +  
Fibroma  
Fibrous Histiocytoma, Metastatic, Skeletal X  
Muscle

## **GENITAL SYSTEM**

Epididymis +

\* .. 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







**TDMS No. 88133 - 07**

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

| DAY ON TEST<br>LE |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 | males<br>(cont...)              |                                 |                                 |                                 |                                 |  |
|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|
|                   | 0<br>7<br>3<br>0                | 0<br>7<br>2<br>0                | 0<br>5<br>3<br>9                | 0<br>0<br>1<br>8                | 0<br>0<br>2<br>1                | 0<br>7<br>3<br>5                | 0<br>7<br>6<br>0                | 0<br>4<br>0<br>5                | 0<br>7<br>8<br>5                | 0<br>4<br>3<br>0                | 0<br>7<br>9<br>3                | 0<br>6<br>2<br>9                | 0<br>7<br>2<br>9                | 0<br>0<br>1<br>5                | 0<br>6<br>6                     | 0<br>4<br>2<br>6                | 0<br>5<br>1<br>6                | 0<br>3<br>2<br>8                | 0<br>3<br>6<br>8                | 0<br>7<br>2<br>9                |                                 |                                 |                                 |                                 |                                 |  |
| ANIMAL ID         | 0<br>0<br>0<br>0<br>1<br>3<br>1 | 0<br>0<br>0<br>0<br>1<br>3<br>2 | 0<br>0<br>0<br>0<br>1<br>3<br>3 | 0<br>0<br>0<br>0<br>1<br>3<br>4 | 0<br>0<br>0<br>0<br>1<br>3<br>5 | 0<br>0<br>0<br>0<br>1<br>3<br>6 | 0<br>0<br>0<br>0<br>1<br>3<br>7 | 0<br>0<br>0<br>0<br>1<br>3<br>8 | 0<br>0<br>0<br>0<br>1<br>3<br>9 | 0<br>0<br>0<br>0<br>1<br>4<br>0 | 0<br>0<br>0<br>0<br>1<br>4<br>1 | 0<br>0<br>0<br>0<br>1<br>4<br>2 | 0<br>0<br>0<br>0<br>1<br>4<br>3 | 0<br>0<br>0<br>0<br>1<br>4<br>4 | 0<br>0<br>0<br>0<br>1<br>4<br>5 | 0<br>0<br>0<br>0<br>1<br>4<br>6 | 0<br>0<br>0<br>0<br>1<br>4<br>7 | 0<br>0<br>0<br>0<br>1<br>4<br>8 | 0<br>0<br>0<br>0<br>1<br>4<br>9 | 0<br>0<br>0<br>0<br>1<br>5<br>0 | 0<br>0<br>0<br>0<br>1<br>5<br>1 | 0<br>0<br>0<br>0<br>1<br>5<br>2 | 0<br>0<br>0<br>0<br>1<br>5<br>3 | 0<br>0<br>0<br>0<br>1<br>5<br>4 | 0<br>0<br>0<br>0<br>1<br>5<br>5 |  |
|                   | 0<br>7<br>3<br>0                | 0<br>7<br>2<br>0                | 0<br>5<br>3<br>9                | 0<br>0<br>1<br>8                | 0<br>0<br>2<br>1                | 0<br>7<br>3<br>5                | 0<br>7<br>6<br>0                | 0<br>4<br>0<br>5                | 0<br>7<br>8<br>5                | 0<br>4<br>3<br>0                | 0<br>7<br>9<br>3                | 0<br>6<br>2<br>9                | 0<br>7<br>2<br>9                | 0<br>0<br>1<br>5                | 0<br>6<br>6                     | 0<br>4<br>2<br>6                | 0<br>5<br>1<br>6                | 0<br>3<br>2<br>8                | 0<br>3<br>6<br>8                | 0<br>7<br>2<br>9                |                                 |                                 |                                 |                                 |                                 |  |
|                   | 0<br>0<br>0<br>0<br>1<br>3<br>1 | 0<br>0<br>0<br>0<br>1<br>3<br>2 | 0<br>0<br>0<br>0<br>1<br>3<br>3 | 0<br>0<br>0<br>0<br>1<br>3<br>4 | 0<br>0<br>0<br>0<br>1<br>3<br>5 | 0<br>0<br>0<br>0<br>1<br>3<br>6 | 0<br>0<br>0<br>0<br>1<br>3<br>7 | 0<br>0<br>0<br>0<br>1<br>3<br>8 | 0<br>0<br>0<br>0<br>1<br>3<br>9 | 0<br>0<br>0<br>0<br>1<br>4<br>0 | 0<br>0<br>0<br>0<br>1<br>4<br>1 | 0<br>0<br>0<br>0<br>1<br>4<br>2 | 0<br>0<br>0<br>0<br>1<br>4<br>3 | 0<br>0<br>0<br>0<br>1<br>4<br>4 | 0<br>0<br>0<br>0<br>1<br>4<br>5 | 0<br>0<br>0<br>0<br>1<br>4<br>6 | 0<br>0<br>0<br>0<br>1<br>4<br>7 | 0<br>0<br>0<br>0<br>1<br>4<br>8 | 0<br>0<br>0<br>0<br>1<br>4<br>9 | 0<br>0<br>0<br>0<br>1<br>5<br>0 | 0<br>0<br>0<br>0<br>1<br>5<br>1 | 0<br>0<br>0<br>0<br>1<br>5<br>2 | 0<br>0<br>0<br>0<br>1<br>5<br>3 | 0<br>0<br>0<br>0<br>1<br>5<br>4 | 0<br>0<br>0<br>0<br>1<br>5<br>5 |  |

## **URINARY SYSTEM**

Kidney  
Leukemia Mononuclear  
Lymphoma Malignant  
Renal Tubule, Adenoma

## **SYSTEMIC LESIONS**

Multiple Organ  
Leukemia Mononuclear  
Lymphoma Malignant  
Mesothelioma 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## ALIMENTARY SYSTEM

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

± = Tissue examined microscopically

X .. Lesion present

| Insufficient tissue

M .. Missing tissue

A - Autolysis precludes evaluation

BLANK - Not examined microscopically



TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

|                                   |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |
|-----------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
| FISCHER 344 RATS MALE             |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
| 1.0 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 |                    |
|                                   |  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                    |
|                                   |  | 5           | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 |                    |
|                                   |  | 6           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                    |
|                                   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
|                                   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Adrenal Medulla                   |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Leukemia Mononuclear              |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                  |
| Pheochromocytoma Benign           |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Pheochromocytoma Benign, Multiple |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                  |
| Pheochromocytoma Malignant        |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                  |
| Islets, Pancreatic                |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Adenoma                           |  | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                  |
| Parathyroid Gland                 |  | M           | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Pituitary Gland                   |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Leukemia Mononuclear              |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Pars Distalis, Adenoma            |  | X           | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |                    |
| Pars Distalis, Adenoma, Multiple  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Pars Distalis, Carcinoma          |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Thyroid Gland                     |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |                    |
| C-cell, Adenoma                   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                  |

**GENERAL BODY SYSTEM**

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tissue NOS  | + |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibroma   |   | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibrous Histiocytoma, Metastatic, Skeletal Muscle |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**GENITAL SYSTEM**

|            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. 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





TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE | 1.0 MG/KG | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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           | 3 | 7 | 7 | 6 | 7 | 3 | 7 | 0 | 4 | 7 | 7 | 7 | 6 | 7 | 7 | 3 | 6 | 7 | 3 | 5 | 7 | 7 | 5 |                    |  |
|                       |           |           | 9           | 6 | 3 | 3 | 6 | 3 | 6 | 2 | 2 | 9 | 4 | 2 | 2 | 2 | 0 | 3 | 3 | 6 | 7 | 3 | 7 | 3 | 1 | 2 | 4                  |  |
|                       |           |           | 1           | 6 | 0 | 1 | 9 | 0 | 6 | 8 | 9 | 1 | 3 | 9 | 9 | 9 | 9 | 0 | 0 | 6 | 1 | 1 | 5 | 9 | 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 |                    |  |
|                       |           |           | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                    |  |
|                       |           |           | 5           | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7                  |  |
|                       |           |           | 6           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0                  |  |

## NERVOUS SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Carcinoma, Metastatic, Pituitary Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Leukemia Mononuclear                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Peripheral Nerve                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spinal Cord                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Fibrous Histiocytoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Leukemia Mononuclear                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lymphoma Malignant                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## Nose

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nose    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

## SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Zymbal's Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG |   | DAY ON TEST | MORTALITY |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |   |
|------------------------------------|---|-------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|---|
|                                    |   |             | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |   |
| 9                                  | 6 | 3           | 3         | 6 | 3 | 6 | 2 | 2 | 9 | 4 | 4 | 2 | 2 | 2 | 2 | 0 | 3 | 3 | 6 | 7 | 3 | 1 | 5                  | 2 | 4 |
| 1                                  | 6 | 0           | 1         | 9 | 0 | 6 | 8 | 9 | 1 | 3 | 9 | 2 | 9 | 9 | 9 | 0 | 0 | 6 | 6 | 1 | 1 | 5 | 9                  | 3 |   |
| 5                                  | 5 | 5           | 5         | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                  | 8 |   |
| 6                                  | 7 | 8           | 9         | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9                  | 0 |   |

## **URINARY SYSTEM**

Kidney  
Leukemia Mononuclear  
Lymphoma Malignant  
Renal Tubule, Adenoma

## Urinary Bladder Leukemia Mononuclear

## **SYSTEMIC LESIONS**

Multiple Organ  
Leukemia Mononuclear  
Lymphoma Malignant  
Mesothelioma 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

**FISCHER 344 RATS MALE****1.0 MG/KG**

ANIMAL ID

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

**\* TOTALS****ALIMENTARY SYSTEM**

|   |         |       |       |     |    |
|---|---------|-------|-------|-----|----|
| Esophagus   | + + M + | + + + | + + + | + + | 48 |
| Intestine Large, Cecum  | + + + + | + + + | + + + | + + | 49 |
| Intestine Large, Colon<br>Adenoma   | + + + + | + + + | + + + | + + | 49 |
| Intestine Large, Rectum   | + + + + | + + + | + + + | + + | 50 |
| Intestine Small, Duodenum<br>Lymphoma Malignant                               | + + + + | + + + | + + + | + + | 50 |
| Intestine Small, Ileum<br>Lymphoma Malignant                                  | + + + + | + + + | + + + | + + | 48 |
| Intestine Small, Jejunum  | + + + + | + + + | + + + | + + | 48 |
| Liver<br>Hepatocellular Adenoma<br>Leukemia Mononuclear<br>Lymphoma Malignant | + + + + | + + + | + + + | + + | 50 |
|   | X       |       |       |     | 1  |
|   | X       | X     | X     | X   | 12 |
|   |         |       | X     | X   | 2  |
| Mesentery<br>Lipoma<br>Lymphoma Malignant<br>Mesothelioma Malignant           | + +     | + +   | + +   |     | 16 |
|   |         |       |       |     | 1  |
|   |         |       |       |     | 1  |
| 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

BLANK .. Not examined microscopically

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE                             | 1.0 MG/KG | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |           |             | 0<br>5<br>4<br>3      | 0<br>5<br>3<br>5      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>0<br>5<br>1      | 0<br>6<br>2<br>5      | 0<br>7<br>1<br>3      | 0<br>0<br>5<br>5      | 0<br>7<br>1<br>3      | 0<br>0<br>5<br>5      | 0<br>0<br>3<br>2      | 0<br>0<br>0<br>0      | 0<br>0<br>0<br>0      | * TOTALS              |
| ANIMAL ID   |           |             | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 |
| Pancreas  |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Leukemia Mononuclear                              |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Lymphoma Malignant                                |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Mixed Tumor Benign                                |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Acinus, Adenoma                                   |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Acinus, Adenoma, Multiple                         |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Salivary Glands                                   |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Stomach, Forestomach                              |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Leukemia Mononuclear                              |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Lymphoma Malignant                                |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Stomach, Glandular                                |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Leukemia Mononuclear                              |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Lymphoma Malignant                                |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>CARDIOVASCULAR SYSTEM</b>                      |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel                                      |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Heart   |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Fibrous Histiocytoma, Metastatic, Skeletal Muscle |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Leukemia Mononuclear                              |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| <b>ENDOCRINE SYSTEM</b>                           |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex                                    |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Leukemia Mononuclear                              |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE                             | 1.0 MG/KG | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |           |             | 0<br>5<br>4<br>3      | 0<br>5<br>3<br>5      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>0<br>5<br>1      | 0<br>6<br>2<br>5      | 0<br>7<br>1<br>3      | 0<br>0<br>5<br>5      | 0<br>7<br>1<br>5      | 0<br>0<br>3<br>5      | 0<br>7<br>1<br>2      | 0<br>0<br>1<br>5      | 0<br>0<br>1<br>2      | 0<br>0<br>1<br>4      |          |
| ANIMAL ID   |           |             | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 |          |
| Adrenal Medulla                                   |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Leukemia Mononuclear                              |           |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |          |
| Pheochromocytoma Benign                           |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Pheochromocytoma Benign, Multiple                 |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Pheochromocytoma Malignant                        |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Islets, Pancreatic                                |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Adenoma   |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9        |
| Parathyroid Gland                                 |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |          |
| Pituitary Gland                                   |           |             | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Leukemia Mononuclear                              |           |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |          |
| Pars Distalis, Adenoma                            |           |             |                       | X                     | X                     |                       | X                     | X                     | X                     |                       |                       |                       |                       |                       |                       |                       | 36                    |          |
| Pars Distalis, Adenoma, Multiple                  |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |          |
| Pars Distalis, Carcinoma                          |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Thyroid Gland                                     |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| C-cell, Adenoma                                   |           |             |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 6                     |          |
| <b>GENERAL BODY SYSTEM</b>                        |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Tissue NOS  |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Fibroma   |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Fibrous Histiocytoma, Metastatic, Skeletal Muscle |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>GENITAL SYSTEM</b>                             |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Epididymis  |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

## FISCHER 344 RATS MALE

1.0 MG/KG

ANIMAL ID

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

\* TOTALS

Preputial Gland  
Carcinoma  
Leukemia MononuclearProstate  
Leukemia MononuclearSeminal Vesicle  
Leukemia MononuclearTestes  
Bilateral, Interstitial Cell, Adenoma  
Interstitial Cell, Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
|   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 11 |
| X | X | X |   |   | X |   |   | X | X |   |   | X |   |   | 16 |

## HEMATOPOIETIC SYSTEM

Bone Marrow  
Leukemia Mononuclear  
Lymphoma MalignantLymph Node  
Mediastinal, Leukemia Mononuclear  
Pancreatic, Leukemia Mononuclear  
Pancreatic, Lymphoma Malignant

Lymph Node, Mandibular

Lymph Node, Mesenteric  
Leukemia Mononuclear  
Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| X |   | X |   | X |   |   |   |   |   |   |   |   |   |   | 8  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |

|   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |    |
|---|---|--|--|--|---|---|--|--|--|--|--|--|--|--|----|
| + | + |  |  |  | + | + |  |  |  |  |  |  |  |  | 17 |
| X |   |  |  |  | X |   |  |  |  |  |  |  |  |  | 5  |
|   |   |  |  |  |   |   |  |  |  |  |  |  |  |  | 4  |
|   |   |  |  |  |   |   |  |  |  |  |  |  |  |  | 1  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 8  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

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

\* TOTALS

## FISCHER 344 RATS MALE

1.0 MG/KG

ANIMAL ID

Spleen

Leukemia Mononuclear

Lymphoma Malignant

Thymus

Fibrous Histiocytoma, Metastatic, Skeletal Muscle

Leukemia Mononuclear

Lymphoma Malignant

Thymoma Benign

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

49

X X X X X X X X X X X X X X

13

X X X X X X X X X X X X X X

2

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

49

X X X X X X X X X X X X X X

1

## INTEGUMENTARY SYSTEM

Mammary Gland

Fibroadenoma

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

49

X X X X X X X X X X X X X X

2

Skin

Basal Cell Carcinoma

Keratoacanthoma

Squamous Cell Papilloma, Multiple

Subcutaneous Tissue, Fibroma

Subcutaneous Tissue, Lipoma

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

50

X X X X X X X X X X X X X X

1

X X X X X X X X X X X X X X

2

X X X X X X X X X X X X X X

1

X X X X X X X X X X X X X X

10

X X X X X X X X X X X X X X

3

## MUSCULOSKELETAL SYSTEM

Bone

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

50

Skeletal Muscle

Fibrous Histiocytoma

Sarcoma

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

3

X X X X X X X X X X X X X X

1

X X X X X X X X X X X X X X

1

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

**FISCHER 344 RATS MALE****1.0 MG/KG**

ANIMAL ID

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

**\* TOTALS****NERVOUS SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma, Metastatic, Pituitary Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Peripheral Nerve                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Spinal Cord                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear                              | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Lymphoma Malignant                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Zymbal's Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

**FISCHER 344 RATS MALE****1.0 MG/KG**

ANIMAL ID

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

**\* TOTALS****URINARY SYSTEM**

Kidney  
Leukemia Mononuclear  
Lymphoma Malignant  
Renal Tubule, Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |

Urinary Bladder  
Leukemia Mononuclear

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**SYSTEMIC LESIONS**

Multiple Organ  
Leukemia Mononuclear  
Lymphoma Malignant  
Mesothelioma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| X |   | X |   | X |   | X |   | X |   | X |   | X |   | X | 14 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|-----------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                       |             | 0<br>7<br>3<br>0           | 0<br>3<br>6<br>0           | 0<br>5<br>9<br>6           | 0<br>3<br>1<br>1           | 0<br>2<br>9<br>6           | 0<br>7<br>3<br>0           | 0<br>6<br>9<br>0           | 0<br>6<br>2<br>0           | 0<br>6<br>3<br>8           | 0<br>3<br>6<br>6           | 0<br>7<br>1<br>5           | 0<br>7<br>2<br>3           | 0<br>7<br>3<br>1           | 0<br>7<br>4<br>4           | 0<br>7<br>2<br>9           | 0<br>7<br>1<br>5           | 0<br>4<br>5<br>4           | 0<br>9<br>1                | 0<br>2<br>9                | 0<br>5<br>8<br>2           | 0<br>7<br>2<br>9           |                            |                            |                            |
| 3.0 MG/KG             | ANIMAL ID   | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>1<br>1<br>9<br>9<br>6 | 1<br>1<br>1<br>9<br>9<br>7 | 1<br>1<br>2<br>9<br>9<br>8 | 2<br>2<br>2<br>0<br>0<br>2 | 2<br>2<br>2<br>0<br>0<br>3 | 2<br>2<br>2<br>0<br>0<br>4 | 2<br>2<br>2<br>0<br>0<br>5 | 2<br>2<br>2<br>0<br>0<br>6 | 2<br>2<br>2<br>0<br>0<br>7 | 2<br>2<br>2<br>0<br>0<br>8 | 2<br>2<br>2<br>0<br>0<br>9 | 2<br>2<br>2<br>1<br>0<br>0 | 2<br>2<br>2<br>1<br>1<br>1 | 2<br>2<br>2<br>1<br>1<br>2 | 2<br>2<br>2<br>1<br>1<br>3 | 2<br>2<br>2<br>1<br>1<br>4 | 2<br>2<br>2<br>1<br>1<br>5 | 2<br>2<br>2<br>1<br>1<br>6 | 2<br>2<br>2<br>1<br>1<br>7 | 2<br>2<br>2<br>1<br>1<br>8 | 2<br>2<br>2<br>1<br>1<br>9 | 2<br>2<br>2<br>1<br>1<br>0 |
|                       |             | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>1<br>1<br>9<br>9<br>6 | 1<br>1<br>1<br>9<br>9<br>7 | 1<br>1<br>2<br>9<br>9<br>8 | 2<br>2<br>2<br>0<br>0<br>2 | 2<br>2<br>2<br>0<br>0<br>3 | 2<br>2<br>2<br>0<br>0<br>4 | 2<br>2<br>2<br>0<br>0<br>5 | 2<br>2<br>2<br>0<br>0<br>6 | 2<br>2<br>2<br>0<br>0<br>7 | 2<br>2<br>2<br>0<br>0<br>8 | 2<br>2<br>2<br>0<br>0<br>9 | 2<br>2<br>2<br>1<br>0<br>0 | 2<br>2<br>2<br>1<br>1<br>1 | 2<br>2<br>2<br>1<br>1<br>2 | 2<br>2<br>2<br>1<br>1<br>3 | 2<br>2<br>2<br>1<br>1<br>4 | 2<br>2<br>2<br>1<br>1<br>5 | 2<br>2<br>2<br>1<br>1<br>6 | 2<br>2<br>2<br>1<br>1<br>7 | 2<br>2<br>2<br>1<br>1<br>8 | 2<br>2<br>2<br>1<br>1<br>9 | 2<br>2<br>2<br>1<br>1<br>0 |

## **ALIMENTARY 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

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

males  
(cont...)

## Squamous Cell Papilloma

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Pancreas             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |

## CARDIOVASCULAR SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |

## ENDOCRINE SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Adrenal Cortex       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |  |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |  |
| Adrenal Medulla      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

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First Dose M/F: 01/18/05 / 01/18/05

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

males  
(cont...)**FISCHER 344 RATS MALE****3.0 MG/KG**

ANIMAL ID

Pheochromocytoma Benign X  
 Pheochromocytoma Benign, Multiple  
 Pheochromocytoma Malignant  
 Pheochromocytoma Malignant, Multiple

Islets, Pancreatic Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| X |   |   | X | X |   | X |   | X | X |   | X |   | X |   | X |   | X |   | X |   | X |

Parathyroid Gland Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| X |   |   | X | X | X | X |   | X | X |   | X |   | X |   | X |   | X |   | X |   | X |

Pituitary Gland Leukemia Mononuclear

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| X |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

Lymphoma Malignant

|   |  |  |   |   |   |   |  |   |   |  |   |  |   |  |   |  |   |  |   |  |   |
|---|--|--|---|---|---|---|--|---|---|--|---|--|---|--|---|--|---|--|---|--|---|
| X |  |  | X | X | X | X |  | X | X |  | X |  | X |  | X |  | X |  | X |  | X |
|   |  |  |   |   |   |   |  |   |   |  |   |  |   |  |   |  |   |  |   |  |   |

Pars Distalis, Adenoma  
 Pars Distalis, Adenoma, Multiple  
 Pars Distalis, Carcinoma  
 Pars Intermedia, Adenoma

|   |  |  |   |   |   |   |  |   |   |  |   |  |   |  |   |  |   |  |   |  |   |
|---|--|--|---|---|---|---|--|---|---|--|---|--|---|--|---|--|---|--|---|--|---|
| X |  |  | X | X | X | X |  | X | X |  | X |  | X |  | X |  | X |  | X |  | X |
|   |  |  |   |   |   |   |  |   |   |  |   |  |   |  |   |  |   |  |   |  |   |

Thyroid Gland C-cell, Adenoma  
 Follicular Cell, Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   | X |   |   |   |   | X |   |   |   |   | X |   |   |   | X |   |   | X |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis  
 Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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







TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **SPECIAL SENSES SYSTEM**

Eye

## Harderian Gland Leukemia Mononuclear

## Zymbal's Gland Carcinoma

## **URINARY SYSTEM**

Kidney  
Leukemia Mononuclear  
Lymphoma Malignant

## Urethra

## Urinary Bladder

## **SYSTEMIC LESIONS**

Multiple Organ  
Leukemia Mononuclear  
Lymphoma Malignant  
Mesothelioma Malignant

**males**  
**(cont...)**

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

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Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE | 3.0 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 |                    |
|                       |           | 7           | 6         | 1 | 6 | 7 | 5 | 0 | 3 | 7 | 0 | 7 | 6 | 6 | 6 | 0 | 6 | 7 | 0 | 0 | 3 | 7 | 7 | 7 | 0 | 6 |                    |
|                       |           | 3           | 9         | 5 | 6 | 2 | 8 | 1 | 6 | 2 | 9 | 1 | 5 | 4 | 7 | 1 | 1 | 7 | 2 | 1 | 9 | 3 | 3 | 3 | 2 | 9 | 6                  |
|                       |           | 0           | 3         | 7 | 2 | 9 | 8 | 5 | 6 | 2 | 1 | 1 | 2 | 6 | 4 | 5 | 7 | 5 | 1 | 2 | 9 | 1 | 2 | 0 | 1 | 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                  |
|                       |           | 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                  |
|                       |           | 2           | 2         | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4                  |
|                       |           | 1           | 2         | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 4 | 5                  |

## ALIMENTARY SYSTEM

|   |               |             |             |             |             |
|---|---------------|-------------|-------------|-------------|-------------|
| Esophagus   | + + + + + +   | + + + + + + | + + + + + + | + + + + + + | + + + + + + |
| Intestine Large, Cecum  | + + + + + +   | + + + + + + | + + + + + + | + + + + + + | + + + + + + |
| Intestine Large, Colon<br>Lymphoma Malignant                                    | + + + + + +   | + + + + + + | + + + + + + | + + + + + + | + + + + + + |
| Intestine Large, Rectum   | + + + + + +   | + + + + + + | + + + + + + | + + + + + + | + + + + + + |
| Intestine Small, Duodenum   | + + + + + +   | + + + + + + | + + + + + + | + + + + + + | + + + + + + |
| Intestine Small, Ileum<br>Leukemia Mononuclear<br>Lymphoma Malignant            | + + + + + + M | + + + + + + | + + + + + + | + + + + + + | + + + + + + |
| Intestine Small, Jejunum<br>Lymphoma Malignant                                  | + + + + + +   | + + A + + + | + + + + + + | + + + + + + | + + + + + + |
| Liver<br>Hepatocellular Carcinoma<br>Leukemia Mononuclear<br>Lymphoma Malignant | + + + + + +   | + + + + + + | + + + + + + | + + + + + + | + + + + + X |
| Mesentery<br>Fibrosarcoma<br>Leukemia Mononuclear<br>Mesothelioma Malignant     |               | X           |             | X           | X           |
| 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



**TDMS No. 88133 - 07**

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

## Epididymis

### Lymphoma Malignant

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

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

TDMS No. 88133 - 07

**Test Type: CHRONIC**

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**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

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**Date Report Requested:** 03/31/2010

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**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **HEMATOPOIETIC 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







TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

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First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE | 3.0 MG/KG        | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|-----------------------|------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|
|                       |                  |             | 0<br>7<br>3<br>1 | 0<br>7<br>6<br>0 | 0<br>0<br>9<br>1 | 0<br>0<br>3<br>0 | 0<br>0<br>1<br>5 | 0<br>1<br>3<br>1 | 0<br>5<br>6<br>9 | 0<br>6<br>2<br>9 | 0<br>5<br>2<br>6 | 0<br>7<br>3<br>0 | 0<br>6<br>3<br>8 | 0<br>7<br>2<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |  |
| ANIMAL ID             |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |  |
|                       | 0000000000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                       | 0000000000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                       | 2222222222222222 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                       | 4444445555555555 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                       | 6789012345678901 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |

## ALIMENTARY SYSTEM

|   |                                   |                    |
|---|-----------------------------------|--------------------|
| Esophagus   | + + + + + + + + + + + + + +       | 50                 |
| Intestine Large, Cecum  | + + + + + + + + + + + + + +       | 50                 |
| Intestine Large, Colon<br>Lymphoma Malignant                                    | + + + + + + + + + + + + + +       | 50<br>1            |
| Intestine Large, Rectum   | + + + + + + + + + + + + + +       | 50                 |
| Intestine Small, Duodenum   | + + + + + + + + + + + + + +       | 50                 |
| Intestine Small, Ileum<br>Leukemia Mononuclear<br>Lymphoma Malignant            | + + + + + + + + + + + + + + X     | 48<br>1<br>1       |
| Intestine Small, Jejunum<br>Lymphoma Malignant                                  | + + + + + + + + + + + + + +       | 49<br>1            |
| Liver<br>Hepatocellular Carcinoma<br>Leukemia Mononuclear<br>Lymphoma Malignant | + + + + + + + + + + + + + + X X X | 50<br>1<br>12<br>2 |
| Mesentery<br>Fibrosarcoma<br>Leukemia Mononuclear<br>Mesothelioma Malignant     | + + + + + + + + + + + + + + X     | 16<br>1<br>1<br>5  |
| Oral Mucosa   | + + + +                           | 1                  |

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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TDMS No. 88133 - 07

Test Type: CHRONIC

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Species/Strain: RATS/F 344/N

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First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE   | 3.0 MG/KG | DAY ON TEST |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |   |
|-------------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|---|
|                         |           |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>9<br>1           | 0<br>3<br>0      | 0<br>1<br>5      | 0<br>1<br>5      | 0<br>6<br>9      | 0<br>2<br>6      | 0<br>2<br>3      | 0<br>7<br>8      | 0<br>6<br>0      | 0<br>7<br>9      | 0<br>7<br>2      | 0<br>7<br>9      | 0<br>7<br>2      |          |   |
|                         |           | ANIMAL ID   | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>5<br>0 | 0<br>0<br>5<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>4<br>2 | 0<br>0<br>5<br>3 | 0<br>0<br>5<br>4 | 0<br>0<br>5<br>5 | 0<br>0<br>5<br>6 | 0<br>0<br>5<br>7 | 0<br>0<br>5<br>8 | 0<br>0<br>5<br>9 | 0<br>0<br>5<br>0 |          |   |
| Squamous Cell Papilloma |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |   |
| Pancreas                |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X        | 2 |
| Lymphoma Malignant      |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2 |
| Salivary Glands         |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Stomach, Forestomach    |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Lymphoma Malignant      |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Stomach, Glandular      |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2 |
| Lymphoma Malignant      |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| CARDIOVASCULAR SYSTEM   |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Heart                   |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2 |
| ENDOCRINE SYSTEM        |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Adrenal Cortex          |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 6 |
| Lymphoma Malignant      |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Adrenal Medulla         |           |             | +                     | +                     |                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Leukemia Mononuclear    |           |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 3 |
| 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE                | 3.0 MG/KG | DAY ON TEST           |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|--------------------------------------|-----------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                      |           |                       | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0        | 0<br>0<br>6<br>1      | 0<br>3<br>1<br>0      | 0<br>1<br>5           | 0<br>6<br>9           | 0<br>2<br>6           | 0<br>2<br>3           | 0<br>7<br>8           | 0<br>7<br>0           | 0<br>7<br>9           | 0<br>7<br>2           | 0<br>7<br>9           | 0<br>7<br>2           | * TOTALS |
| ANIMAL ID                            |           | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>4<br>8   | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>5<br>0 |          |
| Pheochromocytoma Benign              |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6        |
| Pheochromocytoma Benign, Multiple    |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |
| Pheochromocytoma Malignant           |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Pheochromocytoma Malignant, Multiple |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Islets, Pancreatic Adenoma           |           | + +                   | X                     | + + + + + + + + + + + + |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
|                                      |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 14       |
| Parathyroid Gland Adenoma            |           | M +                   |                       | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47       |
|                                      |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Pituitary Gland Leukemia Mononuclear |           | + +                   |                       | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
|                                      |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |
| Lymphoma Malignant                   |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Pars Distalis, Adenoma               |           | X                     |                       | X X X X X X X X X X X X |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 30                    |          |
|                                      |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        |
| Pars Distalis, Adenoma, Multiple     |           |                       | X                     |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Pars Distalis, Carcinoma             |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Pars Intermedia, Adenoma             |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Thyroid Gland C-cell, Adenoma        |           | + +                   | X                     | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
|                                      |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5        |
| Follicular Cell, Adenoma             |           |                       |                       |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE                 | 3.0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |          |
|---------------------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|----------|
|                                       |           |                       | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>9<br>1<br>0      | 0<br>3<br>1<br>5      | 0<br>1<br>5<br>1      | 0<br>6<br>2<br>5      | 0<br>1<br>9<br>5      | 0<br>6<br>7<br>3      | 0<br>7<br>3<br>0      | 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 | * TOTALS |
| ANIMAL ID                             |           | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>4<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6 |          |
| Preputial Gland                       |           | + +                   |                       | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | 50               |          |
| Adenoma                               |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 2        |
| Leukemia Mononuclear                  |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 1        |
| Prostate                              |           | + +                   |                       | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | 50               |          |
| Adenoma                               |           |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                  | 1        |
| Leukemia Mononuclear                  |           |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                  | 4        |
| Lymphoma Malignant                    |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 1        |
| Seminal Vesicle                       |           | + +                   |                       | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | 50               |          |
| Leukemia Mononuclear                  |           |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 3        |
| Testes                                |           | + +                   |                       | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | X                     | X                     | X                     | X                     | 50               |          |
| Bilateral, Interstitial Cell, Adenoma |           |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 13       |
| Interstitial Cell, Adenoma            |           |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     | X                     |                       |                       |                       |                       |                  | 15       |
| <b>HEMATOPOIETIC SYSTEM</b>           |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |          |
| Bone Marrow                           |           | + +                   |                       | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | + +                   | 50               |          |
| Leukemia Mononuclear                  |           |                       |                       |                       | X X                   |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                  | 11       |
| Lymphoma Malignant                    |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 2        |
| Lymph Node                            |           |                       |                       |                       |                       |                       |                       |                       |                       | + + + +               |                       |                       |                       |                       |                       |                  | 18       |
| Leukemia Mononuclear                  |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 2        |
| Deep Cervical, Leukemia Mononuclear   |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 1        |
| Mediastinal, Leukemia Mononuclear     |           |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                  | 5        |
| Mediastinal, Lymphoma Malignant       |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 1        |
| Pancreatic, Leukemia Mononuclear      |           |                       |                       |                       |                       |                       |                       |                       |                       | X X                   |                       |                       |                       |                       |                       |                  | 7        |
| Pancreatic, Lymphoma Malignant        |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS MALE   | 3.0 MG/KG | DAY ON TEST |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | * TOTALS           |
|---|-----------|-------------|---------------------------|---------------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------------|
|   |           |             | 0<br>7<br>3<br>1          | 0<br>7<br>3<br>0          | 0<br>9<br>1           | 0<br>3<br>0 | 0<br>1<br>5 | 0<br>1<br>5 | 0<br>6<br>9 | 0<br>6<br>5 | 0<br>2<br>6 | 0<br>3<br>0 | 0<br>7<br>8 | 0<br>6<br>0 | 0<br>7<br>0 | 0<br>7<br>9 | 0<br>7<br>2 |                    |
| ANIMAL ID   |           |             | 0<br>0<br>2<br>4<br>6     | 0<br>0<br>2<br>4<br>7     | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>1 | 0<br>2<br>3 | 0<br>5<br>4 | 0<br>5<br>5 | 0<br>5<br>6 | 0<br>5<br>7 | 0<br>5<br>8 | 0<br>5<br>9 | 0<br>5<br>0 | 0<br>2<br>2 | 0<br>2<br>2 | 0<br>2<br>2 |                    |
| Lymph Node, Mandibular Leukemia Mononuclear                                       |           | M M         | M                         | M M M M M M M M M M M M M |                       |             |             |             |             |             |             |             |             |             |             |             |             | 1<br>1             |
| Lymph Node, Mesenteric Leukemia Mononuclear                                       |           | + +         | + + + + + + + + + + + + + |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 49<br>9<br>2       |
| Lymphoma Malignant  |           |             | X X                       |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| Spleen  |           | + +         | + + + + + + + + + + + + + |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 49<br>14<br>2<br>1 |
| Leukemia Mononuclear  |           | X           | X X                       |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| Lymphoma Malignant  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| Mesothelioma Malignant  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| Thymus  |           | + +         | + + + + + + + + + + + + + |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 46<br>5<br>2       |
| Leukemia Mononuclear  |           |             | X                         |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| Lymphoma Malignant  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| <b>INTEGUMENTARY SYSTEM</b>   |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| Mammary Gland Fibroadenoma  |           | + +         | + + + + + + + + + + + + + |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 48<br>2            |
| Skin  |           | + +         | + + + + + + + + + + + + + |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 50                 |
| Basal Cell Adenoma  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 2                  |
| Keratoacanthoma   |           | X           |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 5                  |
| Leukemia Mononuclear  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 1                  |
| Subcutaneous Tissue, Fibroma  |           | X           |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 4                  |
| Subcutaneous Tissue, Fibroma, Multiple  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 2                  |
| Subcutaneous Tissue, Lipoma   |           | X           |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             | 3                  |
| <b>MUSCULOSKELETAL SYSTEM</b>   |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| * .. Total animals with tissue examined microscopically; Total animals with tumor |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| + .. Tissue examined microscopically  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| X .. Lesion present   |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |
| I .. Insufficient tissue  |           |             |                           |                           |                       |             |             |             |             |             |             |             |             |             |             |             |             |                    |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

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

\* TOTALS

## FISCHER 344 RATS MALE

3.0 MG/KG

ANIMAL ID

Bone  
Chordoma  
Osteosarcoma

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

1

1

Skeletal Muscle

1

## NERVOUS SYSTEM

Brain  
Carcinoma, Metastatic, Pituitary Gland  
Leukemia Mononuclear

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

1

3

Peripheral Nerve

2

Spinal Cord  
Leukemia Mononuclear

3

1

## RESPIRATORY SYSTEM

Lung  
Alveolar/Bronchiolar Adenoma  
Leukemia Mononuclear  
Lymphoma Malignant  
Osteosarcoma, Metastatic, Bone  
Pheochromocytoma Malignant, Metastatic,  
Adrenal Medulla

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

2

9

X

1

1

1

Nose

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

Trachea

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

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

**FISCHER 344 RATS MALE****3.0 MG/KG**

ANIMAL ID

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

**\* TOTALS****SPECIAL SENSES SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

Leukemia Mononuclear

Carcinoma

+

X

3

3

**URINARY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Urethra              |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Urinary Bladder      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**SYSTEMIC LESIONS**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear   | X |   |   | X | X |   |   | X |   |   |   |   |   |   | 14 |
| Lymphoma Malignant     |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesothelioma Malignant |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 5  |

**\*\*\* 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

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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

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Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 0 MG/KG | ANIMAL ID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  | females<br>(cont...) |
|-------------------------|---------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|----------------------|
|                         |         |           | 0<br>7<br>3<br>6<br>2 | 0<br>3<br>6<br>3<br>2 | 0<br>7<br>3<br>3<br>2 | 0<br>4<br>9<br>9<br>7 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>6<br>6<br>6 | 0<br>7<br>2<br>9<br>6 | 0<br>6<br>9<br>1<br>8 | 0<br>0<br>1<br>3<br>5 | 0<br>6<br>0<br>0<br>1 | 0<br>5<br>6<br>4<br>5 | 0<br>5<br>6<br>0<br>9 | 0<br>7<br>3<br>1<br>1 | 0<br>7<br>3<br>1<br>1 | 0<br>6<br>2<br>5<br>5 | 0<br>6<br>6<br>2<br>6 | 0<br>5<br>5<br>1<br>5 | 0<br>0<br>0<br>0<br>0 |  |  |                      |
|                         |         |           | 0<br>2<br>6<br>1      | 0<br>2<br>6<br>1      | 0<br>2<br>2<br>3      | 0<br>2<br>6<br>4      | 0<br>5<br>6<br>5      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>7      | 0<br>7<br>7<br>8      | 0<br>7<br>7<br>9      | 0<br>1<br>2<br>3      | 0<br>4<br>5<br>6      | 0<br>7<br>7<br>8      | 0<br>7<br>7<br>8      | 0<br>8<br>9<br>0      | 0<br>2<br>3<br>1      | 0<br>2<br>2<br>3      | 0<br>2<br>2<br>4      | 0<br>0<br>0<br>0      |  |  |                      |

## ALIMENTARY SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum      | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum      | + | + | + | + | + | + | A | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Intestine Small, Jejunum    | + | + | + | + | + | + | A | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + |
| Sarcoma, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | X |
| Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pancreas                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | females<br>(cont...) |  |
|----------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----------------------|--|
|                                  |             | 0<br>7<br>3<br>6<br>2 | 0<br>3<br>6<br>3<br>2 | 0<br>7<br>3<br>3<br>2 | 0<br>4<br>9<br>9<br>7 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>6<br>6<br>6 | 0<br>7<br>2<br>9<br>6 | 0<br>6<br>9<br>1<br>8 | 0<br>0<br>1<br>2<br>5 | 0<br>7<br>3<br>3<br>2 | 0<br>6<br>9<br>0<br>1 | 0<br>5<br>6<br>4<br>0 | 0<br>5<br>6<br>4<br>9 | 0<br>7<br>3<br>1<br>1 | 0<br>7<br>3<br>1<br>1 | 0<br>6<br>2<br>5<br>5 | 0<br>6<br>6<br>2<br>6 | 0<br>6<br>2<br>1<br>5 | 0<br>5<br>8<br>1<br>5 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |   |                      |  |
| Stomach, Glandular               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |  |
| Tongue                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |   |                      |  |
| <b>CARDIOVASCULAR SYSTEM</b>     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Heart                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| <b>ENDOCRINE SYSTEM</b>          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Adrenal Cortex                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Adrenal Medulla                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Islets, Pancreatic               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Adenoma                          |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Parathyroid Gland                |             | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Pituitary Gland                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Pars Distalis, Adenoma           |             | X                     |                       | X                     |                       | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X | X                    |  |
| Pars Distalis, Adenoma, Multiple |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Pars Distalis, Carcinoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Pars Intermedia, Adenoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Pars Nervosa, Craniopharyngioma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Thyroid 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

**CAS Number:** 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

C-cell, Adenoma

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow<br>Leukemia Mononuclear             | + | + | + | + |   | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + |
| Lymph Node<br>Mediastinal, Leukemia Mononuclear |   |   |   |   | + |   |   |   |  |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                          | M | M | M | + |   | M | M | M |  | M | M | M | M | M | + | M | M | M | + | M | M | M |   | M | M |

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

+ .. Tissue examined microscopically

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Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

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First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE                | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | females<br>(cont...)       |                            |                            |   |
|--|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|
|  |             | 0<br>7<br>3<br>6<br>2      | 0<br>3<br>6<br>3<br>2      | 0<br>7<br>3<br>3<br>2      | 0<br>4<br>9<br>9<br>7      | 0<br>0<br>1<br>1<br>1      | 0<br>0<br>6<br>6<br>6      | 0<br>7<br>2<br>9<br>6      | 0<br>6<br>9<br>8<br>5      | 0<br>7<br>3<br>1<br>2      | 0<br>6<br>9<br>6<br>5      | 0<br>5<br>6<br>4<br>5      | 0<br>6<br>4<br>3<br>9      | 0<br>7<br>3<br>1<br>1      | 0<br>7<br>3<br>1<br>1      | 0<br>6<br>2<br>5<br>5      | 0<br>6<br>6<br>1<br>5      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      |                            |   |
| 0 MG/KG                                | ANIMAL ID   | 0<br>0<br>0<br>2<br>6<br>1 | 0<br>0<br>0<br>2<br>6<br>2 | 0<br>0<br>0<br>2<br>6<br>3 | 0<br>0<br>0<br>2<br>6<br>4 | 0<br>0<br>0<br>2<br>6<br>5 | 0<br>0<br>0<br>2<br>6<br>6 | 0<br>0<br>0<br>2<br>6<br>7 | 0<br>0<br>0<br>2<br>6<br>8 | 0<br>0<br>0<br>2<br>7<br>9 | 0<br>0<br>0<br>2<br>7<br>0 | 0<br>0<br>0<br>2<br>7<br>1 | 0<br>0<br>0<br>2<br>7<br>2 | 0<br>0<br>0<br>2<br>7<br>3 | 0<br>0<br>0<br>2<br>7<br>4 | 0<br>0<br>0<br>2<br>7<br>5 | 0<br>0<br>0<br>2<br>7<br>6 | 0<br>0<br>0<br>2<br>7<br>7 | 0<br>0<br>0<br>2<br>7<br>8 | 0<br>0<br>0<br>2<br>8<br>0 | 0<br>0<br>0<br>2<br>8<br>1 | 0<br>0<br>0<br>2<br>8<br>2 | 0<br>0<br>0<br>2<br>8<br>3 | 0<br>0<br>0<br>2<br>8<br>4 |   |
| Lymph Node, Mesenteric                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | X                          |                            |   |
| Leukemia Mononuclear                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| Spleen                                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | X                          |                            |   |
| Leukemia Mononuclear                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| Thymus                                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | +                          | +                          | +                          | M                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                            |   |
| Leukemia Mononuclear                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| <b>INTEGUMENTARY SYSTEM</b>            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| Mammary Gland                          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                            |   |
| Adenoma                                |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| Adenoma, Multiple                      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X |
| Carcinoma                              |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X |
| Fibroadenoma                           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X |
| Fibroadenoma, Multiple                 |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X |
| Skin                                   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                            |   |
| Basal Cell Adenoma                     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X |
| Subcutaneous Tissue, Schwannoma Benign |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |

**MUSCULOSKELETAL SYSTEM**

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

**NERVOUS SYSTEM**

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

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

+ .. Tissue examined microscopically

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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 0 MG/KG | ANIMAL ID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |
|-------------------------|---------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                         |         |           | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>2 | 0<br>4<br>6<br>3 | 0<br>1<br>2<br>2 | 0<br>2<br>3<br>2 | 0<br>5<br>1<br>2 | 0<br>3<br>2<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>2 | 0<br>6<br>5<br>3 | 0<br>6<br>3<br>6 | 0<br>3<br>2<br>2 | 0<br>7<br>3<br>1 | 0<br>0<br>9<br>5 | 0<br>5<br>6<br>0 | 0<br>3<br>6<br>5 | 0<br>7<br>6<br>1 | 0<br>0<br>1<br>5 |                      |
|                         |         |           | 0<br>7<br>2<br>2 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>8 | 0<br>8<br>8      | 0<br>9<br>9          |

## ALIMENTARY SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Intestine Large, Rectum     | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Intestine Small, Jejunum    | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Sarcoma, Metastatic, Kidney |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear        |   |   | X |   | X | X | X | X | X |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Mesentery                   | + |   |   | + |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pancreas                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | females<br>(cont...) |   |  |  |
|----------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----------------------|---|--|--|
|                                  |             | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>2      | 0<br>5<br>6<br>6      | 0<br>1<br>2<br>2      | 0<br>7<br>2<br>2      | 0<br>0<br>3<br>5      | 0<br>3<br>2<br>1      | 0<br>7<br>7<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>1      | 0<br>3<br>6<br>6      | 0<br>6<br>5<br>3      | 0<br>3<br>6<br>2      | 0<br>7<br>3<br>1      | 0<br>0<br>9<br>1      | 0<br>7<br>3<br>5      | 0<br>5<br>6<br>0      | 0<br>3<br>6<br>1      | 0<br>7<br>5<br>1      | 0<br>3<br>6<br>5      | 0<br>7<br>0<br>0      |                       |   |                      |   |  |  |
| 0 MG/KG                          | ANIMAL ID   | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>8<br>8 | 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 | 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 |   |                      |   |  |  |
| Stomach, Glandular               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |                      |   |  |  |
| Tongue                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| <b>CARDIOVASCULAR SYSTEM</b>     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Heart                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |   |  |  |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| <b>ENDOCRINE SYSTEM</b>          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Adrenal Cortex                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |   |  |  |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Adrenal Medulla                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |   |  |  |
| Leukemia Mononuclear             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Islets, Pancreatic               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |   |  |  |
| Adenoma                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Parathyroid Gland                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     |                       |                       |   |                      |   |  |  |
| Pituitary Gland                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |   |  |  |
| Pars Distalis, Adenoma           |             | X                     |                       | X                     | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X                     |                       | X |                      | X |  |  |
| Pars Distalis, Adenoma, Multiple |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Pars Distalis, Carcinoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Pars Intermedia, Adenoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Pars Nervosa, Craniopharyngioma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |   |  |  |
| Thyroid 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

**CAS Number:** 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

C-cell, Adenoma

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

Clitoral Gland  
Adenoma  
Carcinoma  
Carcinoma, Multiple

## Ovary Granulosa Cell Tumor Malignant

Uterus  
Polyp Stromal

## Vagina Polyp

## **HEMATOPOIETIC SYSTEM**

## Bone Marrow

Lymph Node  
Mediastinal, Leukemia Mononuclear

## Lymph Node, Mandibular

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                       |
|-------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                         |             | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>2      | 0<br>5<br>6<br>6      | 0<br>1<br>2<br>2      | 0<br>7<br>2<br>2      | 0<br>0<br>3<br>5      | 0<br>3<br>2<br>1      | 0<br>7<br>7<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>2      | 0<br>3<br>6<br>6      | 0<br>6<br>5<br>3      | 0<br>3<br>6<br>2      | 0<br>7<br>9<br>1      | 0<br>0<br>3<br>5      | 0<br>5<br>6<br>6      | 0<br>3<br>6<br>1      | 0<br>7<br>0<br>0      | 0<br>5<br>6<br>1      | 0<br>7<br>0<br>0      |                       |                       |
| 0 MG/KG                 | ANIMAL ID   | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>8<br>8 | 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 | 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 |

Lymph Node, Mesenteric  
Leukemia Mononuclear

+ + + + + + + + X X

Spleen  
Leukemia Mononuclear

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

Thymus  
Leukemia Mononuclear

M +

## INTEGUMENTARY SYSTEM

Mammary Gland  
Adenoma  
Adenoma, Multiple  
Carcinoma  
Fibroadenoma  
Fibroadenoma, Multiple

+ X X X X X X X

Skin  
Basal Cell Adenoma  
Subcutaneous Tissue, Schwannoma Benign

+ + + + + + + X +

## MUSCULOSKELETAL SYSTEM

Bone

+ +

## NERVOUS SYSTEM

Brain

+ + + + + + + X +

Carcinoma, Metastatic, Pituitary 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

|                                |  | DAY ON TEST | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>2           | 0<br>5<br>6<br>6           | 0<br>1<br>2<br>2           | 0<br>7<br>2<br>2           | 0<br>0<br>1<br>5           | 0<br>3<br>2<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>6<br>5<br>2           | 0<br>3<br>6<br>6           | 0<br>6<br>3<br>6           | 0<br>3<br>2<br>1           | 0<br>7<br>9<br>1           | 0<br>0<br>3<br>5           | 0<br>5<br>6<br>6           | 0<br>3<br>6<br>1           | 0<br>0<br>1<br>5           |                            |                      |   |   |  |
|--------------------------------|--|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|---|---|--|
|                                |  | ANIMAL ID   | 0<br>0<br>2<br>2<br>8<br>6 | 0<br>0<br>2<br>2<br>8<br>7 | 0<br>0<br>2<br>2<br>8<br>8 | 0<br>0<br>2<br>2<br>9<br>9 | 0<br>0<br>2<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>0<br>0 | females<br>(cont...) |   |   |  |
| <b>FISCHER 344 RATS FEMALE</b> |  |             | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>2           | 0<br>5<br>6<br>6           | 0<br>1<br>2<br>2           | 0<br>7<br>2<br>2           | 0<br>0<br>1<br>5           | 0<br>3<br>2<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>6<br>5<br>2           | 0<br>3<br>6<br>6           | 0<br>6<br>3<br>6           | 0<br>3<br>2<br>1           | 0<br>7<br>9<br>1           | 0<br>0<br>3<br>5           | 0<br>5<br>6<br>6           | 0<br>3<br>6<br>1           | 0<br>0<br>1<br>5           |                            |                      |   |   |  |
| <b>0 MG/KG</b>                 |  |             | 0<br>0<br>2<br>2<br>8<br>6 | 0<br>0<br>2<br>2<br>8<br>7 | 0<br>0<br>2<br>2<br>8<br>8 | 0<br>0<br>2<br>2<br>9<br>9 | 0<br>0<br>2<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>0<br>0 |                      |   |   |  |
| Peripheral Nerve               |  |             |                            |                            |                            |                            |                            | +                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Spinal Cord                    |  |             |                            |                            |                            |                            |                            | +                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| <b>RESPIRATORY SYSTEM</b>      |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Lung                           |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| Leukemia Mononuclear           |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Nose                           |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| Trachea                        |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| <b>SPECIAL SENSES SYSTEM</b>   |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Eye                            |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| Harderian Gland                |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| <b>URINARY SYSTEM</b>          |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Kidney                         |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| Leukemia Mononuclear           |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Sarcoma                        |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Urinary Bladder                |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| <b>SYSTEMIC LESIONS</b>        |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |
| Multiple Organ                 |  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                    | + | + |  |
| Leukemia Mononuclear           |  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |   |   |  |

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

+ .. Tissue examined microscopically

X .. Lesion present

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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                    |                          | 0<br>7<br>3<br>1 | 0<br>6<br>4<br>8 | 0<br>5<br>9<br>7 | 0<br>0<br>9<br>1 | 0<br>7<br>0<br>2 | 0<br>7<br>3<br>2 | 0<br>0<br>3<br>5 | 0<br>7<br>1<br>5 | 0<br>5<br>3<br>2 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 |                  |          |
|                                    |                          | 0<br>0<br>0<br>0 |          |

## ALIMENTARY SYSTEM

|                             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |    |
|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|
| Esophagus                   | + M + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 49 |
| Intestine Large, Cecum      | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 49 |
| Intestine Large, Colon      | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 49 |
| Intestine Large, Rectum     | + +   | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 48 |
| Intestine Small, Duodenum   | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 50 |
| Intestine Small, Ileum      | + + + | + + + | + + + | + A + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 45 |
| Intestine Small, Jejunum    | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 44 |
| Sarcoma, Metastatic, Kidney |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1  |
| Liver                       | + + + | + + + | + + + | X X   | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 50 |
| Leukemia Mononuclear        |       |       |       | X X   |       |       |       |       |       |       |       |       |       |       |       |       | 12 |
| Mesentery                   | + +   |       |       |       | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 26 |
| Pancreas                    | + + + | + + + | + + + | X     | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 50 |
| Leukemia Mononuclear        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1  |
| Sarcoma, Metastatic, Kidney |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1  |
| Salivary Glands             | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 50 |
| Stomach, Forestomach        | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | + + + | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|----------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                  |             | 0<br>7<br>3<br>1      | 0<br>6<br>4<br>8      | 0<br>5<br>9<br>7      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>2      | 0<br>7<br>3<br>2      | 0<br>0<br>5<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>5<br>9<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |
| 0 MG/KG                          | ANIMAL ID   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                  |             | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>0 | 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>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 |
| Stomach, Glandular               |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | 50                    |
| Tongue                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>CARDIOVASCULAR SYSTEM</b>     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Heart                            |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | 50                    |
| Leukemia Mononuclear             |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>ENDOCRINE SYSTEM</b>          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex                   |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | 50                    |
| Leukemia Mononuclear             |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Adrenal Medulla                  |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 | M                     |                       |                       | 48                    |
| Leukemia Mononuclear             |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Islets, Pancreatic               |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 | X                     |                       |                       | 50                    |
| Adenoma                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Parathyroid Gland                |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 | M                     | + +                   |                       |                       |                       | 45                    |
| Pituitary Gland                  |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | 50                    |
| Pars Distalis, Adenoma           |             | X X X                 |                       | X X X                 |                       | X X X                 |                       | X X X                 |                       | X X X                 |                       | X X X                 |                       | X X X                 |                       | 34                    |
| Pars Distalis, Adenoma, Multiple |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Pars Distalis, Carcinoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Pars Intermedia, Adenoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Pars Nervosa, Craniopharyngioma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Thyroid Gland                    |             | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | + + +                 |                       | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 0 MG/KG | ANIMAL ID | DAY ON TEST                          |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |          |
|-------------------------|---------|-----------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------------------|----------|
|                         |         |           | 0<br>7<br>3<br>1                     | 0<br>6<br>4<br>8                     | 0<br>5<br>9<br>7                     | 0<br>0<br>9<br>1                     | 0<br>0<br>9<br>1                     | 0<br>7<br>0<br>2                     | 0<br>7<br>3<br>2                     | 0<br>0<br>5<br>5                     | 0<br>0<br>1<br>2                     | 0<br>7<br>9<br>8                     | 0<br>5<br>3<br>2                     | 0<br>7<br>3<br>1                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>1 | * TOTALS |
|                         |         |           | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>5 | 3                |          |

C-cell, Adenoma

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                        |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 4  |
| Carcinoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Carcinoma, Multiple            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Polyp Stromal                  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 9  |
| Vagina                         |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   | 8  |
| Polyp                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

## HEMATOPOIETIC SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear              |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   | 4  |
| Lymph Node                        |   |   | + |   | + | + | + |   | + |   |   |   |   |   |   | 12 |
| Mediastinal, Leukemia Mononuclear |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   | 3  |
| Lymph Node, Mandibular            | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 4  |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE                | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|  |             | 0<br>7 | 0<br>6 | 0<br>5 | 0<br>0 | 0<br>0 | 0<br>7 | 0<br>7 | 0<br>0 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |
| 0 MG/KG                                | ANIMAL ID   | 3<br>1 | 4<br>8 | 9<br>7 | 9<br>1 | 9<br>1 | 0<br>2 | 3<br>2 | 3<br>5 | 1<br>5 | 3<br>2 | 9<br>8 | 3<br>2 | 3<br>1 | 3<br>2 | 3<br>1 |
|  |             | 0<br>0 |
| <b>* TOTALS</b>                        |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Lymph Node, Mesenteric                 |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| Leukemia Mononuclear                   |             |        |        |        |        |        | X      |        | X      |        |        |        |        |        |        |        |
| Spleen                                 |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| Leukemia Mononuclear                   |             |        |        |        |        |        | X      |        | X      |        |        | X      |        | X      |        |        |
| Thymus                                 |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| Leukemia Mononuclear                   |             |        |        |        |        |        | X      |        | X      |        |        |        |        |        |        |        |
| <b>INTEGUMENTARY SYSTEM</b>            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Mammary Gland                          |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| Adenoma                                |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Adenoma, Multiple                      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Carcinoma                              |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Fibroadenoma                           |             |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |
| Fibroadenoma, Multiple                 |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Skin                                   |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| Basal Cell Adenoma                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Subcutaneous Tissue, Schwannoma Benign |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| <b>MUSCULOSKELETAL SYSTEM</b>          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Bone                                   |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| <b>NERVOUS SYSTEM</b>                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Brain                                  |             | +      | +      | +      |        |        | +      | +      | +      |        | +      | +      | +      | +      | +      | +      |
| Carcinoma, Metastatic, Pituitary 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

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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

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Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE      | DAY ON TEST |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  |    |
|------------------------------|-------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------------------|------------------|------------------|----|
|                              |             | 0<br>7<br>3<br>1                     | 0<br>6<br>4<br>8                     | 0<br>5<br>9<br>7                     | 0<br>0<br>9<br>1                     | 0<br>0<br>9<br>1                     | 0<br>7<br>0<br>2                     | 0<br>7<br>3<br>2                     | 0<br>0<br>5<br>5                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>8                     | 0<br>5<br>9<br>2                     | 0<br>7<br>3<br>2                     | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 |    |
| 0 MG/KG                      | ANIMAL ID   | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>1<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>2<br>5 | * TOTALS         |                  |                  |    |
| Peripheral Nerve             |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  | 4                |    |
| Spinal Cord                  |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  | 4                |    |
| <b>RESPIRATORY SYSTEM</b>    |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  |    |
| Lung                         |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| Leukemia Mononuclear         |             |                                      | X                                    |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  | 4  |
| Nose                         |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| Trachea                      |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| <b>SPECIAL SENSES SYSTEM</b> |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  |    |
| Eye                          |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| Harderian Gland              |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| <b>URINARY SYSTEM</b>        |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  |    |
| Kidney                       |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| Leukemia Mononuclear         |             |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  | 1  |
| Sarcoma                      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  | 1  |
| Urinary Bladder              |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| <b>SYSTEMIC LESIONS</b>      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                  |                  |                  |    |
| Multiple Organ               |             | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +                                |                                      | + + +            |                  | + + +            | 50 |
| Leukemia Mononuclear         |             |                                      | X                                    |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                                      |                                      | X                                    |                  | X                | 12               |    |

\* .. 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

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**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

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Lab: SRI

# ALIMENTARY 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





TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

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

females  
(cont...)

Lymphoma Malignant

X

Lymph Node

+ +

+ +

+

Mediastinal, Leukemia Mononuclear

Mediastinal, Lymphoma Malignant

Pancreatic, Leukemia Mononuclear

Pancreatic, Lymphoma Malignant

Lymph Node, Mandibular

M M

+ +

Leukemia Mononuclear

+

Lymphoma Malignant

X

Spleen

+ +

Leukemia Mononuclear

+

Lymphoma Malignant

X

Thymus

+ +

Leukemia Mononuclear

+

Lymphoma Malignant

X

Thymoma Benign

## INTEGUMENTARY SYSTEM

Mammary Gland

+ +

Adenoma

Carcinoma

Carcinoma, Multiple

X X

Fibroadenoma

X X

\* .. 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



TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 0.3 MG.KG | ANIMAL ID | 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 | 0 | 0 |                      |   |
|                         |           |           | 6           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 0 | 6 | 0 | 3 | 6                    | 0 |
|                         |           |           | 6           | 5 | 3 | 3 | 3 | 3 | 3 | 0 | 3 | 0 | 1 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 5 | 1 | 5 | 1 | 6 | 3                    | 9 |
|                         |           |           | 2           | 5 | 2 | 5 | 5 | 5 | 4 | 2 | 9 | 5 | 1 | 5 | 2 | 5 | 5 | 5 | 5 | 7 | 0 | 5 | 5 | 5 | 6 | 8 | 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                    |   |
|                         |           |           | 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                    |   |
|                         |           |           | 2           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5                    |   |
|                         |           |           | 6           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0                    |   |

Nose

+ +

Trachea

+ +

## SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland

+ +

Zymbal's Gland  
Carcinoma+  
X

## URINARY SYSTEM

Kidney

+ +

Leukemia Mononuclear

+  
X

Transitional Epithelium, Carcinoma

X

Urinary Bladder

+ +

## SYSTEMIC LESIONS

Multiple Organ

+ +

Leukemia Mononuclear

+  
X

Lymphoma Malignant

X

\* .. 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

TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE<br>0.3 MG.KG | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|--------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                      |             | 0<br>7<br>0<br>3<br>4 | 0<br>7<br>0<br>1<br>5 | 0<br>7<br>3<br>1<br>1 | 0<br>7<br>3<br>1<br>4 | 0<br>7<br>3<br>2<br>5 | 0<br>3<br>6<br>3<br>6 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>1<br>5 | 0<br>0<br>9<br>3<br>5 | 0<br>0<br>7<br>1<br>2 | 0<br>0<br>7<br>3<br>6 |
| ANIMAL ID                            |             | 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           | 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                     |
|                                      | 5           | 5                     | 5                     | 5                     | 5                     | 5                     | 5                     | 5                     | 5                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 7                     | 7                     | 7                     |
|                                      | 1           | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 0                     | 1                     |

# ALIMENTARY 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











TDMS No. 88133 - 07

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

## **ALIMENTARY SYSTEM**

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+ .. Tissue examined microscopically

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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE<br>0.3 MG.KG | DAY ON TEST<br>ANIMAL ID | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |
|--------------------------------------|--------------------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|----|
|                                      |                          | 7        | 3 | 6 | 3 | 7 | 0 | 7 | 7 | 7 | 5 | 7 | 7 | 5 | 0  |
|                                      |                          | 3        | 6 | 3 | 6 | 3 | 1 | 3 | 3 | 3 | 2 | 7 | 3 | 3 | 1  |
|                                      |                          | 1        | 6 | 9 | 6 | 2 | 5 | 2 | 5 | 2 | 8 | 7 | 2 | 4 | 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 | 0 | 0 | 0 | 0  |
|                                      |                          | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  |
|                                      |                          | 7        | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9  |
|                                      |                          | 6        | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  |
|                                      |                          | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Tongue                               | +                        |          |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Squamous Cell Papilloma              | X                        |          |   |   |   |   |   |   |   |   |   |   |   |   |    |
| <b>CARDIOVASCULAR SYSTEM</b>         |                          |          |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Blood Vessel                         | +                        |          |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Heart                                | +                        | +        | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sarcoma, Metastatic, Tissue Nos      |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| <b>ENDOCRINE SYSTEM</b>              |                          |          |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Adrenal Cortex                       | +                        | +        | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                              |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Leukemia Mononuclear                 |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Adrenal Medulla                      | +                        | +        | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear                 |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pheochromocytoma Benign              |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic                   | +                        | +        | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                              |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Parathyroid Gland                    | +                        | +        | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Pituitary Gland                      | +                        | +        | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear                 |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pars Distalis, Adenoma               | X                        | X        | X | X | X | X | X | X | X | X | X | X | X | X | 34 |
| Pars Distalis, Adenoma, Multiple     |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Pars Distalis, Carcinoma             |                          |          |   |   |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE     | 0.3 MG.KG | DAY ON TEST |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | * TOTALS    |          |
|-----------------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|
|                             |           |             | 0<br>7<br>3<br>1      | 0<br>3<br>6<br>6      | 0<br>6<br>3<br>9      | 0<br>3<br>6<br>2      | 0<br>1<br>5 | 0<br>3<br>2 | 0<br>5<br>2 | 0<br>7<br>3 | 0<br>3<br>1 | 0<br>5<br>4 | 0<br>5<br>1 | 0<br>0      | 0<br>0      | 0<br>0      | 0<br>0      | 0<br>0      |          |
| ANIMAL ID                   |           |             | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>1 | 0<br>2<br>3 | 0<br>4<br>5 | 0<br>5<br>6 | 0<br>6<br>7 | 0<br>7<br>8 | 0<br>8<br>9 | 0<br>8<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | * TOTALS |
| Pars Intermedia, Adenoma    |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 1           |          |
| Thyroid Gland               |           |             | +                     | +                     | +                     | +                     | +           | +           | +           | +           | +           | +           | +           |             |             |             |             | 50          |          |
| C-cell, Adenoma             |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 3           |          |
| C-cell, Carcinoma           |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 1           |          |
| Follicular Cell, Carcinoma  |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 1           |          |
| <b>GENERAL BODY SYSTEM</b>  |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |          |
| Tissue NOS                  |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 1           |          |
| Sarcoma                     |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 1           |          |
| <b>GENITAL SYSTEM</b>       |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |          |
| Clitoral Gland              |           |             | +                     | +                     | +                     | +                     | +           | +           | +           | +           | +           | +           | +           | +           |             |             |             | 50          |          |
| Adenoma                     |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 4           |          |
| Carcinoma                   |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 2           |          |
| Ovary                       |           |             | +                     | +                     | +                     | +                     | +           | +           | +           | +           | +           | +           | +           | +           |             |             |             | 50          |          |
| Leukemia Mononuclear        |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 1           |          |
| Uterus                      |           |             | +                     | +                     | +                     | +                     | +           | +           | +           | +           | +           | +           | +           | +           |             |             |             | 50          |          |
| Polyp Stromal               |           |             | X                     |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 7           |          |
| Polyp Stromal, Multiple     |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 2           |          |
| Vagina                      |           |             | +                     |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             | 5           |          |
| <b>HEMATOPOIETIC SYSTEM</b> |           |             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |          |
| Bone Marrow                 |           |             | +                     | +                     | +                     | +                     | +           | +           | +           | +           | +           | +           | +           | +           |             |             |             | 50          |          |
| Leukemia Mononuclear        |           |             |                       |                       |                       |                       | X           |             |             | X           |             |             |             |             |             |             |             | 6           |          |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE<br>0.3 MG.KG | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | * TOTALS |
|--------------------------------------|--------------------------|------------------|------------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|-------------|-------------|-------------|-------------|----------|
|                                      |                          | 0<br>7<br>3<br>1 | 0<br>3<br>6<br>6 | 0<br>6<br>3<br>9 | 0<br>1<br>5 | 0<br>3<br>2 | 0<br>5<br>2 | 0<br>7<br>3 | 0<br>3<br>1 | 0<br>5<br>4 | 0<br>5<br>1 | 0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 |          |
| Lymphoma Malignant                   |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Lymph Node                           |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 11       |
| Mediastinal, Leukemia Mononuclear    |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Mediastinal, Lymphoma Malignant      |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Pancreatic, Leukemia Mononuclear     |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Pancreatic, Lymphoma Malignant       |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Lymph Node, Mandibular               |                          | M                | M                | M                | M           | M           | M           | M           | M           | M           | M           | M      |             |             |             |             | 0        |
| Lymph Node, Mesenteric               |                          | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +      |             |             |             |             | 50       |
| Leukemia Mononuclear                 |                          |                  |                  |                  | X           |             |             | X           |             |             |             |        |             |             |             |             | 6        |
| Lymphoma Malignant                   |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 2        |
| Spleen                               |                          | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +      |             |             |             |             | 50       |
| Leukemia Mononuclear                 |                          |                  |                  | X                |             |             | X           |             |             |             |             |        |             |             |             |             | 12       |
| Lymphoma Malignant                   |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Thymus                               |                          | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +      |             |             |             |             | 47       |
| Leukemia Mononuclear                 |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Lymphoma Malignant                   |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Thymoma Benign                       |                          |                  |                  | X                |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| <b>INTEGUMENTARY SYSTEM</b>          |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             |          |
| Mammary Gland                        |                          | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +      |             |             |             |             | 50       |
| Adenoma                              |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Carcinoma                            |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 2        |
| Carcinoma, Multiple                  |                          |                  |                  |                  |             |             |             |             |             |             |             |        |             |             |             |             | 1        |
| Fibroadenoma                         |                          | X                |                  |                  |             | X           |             | X           |             | X           | X           |        |             |             |             |             | 18       |

\* .. 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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TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE                | 0.3 MG.KG | ANIMAL ID | DAY ON TEST      |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | * TOTALS |
|--|-----------|-----------|------------------|------------------|------------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|
|  |           |           | 0<br>7<br>3<br>1 | 0<br>3<br>6<br>6 | 0<br>6<br>3<br>9 | 0<br>3<br>6<br>2 | 0<br>1<br>5 | 0<br>3<br>2 | 0<br>5<br>2 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>1 | 0<br>5<br>4 | 0<br>9<br>5 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 | 0<br>0<br>0 |          |
| Fibroadenoma, Multiple                 |           |           |                  |                  |                  |                  |             | X           |             |             |             |             |             |             |             |             |             |             | 9        |
| Skin                                   |           |           | +                | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50          |          |
| Keratoacanthoma                        |           |           |                  |                  |                  |                  | X           |             |             |             |             |             |             |             |             |             |             |             | 1        |
| Control, Basal Cell Adenoma            |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 1        |
| Subcutaneous Tissue, Fibroma           |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 3        |
| Subcutaneous Tissue, Schwannoma Benign |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 1        |
| <b>MUSCULOSKELETAL SYSTEM</b>          |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             |          |
| Bone                                   |           |           | +                | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50          |          |
| Skeletal Muscle                        |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 1        |
| Sarcoma                                |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 1        |
| <b>NERVOUS SYSTEM</b>                  |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             |          |
| Brain                                  |           |           | +                | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50          |          |
| Carcinoma, Metastatic, Pituitary Gland |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 2        |
| Oligodendrogloma Malignant             |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 1        |
| Peripheral Nerve                       |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 3        |
| Spinal Cord                            |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 3        |
| <b>RESPIRATORY SYSTEM</b>              |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             |          |
| Lung                                   |           |           | +                | +                | +                | +                | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | +           | 50          |          |
| Leukemia Mononuclear                   |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 4        |
| Sarcoma, Metastatic, Tissue Nos        |           |           |                  |                  |                  |                  |             |             |             |             |             |             |             |             |             |             |             |             | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

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First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE            | 0.3 MG.KG | DAY ON TEST |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|------------------------------------|-----------|-------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                    |           |             | 0<br>7<br>3<br>3<br>1   | 0<br>3<br>6<br>6<br>6 | 0<br>6<br>3<br>6<br>2 | 0<br>3<br>1<br>5<br>5 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>2<br>8<br>8 | 0<br>5<br>7<br>3<br>7 | 0<br>7<br>3<br>1<br>2 | 0<br>5<br>9<br>4<br>1 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |          |
| ANIMAL ID                          |           |             | 0<br>0<br>0<br>0<br>0   | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |          |
| Nose                               |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| Trachea                            |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| <b>SPECIAL SENSES SYSTEM</b>       |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Eye                                |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| Harderian Gland                    |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| Zymbal's Gland<br>Carcinoma        |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1<br>1   |
| <b>URINARY SYSTEM</b>              |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Kidney                             |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| Leukemia Mononuclear               |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Transitional Epithelium, Carcinoma |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Urinary Bladder                    |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| <b>SYSTEMIC LESIONS</b>            |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Multiple Organ                     |           |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |
| Leukemia Mononuclear               |           |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 12       |
| Lymphoma Malignant                 |           |             |                         |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 2        |

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+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**TDMS No. 88133 - 07**

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

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\* 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.

X .. Lesion present

**BEANK** .. Not examined microscopically







TDMS No. 88133 - 07

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First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 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 | 0 | 0 |                      |  |
| 1.0 MG/KG               | ANIMAL ID   | 5 | 6 | 6 | 0 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 0 | 9 | 3 | 6 | 6 | 5 | 2 |                      |  |
|                         |             | 9 | 7 | 0 | 1 | 3 | 3 | 3 | 3 | 3 | 9 | 3 | 0 | 3 | 8 | 3 | 9 | 3 | 9 | 9 | 3 | 6 | 6 | 5 | 2 |                      |  |
|                         |             | 1 | 0 | 0 | 5 | 2 | 2 | 5 | 2 | 1 | 2 | 0 | 1 | 4 | 1 | 2 | 5 | 2 | 3 | 5 | 1 | 5 | 6 | 6 | 2 |                      |  |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|                         |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |                      |  |
|                         |             | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |                      |  |
|                         |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 |                      |  |
| Kidney                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |
| Leukemia Mononuclear    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |                      |  |
| Urinary Bladder         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |
| Leukemia Mononuclear    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| SYSTEMIC LESIONS        |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |
| Multiple Organ          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Leukemia Mononuclear    |             |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |

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Lab: SRI

| FISCHER 344 RATS FEMALE              | 1.0 MG/KG | ANIMAL ID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |  |  |
|--------------------------------------|-----------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|--|--|
|                                      |           |           | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>5<br>9<br>8 | 0<br>7<br>3<br>2 | 0<br>4<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>7<br>1<br>5 | 0<br>4<br>9<br>9 | 0<br>0<br>1<br>1 | 0<br>5<br>7<br>8 | 0<br>5<br>9<br>8 | 0<br>3<br>3<br>8 | 0<br>7<br>3<br>0 | 0<br>5<br>1<br>1 | 0<br>7<br>3<br>5 | 0<br>6<br>6<br>2 | 0<br>7<br>6<br>5 | 0<br>3<br>6<br>1 | 0<br>3<br>7<br>6 | 0<br>7<br>5<br>5 | 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 |                      |  |  |
| Stomach, Glandular                   |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| <b>CARDIOVASCULAR SYSTEM</b>         |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Heart                                |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| <b>ENDOCRINE SYSTEM</b>              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Adrenal Cortex                       |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Adrenal Medulla                      |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Pheochromocytoma Benign              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Pheochromocytoma Malignant, Multiple |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Islets, Pancreatic                   |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| Adenoma                              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Parathyroid Gland                    |           |           | +                | +                | +                | +                | M                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| Pituitary Gland                      |           |           | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Pars Distalis, Adenoma               |           |           | X                | X                | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Pars Distalis, Adenoma, Multiple     |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Pars Distalis, Carcinoma             |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Pars Intermedia, Adenoma             |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |
| Thyroid Gland                        |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |  |  |
| C-cell, Adenoma                      |           |           | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |  |  |

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|---|-----------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|   |           |           | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>5<br>9<br>8 | 0<br>7<br>3<br>2 | 0<br>4<br>1<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>1<br>5 | 0<br>4<br>1<br>9 | 0<br>0<br>1<br>1 | 0<br>5<br>7<br>8 | 0<br>5<br>9<br>8 | 0<br>3<br>3<br>8 | 0<br>7<br>3<br>0 | 0<br>5<br>1<br>1 | 0<br>7<br>3<br>5 | 0<br>6<br>6<br>2 | 0<br>7<br>6<br>5 | 0<br>3<br>6<br>1 | 0<br>3<br>7<br>6 | 0<br>7<br>1<br>5 | 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 |                      |
| Kidney<br>Leukemia Mononuclear          |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |
| Urinary Bladder<br>Leukemia Mononuclear |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | I                | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                |                      |

## SYSTEMIC LESIONS

Multiple Organ  
Leukemia Mononuclear

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

BLANK .. Not examined microscopically

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE<br>1.0 MG/KG | DAY ON TEST<br>ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                      |                          | 7 | 7 | 4 | 3 | 7 | 7 | 6 | 0 | 7 | 6 | 7 | 5 | 0 | 6 |
|                                      |                          | 3 | 3 | 8 | 6 | 3 | 3 | 3 | 1 | 0 | 8 | 3 | 0 | 1 | 2 |
|                                      |                          | 2 | 5 | 5 | 6 | 5 | 1 | 7 | 5 | 9 | 2 | 5 | 2 | 5 | 2 |
|                                      |                          | 0 | 0 | 0 | 0 | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                                      |                          | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 |
|                                      |                          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 |
|                                      |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* TOTALS

## ALIMENTARY SYSTEM

|                           |                     |    |
|---------------------------|---------------------|----|
| Esophagus                 | + + + + + + + + + + | 50 |
| Intestine Large, Cecum    | + + + + + + + + + + | 49 |
| Intestine Large, Colon    | + + + + + + + + + + | 49 |
| Intestine Large, Rectum   | + + + + + + + + + + | 50 |
| Intestine Small, Duodenum | + + + + + + + + + + | 50 |
| Intestine Small, Ileum    | + + + + + + + + + + | 48 |
| Leukemia Mononuclear      |                     | 1  |
| Intestine Small, Jejunum  | + + + + + + A       | 44 |
| Liver                     | + + + X             | 50 |
| Leukemia Mononuclear      | X                   | 16 |
| Mesentery                 | + + + + + + +       | 19 |
| Pancreas                  | + + + + + + +       | 49 |
| Leukemia Mononuclear      | X                   | 4  |
| Salivary Glands           | + + + + + + +       | 50 |
| Leukemia Mononuclear      |                     | 1  |
| Stomach, Forestomach      | + + + + + + + + + + | 50 |
| 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE              | 1.0 MG/KG | ANIMAL ID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|--------------------------------------|-----------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                      |           |           | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>4<br>8<br>5 | 0<br>3<br>6<br>6 | 0<br>7<br>3<br>1 | 0<br>6<br>1<br>9 | 0<br>7<br>8<br>2 | 0<br>6<br>3<br>5 | 0<br>5<br>0<br>2 | 0<br>0<br>1<br>5 | 0<br>0<br>2<br>5 | 0<br>0<br>1<br>5 | 0<br>0<br>2<br>5 | 0<br>0<br>0<br>2 | 0<br>0<br>0<br>0 |          |
| Stomach, Glandular                   |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 50               |          |
| <b>CARDIOVASCULAR SYSTEM</b>         |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Heart                                |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 50               |          |
| Leukemia Mononuclear                 |           |           | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5                |          |
| <b>ENDOCRINE SYSTEM</b>              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Adrenal Cortex                       |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 50               |          |
| Leukemia Mononuclear                 |           |           | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 6                |          |
| Adrenal Medulla                      |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 49               |          |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |          |
| Pheochromocytoma Benign              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |          |
| Pheochromocytoma Malignant, Multiple |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Islets, Pancreatic                   |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 49               |          |
| Adenoma                              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |          |
| Parathyroid Gland                    |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 46               |          |
| Pituitary Gland                      |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 50               |          |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |          |
| Pars Distalis, Adenoma               |           |           | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | X X              | 24               |          |
| Pars Distalis, Adenoma, Multiple     |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Pars Distalis, Carcinoma             |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |          |
| Pars Intermedia, Adenoma             |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Thyroid Gland                        |           |           | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | + + +            | 50               |          |
| C-cell, Adenoma                      |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE  | 1.0 MG/KG | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
|--------------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|                          |           |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>4<br>8<br>5      | 0<br>3<br>6<br>6      | 0<br>7<br>1<br>1      | 0<br>6<br>0<br>5      | 0<br>7<br>0<br>9      | 0<br>5<br>3<br>2      | 0<br>0<br>1<br>2      | 0<br>0<br>1<br>5      | 0<br>6<br>2<br>5      | 0<br>7<br>0<br>2      | * TOTALS              |                       |   |
| ANIMAL ID                |           |             | 0<br>0<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>4 | 0<br>0<br>4<br>4<br>5 | 0<br>0<br>4<br>4<br>6 | 0<br>0<br>4<br>4<br>7 | 0<br>0<br>4<br>4<br>8 | 0<br>0<br>4<br>4<br>9 | 0<br>0<br>4<br>5<br>0 | 0<br>0<br>4<br>5<br>1 | 0<br>0<br>4<br>5<br>2 | 0<br>0<br>4<br>5<br>3 | 0<br>0<br>4<br>5<br>4 |   |
| C-cell, Carcinoma        |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |
| Follicular Cell, Adenoma |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 |

## GENERAL BODY SYSTEM

Tissue NOS 1

## GENITAL SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma                 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Carcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Ovary                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Thecoma Malignant       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Polyp Stromal           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Polyp Stromal, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Vagina                  | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Leukemia Mononuclear    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

## HEMATOPOIETIC SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear | X |   |   | X |   |   | X |   |   |   |   |   |   |   |   | 12 |
| Lymph Node           | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE                   | 1.0 MG/KG | ANIMAL ID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|---|-----------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|   |           |           | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>4<br>8<br>5 | 0<br>3<br>6<br>6 | 0<br>7<br>1<br>1 | 0<br>6<br>0<br>9 | 0<br>7<br>3<br>5 | 0<br>5<br>0<br>2 | 0<br>6<br>2<br>5 | 0<br>7<br>0<br>2 | 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 |    |          |
| Mediastinal, Leukemia Mononuclear         |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3  |          |
| Pancreatic, Leukemia Mononuclear          |           |           | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5  |          |
| Lymph Node, Mandibular                    |           |           | M M M            | M M M            | M M M M          | M M M            | M M              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 0  |          |
| Lymph Node, Mesenteric                    |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | 50 |          |
| Leukemia Mononuclear                      |           |           | X                |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |          |
| Spleen                                    |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | 50 |          |
| Leukemia Mononuclear                      |           |           | X                |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 17 |          |
| Thymus                                    |           |           | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | 46 |          |
| Leukemia Mononuclear                      |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | 4  |          |
| <b>INTEGUMENTARY SYSTEM</b>               |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Mammary Gland                             |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | 50 |          |
| Adenoma                                   |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |
| Carcinoma                                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |
| Carcinoma, Multiple                       |           |           | X                |                  |                  | X                | X                | X                | X                | X                | X                | X                |                  |                  |                  |                  |                  | 1  |          |
| Fibroadenoma                              |           |           |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 19 |          |
| Fibroadenoma, Multiple                    |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 7  |          |
| Skin                                      |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | 50 |          |
| Keratoacanthoma                           |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3  |          |
| Subcutaneous Tissue, Fibroma              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | 2  |          |
| Subcutaneous Tissue, Leukemia Mononuclear |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |
| <b>MUSCULOSKELETAL SYSTEM</b>             |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Bone                                      |           |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

DAY ON TEST

**FISCHER 344 RATS FEMALE****1.0 MG/KG**

ANIMAL ID

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

**\* TOTALS**

Skeletal Muscle

1

**NERVOUS SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma, Metastatic, Pituitary Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Leukemia Mononuclear                   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Peripheral Nerve                       | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Spinal Cord                            | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma, Metastatic, Pituitary Gland                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear                                       | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Pheochromocytoma Malignant, Metastatic,<br>Adrenal Medulla |   |   |   | X |   | X |   | X |   |   |   |   |   |   |   | 1  |
| Nose   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**SPECIAL SENSES SYSTEM**

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

**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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 1.0 MG/KG | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |   |    |          |
|-------------------------|-----------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|---|----|----------|
|                         |           |             | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>5           | 0<br>4<br>8<br>5           | 0<br>3<br>6<br>6           | 0<br>7<br>3<br>1           | 0<br>6<br>1<br>9           | 0<br>6<br>8<br>2           | 0<br>7<br>3<br>2           | 0<br>5<br>0<br>2           | 0<br>6<br>2<br>5           | 0<br>7<br>0<br>2           |   |   |    | * TOTALS |
| ANIMAL ID               |           |             | 0<br>0<br>0<br>4<br>4<br>4 | 0<br>0<br>0<br>4<br>4<br>4 | 0<br>0<br>0<br>4<br>4<br>4 | 0<br>0<br>0<br>4<br>4<br>4 | 0<br>0<br>0<br>4<br>4<br>4 | 0<br>0<br>0<br>5<br>5<br>5 | 0<br>0<br>0<br>5<br>5<br>5 | 0<br>0<br>0<br>5<br>5<br>5 | 0<br>0<br>0<br>5<br>5<br>5 | 0<br>0<br>0<br>5<br>5<br>5 | 0<br>0<br>0<br>5<br>5<br>5 |   |   |    |          |
| Kidney                  |           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | + | 50 |          |
| Leukemia Mononuclear    |           |             | X                          |                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |   |   |    | 5        |
| Urinary Bladder         |           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | + | 49 |          |
| Leukemia Mononuclear    |           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |   |    | 1        |
| <b>SYSTEMIC LESIONS</b> |           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |   |    |          |
| Multiple Organ          |           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | + | 50 |          |
| Leukemia Mononuclear    |           |             | X                          |                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |   |   |    | 17       |

\* .. 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

**TDMS No. 88133 - 07**

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

# ALIMENTARY 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE          | 3.0 MG/KG | ANIMAL ID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |  |
|----------------------------------|-----------|-----------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|--|
|                                  |           |           | 0731        | 0471 | 0721 | 0231 | 0781 | 0051 | 0712 | 0316 | 0751 | 0452 | 0754 | 0429 | 0769 | 0691 | 0091 | 0711 | 0722 | 0366 | 0356 | 0731 | 0766 | 0751 | 0622 | 0366 | 0731 |                      |  |
| Stomach, Glandular               |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| <b>CARDIOVASCULAR SYSTEM</b>     |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Heart                            |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| Leukemia Mononuclear             |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| <b>ENDOCRINE SYSTEM</b>          |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Adrenal Cortex                   |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| Leukemia Mononuclear             |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Adrenal Medulla                  |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| Leukemia Mononuclear             |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Pheochromocytoma Benign          |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Pheochromocytoma Complex         |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Islets, Pancreatic               |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| Adenoma                          |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Parathyroid Gland                |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    |      |                      |  |
| Pituitary Gland                  |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| Pars Distalis, Adenoma           |           |           |             |      |      |      | X    | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |                      |  |
| Pars Distalis, Adenoma, Multiple |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Pars Distalis, Carcinoma         |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Thyroid Gland                    |           |           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |  |
| C-cell, Adenoma                  |           |           |             |      |      |      | X    |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| C-cell, Carcinoma                |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |
| Follicular Cell, Adenoma         |           |           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |

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+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

TDMS No. 88133 - 07

**Test Type:** CHRONIC

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

CAS Number: 15625-89-5

**Date Report Requested:** 03/31/2010

**Time Report Requested:** 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

| DAY ON TEST |                          |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|-------------|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|             | 0<br>7                   | 0<br>4 | 0<br>7 | 0<br>7 | 0<br>2 | 0<br>7 | 0<br>0 | 0<br>7 | 0<br>7 | 0<br>3 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>6 | 0<br>0 | 0<br>0 | 0<br>7 | 0<br>7 | 0<br>3 | 0<br>3 | 0<br>7 | 0<br>7 | 0<br>6 |
| MALE        | 3<br>3                   | 7<br>1 | 2<br>1 | 9<br>9 | 1<br>8 | 5<br>5 | 1<br>1 | 2<br>2 | 1<br>1 | 6<br>6 | 5<br>5 | 8<br>8 | 5<br>5 | 4<br>4 | 9<br>9 | 6<br>6 | 9<br>9 | 1<br>1 | 1<br>1 | 2<br>2 | 6<br>6 | 6<br>6 | 5<br>5 | 1<br>1 | 2<br>2 |
| ANIMAL ID   | 0<br>0                   | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 |        |
|             | 0<br>4                   | 4<br>4 | 6<br>6 | 6<br>6 | 6<br>6 | 6<br>6 | 6<br>6 | 6<br>6 | 4<br>4 |        |
|             | 5<br>5                   | 5<br>5 | 5<br>5 | 6<br>6 | 7<br>7 | 8<br>0 |        |
|             | 6<br>7                   | 7<br>8 | 8<br>9 | 9<br>0 | 0<br>1 | 1<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 6<br>7 | 7<br>8 | 8<br>9 | 9<br>0 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 7<br>7 | 7<br>8 | 9<br>9 | 0<br>0 |        |
|             | <b>females (cont...)</b> |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

#### Follicular Cell, Carcinoma

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

## **HEMATOPOIETIC 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





TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

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Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 3.0 MG/KG | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  | females<br>(cont...) |
|-------------------------|-----------|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|----------------------|
|                         |           |             | 073       | 000 | 047 | 060 | 007 | 073 | 037 | 073 | 077 | 077 | 077 | 060 | 066 | 070 | 070 | 070 | 063 | 066 | 069 | 073 | 070 | 074 |     |  |                      |
|                         |           |             | 362       | 61  | 97  | 125 | 215 | 311 | 791 | 919 | 191 | 919 | 919 | 521 | 696 | 929 | 295 | 925 | 900 | 616 | 629 | 630 | 111 | 114 |     |  |                      |
|                         |           |             | 000       | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 |  |                      |
|                         |           |             | 044       | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 445 | 445 | 445 | 445 | 445 | 445 |  |                      |
|                         |           |             | 881       | 223 | 883 | 885 | 886 | 887 | 888 | 889 | 890 | 912 | 923 | 945 | 966 | 977 | 888 | 999 | 999 | 000 | 000 | 000 | 000 | 000 | 000 |  |                      |

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + |  |  |  |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Leukemia Mononuclear      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   |   |   |   |   |  |  |  |
| Mesentery                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Schwannoma Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |  |  |  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |  |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |

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Lab: SRI

|                                  |           | DAY ON TEST        | 0<br>7<br>3<br>3<br>2      | 0<br>3<br>6<br>6<br>1      | 0<br>7<br>2<br>2<br>9      | 0<br>6<br>1<br>5<br>5      | 0<br>7<br>3<br>3<br>1      | 0<br>7<br>3<br>7<br>9      | 0<br>7<br>2<br>2<br>9      | 0<br>7<br>3<br>2<br>9      | 0<br>7<br>3<br>5<br>2      | 0<br>0<br>9<br>0<br>6      | 0<br>6<br>2<br>2<br>9      | 0<br>7<br>3<br>2<br>9      | 0<br>7<br>3<br>5<br>0      | 0<br>6<br>9<br>6<br>1      | 0<br>3<br>6<br>9<br>1      | 0<br>7<br>3<br>0<br>4      |                            |                      |
|----------------------------------|-----------|--------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|
|                                  |           | ANIMAL ID          | 0<br>0<br>0<br>4<br>8<br>1 | 0<br>0<br>0<br>4<br>8<br>2 | 0<br>0<br>0<br>4<br>8<br>3 | 0<br>0<br>0<br>4<br>8<br>4 | 0<br>0<br>0<br>4<br>8<br>5 | 0<br>0<br>0<br>8<br>9<br>7 | 0<br>0<br>0<br>8<br>9<br>8 | 0<br>0<br>0<br>9<br>9<br>9 | females<br>(cont...) |
| FISCHER 344 RATS FEMALE          | 3.0 MG/KG |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
|                                  |           | Stomach, Glandular | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| <b>CARDIOVASCULAR SYSTEM</b>     |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Heart                            |           | +                  | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| Leukemia Mononuclear             |           | X                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| <b>ENDOCRINE SYSTEM</b>          |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Adrenal Cortex                   |           | +                  | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| Leukemia Mononuclear             |           | X                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Adrenal Medulla                  |           | +                  | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| Leukemia Mononuclear             |           | X                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Pheochromocytoma Benign          |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Pheochromocytoma Complex         |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Islets, Pancreatic               |           | +                  | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| Adenoma                          |           | X                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Parathyroid Gland                |           | +                  | M                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| Pituitary Gland                  |           | +                  | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| Pars Distalis, Adenoma           |           | X                  | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          | X                          |                      |
| Pars Distalis, Adenoma, Multiple |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Pars Distalis, Carcinoma         |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Thyroid Gland                    |           | +                  | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                      |
| C-cell, Adenoma                  |           | X                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| C-cell, Carcinoma                |           |                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                      |
| Follicular Cell, 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

BLANK .. Not examined microscopically

**TDMS No. 88133 - 07**

**Test Type: CHRONIC**

**Route: SKIN APPLICATION**

**Species/Strain:** RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

#### Trimethylolpropane triacrylate

**CAS Number:** 15625-89-5

**Date Report Requested:** 03/31/2010

Time Report Requested: 13:41:41

**First Dose M/F:** 01/18/05 / 01/18/05

Lab: SRI

#### Follicular Cell, Carcinoma

X

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland<br>Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                 |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ovary                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus<br>Polyp Stromal   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | X | + | X |
| Vagina<br>Polyp           |   |   |   |   |   |   | + |   |   |   |   |   |   | + | X |   | + |   |   |

## **HEMATOPOIETIC 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





TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE<br>3.0 MG/KG | DAY ON TEST<br>ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                      |                          | 7 | 0 | 0 | 7 | 7 | 7 | 7 | 0 | 7 | 5 | 7 | 5 | 7 | 0 |
|                                      |                          | 2 | 1 | 1 | 3 | 1 | 3 | 3 | 2 | 1 | 3 | 9 | 3 | 5 | 3 |
|                                      |                          | 9 | 5 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 4 | 1 | 2 | 5 | 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 | 0 | 0 | 0 | 0 |
|                                      |                          | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                                      |                          | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|                                      |                          | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|                                      |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

\* TOTALS

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear      |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 10 |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 18 |
| Schwannoma Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE          | 3.0 MG/KG | ANIMAL ID | DAY ON TEST                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | * TOTALS |
|----------------------------------|-----------|-----------|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------|
|                                  |           |           | 0<br>7<br>2<br>9                | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>0<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>5<br>9<br>4 | 0<br>7<br>3<br>1 | 0<br>5<br>5<br>2 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 |  |          |
| Stomach, Glandular               |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| <b>CARDIOVASCULAR SYSTEM</b>     |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Heart                            |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| Leukemia Mononuclear             |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1        |
| <b>ENDOCRINE SYSTEM</b>          |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Adrenal Cortex                   |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| Leukemia Mononuclear             |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2        |
| Adrenal Medulla                  |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| Leukemia Mononuclear             |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1        |
| Pheochromocytoma Benign          |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1        |
| Pheochromocytoma Complex         |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1        |
|                                  |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Islets, Pancreatic               |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| Adenoma                          |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2        |
| Parathyroid Gland                |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 46       |
|                                  |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Pituitary Gland                  |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| Pars Distalis, Adenoma           |           |           | X X X X                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 25       |
| Pars Distalis, Adenoma, Multiple |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 5        |
| Pars Distalis, Carcinoma         |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2        |
| Thyroid Gland                    |           |           | + + + + + + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50       |
| C-cell, Adenoma                  |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 5        |
| C-cell, Carcinoma                |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1        |
| Follicular Cell, Adenoma         |           |           |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE | 3.0 MG/KG | ANIMAL ID | DAY ON TEST                     |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |
|-------------------------|-----------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                         |           |           | 0<br>7<br>2<br>9                | 0<br>0<br>1<br>5                | 0<br>0<br>1<br>5                | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>1                | 0<br>7<br>2<br>1                | 0<br>0<br>3<br>5                | 0<br>7<br>3<br>5                | 0<br>5<br>9<br>4                | 0<br>7<br>3<br>1                | 0<br>5<br>5<br>2                | 0<br>7<br>3<br>5                | 0<br>0<br>0<br>0                |                                 |                                 |
|                         |           |           | 0<br>0<br>0<br>0<br>5<br>0<br>6 | 0<br>0<br>0<br>0<br>5<br>0<br>7 | 0<br>0<br>0<br>0<br>5<br>0<br>8 | 0<br>0<br>0<br>0<br>5<br>0<br>9 | 0<br>0<br>0<br>0<br>5<br>0<br>0 | 0<br>0<br>0<br>0<br>5<br>1<br>1 | 0<br>0<br>0<br>0<br>5<br>1<br>2 | 0<br>0<br>0<br>0<br>5<br>1<br>3 | 0<br>0<br>0<br>0<br>5<br>1<br>4 | 0<br>0<br>0<br>0<br>5<br>1<br>5 | 0<br>0<br>0<br>0<br>5<br>1<br>6 | 0<br>0<br>0<br>0<br>5<br>1<br>7 | 0<br>0<br>0<br>0<br>5<br>1<br>8 | 0<br>0<br>0<br>0<br>5<br>1<br>9 | 0<br>0<br>0<br>0<br>5<br>1<br>0 |

Follicular Cell, Carcinoma

1

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Adenoma        |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Carcinoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Polyp Stromal  | X |   | X |   |   |   |   | X |   |   |   |   |   |   |   | 10 |
| Vagina         |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   | 5  |
| Polyp          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

## HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 0  |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |

\* .. 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE                | 3.0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | * TOTALS |  |
|--|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|---|----------|--|
|  |           |                       | 0<br>7<br>2<br>9      | 0<br>0<br>1<br>5      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>0<br>3<br>5      | 0<br>7<br>3<br>5      | 0<br>5<br>3<br>4      | 0<br>7<br>3<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1 |   |          |  |
| ANIMAL ID                              |           | 0<br>0<br>5<br>0<br>6 | 0<br>0<br>5<br>0<br>7 | 0<br>0<br>5<br>0<br>8 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>4<br>4 | 0<br>0<br>5<br>5<br>5 | 0<br>0<br>5<br>6<br>6 | 0<br>0<br>5<br>7<br>7 | 0<br>0<br>5<br>8<br>8 | 0<br>0<br>5<br>9<br>9 | 0<br>0<br>5<br>0<br>0 |                  |                  |   |          |  |
| <b>Lymphoma Malignant</b>              |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   |          |  |
| Spleen                                 |           | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                | +                | + | 50       |  |
| Hemangiosarcoma                        |           |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                  |                  |   | 1        |  |
| Leukemia Mononuclear                   |           |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                  |                  |   | 10       |  |
| Lymphoma Malignant                     |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | 1        |  |
| Thymus                                 |           | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                | +                | + | 50       |  |
| Leukemia Mononuclear                   |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | 1        |  |
| Thymoma Benign                         |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | 1        |  |
| <b>INTEGUMENTARY SYSTEM</b>            |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   |          |  |
| Mammary Gland                          |           | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                | +                | + | 50       |  |
| Carcinoma                              |           |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                  |                  |   | 3        |  |
| Fibroadenoma                           |           |                       | X                     |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                  |                  |   | 13       |  |
| Fibroadenoma, Multiple                 |           |                       |                       | X                     |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                  |                  |   | 12       |  |
| Skin                                   |           | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                | +                | + | 50       |  |
| Keratoacanthoma                        |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | 2        |  |
| Trichoepithelioma                      |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | 1        |  |
| <b>MUSCULOSKELETAL SYSTEM</b>          |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   |          |  |
| Bone                                   |           | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                | +                | + | 50       |  |
| <b>NERVOUS SYSTEM</b>                  |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   |          |  |
| Brain                                  |           | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                | +                | + | 50       |  |
| Carcinoma, Metastatic, Pituitary Gland |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |   | 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

TDMS No. 88133 - 07

Test Type: CHRONIC

Route: SKIN APPLICATION

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

First Dose M/F: 01/18/05 / 01/18/05

Lab: SRI

| FISCHER 344 RATS FEMALE              | 3.0 MG/KG | ANIMAL ID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|--------------------------------------|-----------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|                                      |           |           | 0<br>7<br>2<br>9 | 0<br>0<br>1<br>5 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>0<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>5<br>9<br>4 | 0<br>7<br>3<br>1 | 0<br>5<br>5<br>4 | 0<br>5<br>2<br>1 | 0<br>5<br>3<br>5 | 0<br>7<br>3<br>5 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |    |          |
| Peripheral Nerve                     |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4  |          |
| Spinal Cord                          |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4  |          |
| <b>RESPIRATORY SYSTEM</b>            |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Lung                                 |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Carcinoma, Metastatic, Thyroid Gland |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |
| Leukemia Mononuclear                 |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2  |          |
| Nose                                 |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Trachea                              |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| <b>SPECIAL SENSES SYSTEM</b>         |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Eye                                  |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Harderian Gland                      |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| <b>URINARY SYSTEM</b>                |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Kidney                               |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Urinary Bladder                      |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| <b>SYSTEMIC LESIONS</b>              |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Multiple Organ                       |           |           | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| Leukemia Mononuclear                 |           |           |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |          |
| Lymphoma Malignant                   |           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |          |

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

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