

**Experiment Number:** 03038 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

**Lab:** BAT

Final Version 2

**NTP Study Number:** C03038  
**Lock Date:** 05/25/2016  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 3.0.2.3\_002  
**PWG Approval Date:** NONE

Note: Animals arranged according to days on test.



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B6C3F1/N MICE MALE 0 mg/L	DAY ON TEST																								ANIMAL ID	males (cont...)
	0 4 6 8	0 5 0 2	0 5 0 5	0 5 6 4	0 5 7 8	0 5 8 9	0 5 9 6	0 6 1 3	0 6 1 3	0 6 2 8	0 6 3 2	0 6 3 2	0 6 6 6	0 6 6 8	0 6 7 5	0 6 8 0	0 6 8 9	0 6 8 9	0 6 9 4	0 6 9 4	0 7 9 3	0 7 0 4	0 7 1 3	0 7 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 4 6	

Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Tooth Odontoma	+	+	+	+	+			+	+		+	+	+		+		+	+	+	+	+		+		

**CARDIOVASCULAR SYSTEM**

Blood Vessel	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

**ENDOCRINE SYSTEM**

Adrenal Cortex Bilateral, Subcapsular, Adenoma, Multiple	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Adrenal Medulla	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic Adenoma	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	A	+	+	+	+	+	X
Parathyroid Gland	+	+	M	+	+	M	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	M	+	M	
Pituitary Gland Schwannoma Malignant, Metastatic, Spinal Cord	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	X	+	+	
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

\* .. 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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B6C3F1/N MICE MALE	DAY ON TEST	0																				males (cont...)	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
0 mg/L	4	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	0
	6	0	0	6	7	8	9	1	1	2	3	3	6	6	7	8	8	8	9	9	9	9	
	8	2	5	4	8	9	6	3	3	8	2	2	6	8	5	0	9	9	4	4	7	3	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	4	2	3	3	4	2	1	0	1	3	1	4	4	0	4	2	0	4	0	1	2	2	0
	6	9	4	3	7	7	2	6	5	8	0	1	3	8	0	0	9	2	4	9	8	3	

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma																						
Schwannoma Malignant, Metastatic, Spinal Cord																						
Lymph Node																						
Lymph Node, Mandibular	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	M	+
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma	X																					X
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	M	+	+

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B6C3F1/N MICE MALE 0 mg/L	DAY ON TEST																								ANIMAL ID	males (cont...)
	0 4 6 8	0 5 0 2	0 5 0 5	0 5 6 4	0 5 7 8	0 5 8 9	0 5 9 6	0 6 1 3	0 6 1 3	0 6 2 8	0 6 3 2	0 6 3 2	0 6 6 6	0 6 6 8	0 6 7 5	0 6 8 0	0 6 8 9	0 6 8 9	0 6 9 4	0 6 9 4	0 7 9 7	0 7 0 4	0 7 1 3	0 7 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 4 6	males (cont...)

**INTEGUMENTARY SYSTEM**

Mammary Gland	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**MUSCULOSKELETAL SYSTEM**

Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma																							X	
Schwannoma Malignant, Metastatic, Spinal Cord																								X
Skeletal Muscle																								+
Hemangiosarcoma																								X

**NERVOUS SYSTEM**

Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Schwannoma Malignant, Metastatic, Spinal Cord																								X
Spinal Cord																								+
Schwannoma Malignant																								X

**RESPIRATORY SYSTEM**

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/Bronchiolar Adenoma																								X
Alveolar/Bronchiolar Carcinoma																								X
Alveolar/Bronchiolar Carcinoma, Multiple																								X
Hepatocellular Carcinoma, Metastatic, Liver	X																							X

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B6C3F1/N MICE MALE	DAY ON TEST																								males (cont...)	
	0 4 6 8	0 5 0 2	0 5 0 5	0 5 6 4	0 5 7 8	0 5 8 9	0 5 9 6	0 6 1 3	0 6 1 3	0 6 2 8	0 6 3 2	0 6 3 2	0 6 6 6	0 6 6 8	0 6 7 5	0 6 8 0	0 6 8 9	0 6 8 9	0 6 9 4	0 6 9 4	0 6 9 7	0 7 0 3	0 7 0 4	0 7 1 3		0 7 3 0
0 mg/L	ANIMAL ID																									
	0 0 0 4 6	0 0 0 2 9	0 0 0 3 4	0 0 0 3 7	0 0 0 4 7	0 0 0 2 7	0 0 0 1 2	0 0 0 0 6	0 0 0 1 5	0 0 0 3 8	0 0 0 1 0	0 0 0 4 1	0 0 0 4 3	0 0 0 0 8	0 0 0 4 0	0 0 0 2 0	0 0 0 0 9	0 0 0 4 2	0 0 0 0 4	0 0 0 1 9	0 0 0 2 8	0 0 0 2 3	0 0 0 2 1	0 0 0 1 2	0 0 0 0 5	

Nose  
Schwannoma Malignant, Metastatic, Spinal Cord

+ X + + +

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Ear

Eye

+ +

Harderian Gland  
Adenoma  
Carcinoma

+ +

**URINARY SYSTEM**

Kidney  
Hemangiosarcoma

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

Ureter

+

Urethra

Urinary Bladder

+ +

**SYSTEMIC LESIONS**

Multiple Organ  
Histiocytic Sarcoma  
Lymphoma Malignant  
Mast Cell Tumor Malignant

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

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| B6C3F1/N MICE MALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |   |   |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|---|---|
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |   |   |
| 0 mg/L             | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |   |   |   |
|                    | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |   |   |
|                    | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |   |   |
|                    | 1           | 2 | 2 | 2 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 5 | 0 | 0 | 1 | 2 | 3 | 3        | 4 | 4 |   |
|                    | 7           | 1 | 5 | 6 | 7 | 4 | 6 | 8 | 2 | 0 | 1 | 2 | 5 | 5 | 0 | 1 | 3 | 3 | 4 | 6 | 7        | 9 | 8 | 9 |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Cholangiocarcinoma               |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangioma                       |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatoblastoma                   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Hepatocellular Adenoma           | X | X |   |   |   |   |   | X | X | X |   |   |   |   |   |   |   | X |   |   |   | X | 11 |
| Hepatocellular Adenoma, Multiple |   |   | X | X | X | X |   |   |   |   |   | X | X |   |   |   | X | X |   |   | X |   | 15 |
| Hepatocellular Carcinoma         |   |   |   |   | X | X |   |   |   |   |   | X |   |   |   |   | X | X | X | X |   |   | 15 |
| Mesentery                        |   |   |   |   |   |   |   |   |   |   |   | + |   | + | + |   | + |   |   |   |   |   | 8  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

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| B6C3F1/N MICE MALE<br>0 mg/L                                     | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |         | * TOTALS |  |  |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|---------|----------|--|--|
|  | 0730        | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730    |          |  |  |
|  | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |         |          |  |  |
|  | 0017        | 0018 | 0019 | 0020 | 0021 | 0022 | 0023 | 0024 | 0025 | 0026 | 0027 | 0028 | 0029 | 0030 | 0031 | 0032 | 0033 | 0034 | 0035 | 0036 | 0037 | 0038 | 0039 | 0040    | 0041     |  |  |
| Salivary Glands  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 50       |  |  |
| Stomach, Forestomach   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 50       |  |  |
| Stomach, Glandular   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 50       |  |  |
| Tooth<br>Odontoma  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      | +    | +    | +    | +    | +    | X    | +       | 42<br>1  |  |  |
| <b>CARDIOVASCULAR SYSTEM</b>                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |         |          |  |  |
| Blood Vessel   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 49       |  |  |
| Heart  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 50       |  |  |
| <b>ENDOCRINE SYSTEM</b>  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |         |          |  |  |
| Adrenal Cortex<br>Bilateral, Subcapsular, Adenoma, Multiple      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | X    | +    | +    | +    | +    | +    | +       | 50<br>1  |  |  |
| Adrenal Medulla  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 49       |  |  |
| Islets, Pancreatic<br>Adenoma                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +       | 47<br>1  |  |  |
| Parathyroid Gland  | +           | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 44      |          |  |  |
| Pituitary Gland<br>Schwannoma Malignant, Metastatic, Spinal Cord | +           | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48<br>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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>0 mg/L | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                              | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |          |
|                              |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |          |
|                              |             | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |          |
|                              |             | 1 | 2 | 2 | 2 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 5 | 0 | 0 | 1 | 2 | 3 | 3 | 3 | 4 | 4 |   |          |
|                              |             | 7 | 1 | 5 | 6 | 7 | 4 | 6 | 8 | 2 | 0 | 1 | 2 | 5 | 5 | 0 | 1 | 3 | 3 | 4 | 6 | 7 | 9 | 4 | 8 | 9 |          |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 49 |    |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Testis          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Schwannoma Malignant, Metastatic, Spinal Cord |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Lymph Node, Mandibular                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Spleen  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Hemangiosarcoma                               |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Thymus  | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | M | + | 45 |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br><br>0 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | * TOTALS |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------|
|                                  | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 |  |          |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |          |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |          |
|                                  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |  |          |
|                                  | 1                | 2                | 2                | 2                | 0                | 1                | 1                | 1                | 2                | 3                | 3                | 3                | 3                | 4                | 5                | 0                | 0                | 1                | 2                | 3                | 3                | 4                | 4                |  |          |
|                                  | 7                | 1                | 5                | 6                | 7                | 4                | 6                | 8                | 2                | 0                | 1                | 2                | 5                | 5                | 0                | 1                | 3                | 3                | 4                | 6                | 7                | 9                | 4                |  |          |

**INTEGUMENTARY SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 1  |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**MUSCULOSKELETAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant, Metastatic, Spinal Cord |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skeletal Muscle                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Schwannoma Malignant, Metastatic, Spinal Cord |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Schwannoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma                |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Alveolar/Bronchiolar Carcinoma, Multiple    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   | 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>0 mg/L   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|  | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      |                       |  |  |
| ANIMAL ID  | 0<br>0<br>0<br>1<br>7 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>5 | 0<br>0<br>0<br>2<br>6 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>1<br>4 | 0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>1<br>8 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>5 | 0<br>0<br>0<br>3<br>5 | 0<br>0<br>0<br>4<br>0 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>3<br>7 | 0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>4<br>8 | 0<br>0<br>0<br>4<br>9 |  |  |
| Nose<br>Schwannoma Malignant, Metastatic, Spinal Cord                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1               |  |  |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| <b>SPECIAL SENSES SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Ear  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| Harderian Gland<br>Adenoma<br>Carcinoma  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | 50<br>2<br>1          |  |  |
| <b>URINARY SYSTEM</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Kidney<br>Hemangiosarcoma  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1               |  |  |
| Ureter   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |  |
| Urethra  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     | 1                     |  |  |
| Urinary Bladder  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |  |
| <b>SYSTEMIC LESIONS</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Multiple Organ<br>Histiocytic Sarcoma<br>Lymphoma Malignant<br>Mast Cell Tumor Malignant | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1<br>5<br>1     |  |  |

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

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

**Experiment Number:** 03038 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
Sodium Tungstate Dihydrate  
**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019  
**Time Report Requested:** 10:11:56  
**First Dose M/F:** 01/17/12 / 01/16/12  
**Lab:** BAT

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\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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|                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 0440 | 0445 | 0448 | 0449 | 0453 | 0455 | 0455 | 0455 | 0455 | 0466 | 0466 | 0466 | 0466 | 0466 | 0466 | 0477 | 0477 | 0477 | 0472 | 0473 | 0473 | 0473 | 0473 | 0473 | 0473 | 0477 | 0477 |
|                           | ANIMAL ID   | 0058 | 0056 | 0059 | 0092 | 0099 | 0096 | 0096 | 0095 | 0095 | 0088 | 0080 | 0088 | 0007 | 0002 | 0002 | 0009 | 0004 | 0009 | 0009 | 0004 | 0000 | 0003 | 0001 | 0007 | 0003 | 0003 | 0009 |

males  
(cont...)

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | M | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cholangiocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   | X |
| Hepatocellular Carcinoma           | X | X |   |   | X | X | X |   |   |   | X | X |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X | X |   |   |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

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

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

Experiment Number: 03038 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
Sodium Tungstate Dihydrate  
CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
Time Report Requested: 10:11:56  
First Dose M/F: 01/17/12 / 01/16/12  
Lab: BAT

| B6C3F1/N MICE MALE<br>500 mg/L   | DAY ON TEST | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |   |   |   |   |   |   |   |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|---|---|---|---|---|---|---|
|  |             | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |   |   |   |   |
|  |             | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |   |   |   |   |
| Pancreas   | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + |   |
| Salivary Glands  | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + |   |
| Stomach, Forestomach   | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + |   |
| Stomach, Glandular   | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + |   |
| Tooth<br>Odontoma  |             |   |   |   | + | + |   | + |   |   |   |   |   |   |   | + | + | + |   |   |   |   | + |   |   | + | + | + |   |                    |   |   | + |   |   | + |   |   |
| <b>CARDIOVASCULAR SYSTEM</b>   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |   |   |   |   |
| Blood Vessel<br>Hepatocellular Carcinoma, Metastatic, Liver<br>Aorta, Hepatocholangiocarcinoma, Metastatic,<br>Liver | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + | X |
| Heart<br>Hemangioma<br>Hepatocholangiocarcinoma, Metastatic, Liver<br>Atrium, Hemangiosarcoma                        | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | X |   |
| <b>ENDOCRINE SYSTEM</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |   |   |   |   |
| Adrenal Cortex<br>Subcapsular, Adenoma   | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + |   |
| Adrenal Medulla<br>Pheochromocytoma Benign   | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | X | + |   |
| Islets, Pancreatic   | +           | +   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + | + | + | + |   |

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

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





Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE   | 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 |                    |
| 500 mg/L   | 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                  |
| Lymph Node, Mandibular   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Lymph Node, Mesenteric   | +           | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |                    |
| Spleen<br>Hemangiosarcoma                                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Thymus<br>Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung  | M           | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | M | + |   |                    |
| <b>INTEGUMENTARY SYSTEM</b>                                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Mammary Gland  | M           | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | + | M | M | M | + | M | M |                    |
| Skin   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| <b>MUSCULOSKELETAL SYSTEM</b>                                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Bone<br>Hepatocholangiocarcinoma, Metastatic, Liver            | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| Skeletal Muscle<br>Hepatocellular Carcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| <b>NERVOUS SYSTEM</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Brain  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |
| <b>RESPIRATORY SYSTEM</b>                                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Lung<br>Alveolar/Bronchiolar 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |                        |
|                           | ANIMAL ID   | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |                        |
| <b>500 mg/L</b>           |             | 4 | 5 | 8 | 9 | 3 | 4 | 7 | 9 | 1 | 2 | 5 | 6 | 8 | 9 | 9 | 0 | 0 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |   |                        |
|                           |             | 0 | 3 | 1 | 6 | 6 | 7 | 1 | 6 | 3 | 9 | 0 | 0 | 0 | 0 | 4 | 9 | 9 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                        |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                        |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 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 | 9 | 6 | 7 | 9 | 6 | 7 | 7 | 7 | 8 | 0 | 7 | 7 | 5 | 9 | 9 | 9 | 5 | 6 | 7 | 7 | 9 | 5 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |   |                        |
|                           | 8           | 6 | 9 | 2 | 9 | 6 | 6 | 5 | 5 | 8 | 0 | 8 | 0 | 7 | 2 | 2 | 9 | 4 | 0 | 4 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |                        |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>males (cont...)</b> |

Alveolar/Bronchiolar Carcinoma

X

Alveolar/Bronchiolar Carcinoma, Multiple  
 Carcinoma, Metastatic, Harderian Gland

Hemangiosarcoma

X X

Hepatocellular Carcinoma, Metastatic, Liver

X X

Hepatocholangiocarcinoma, Metastatic, Liver

X X

Serosa, Hepatocholangiocarcinoma,

X

Metastatic, Liver

X

Nose

+ +

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

Harderian Gland

+ +

Adenoma

Carcinoma

**URINARY SYSTEM**

Kidney

+ +

Urinary Bladder

+ +

**SYSTEMIC LESIONS**

Multiple Organ

+ +

Amyloid

X

Histiocytic Sarcoma

Lymphoma Malignant

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
| <b>500 mg/L</b>           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                           |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                           |             | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 8 | 8 | 8 |                 |
|                           |             | 3 | 2 | 4 | 9 | 0 | 2 | 5 | 7 | 1 | 5 | 7 | 8 | 5 | 7 | 0 | 1 | 6 | 7 | 8 | 4 | 1 | 3 | <b>* TOTALS</b> |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Cholangiocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 2  |
| Hemangiosarcoma                    |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma             |   | X | X |   |   |   |   | X |   | X | X | X |   |   |   |   |   |   |   | X |   |   |   | 12 |
| Hepatocellular Adenoma, Multiple   |   |   |   | X | X | X |   |   |   |   |   |   |   | X | X |   | X |   |   |   | X | X | X | 13 |
| Hepatocellular Carcinoma           | X |   |   | X |   |   |   | X |   |   |   |   |   |   | X | X |   | X |   |   |   |   |   | 14 |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   |   |   |   |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   | 3  |
| 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>500 mg/L | 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 | * TOTALS |  |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|                                | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |  |
|                                |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |  |
|                                |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                                |             | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 8 |          |  |
|                                |             | 3 | 2 | 4 | 9 | 0 | 2 | 5 | 7 | 1 | 5 | 7 | 8 | 5 | 7 | 0 | 1 | 6 | 7 | 8 | 4 | 1 | 3 | 4 | 6 | 9        |  |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Pancreas             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Tooth<br>Odontoma    | + | + | + | X |   | X |   |   |   |   | + | + | + | + | + | + | + | + |   |   | + | + | + | + |   | 33<br>2 |

**CARDIOVASCULAR SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Carcinoma, Metastatic, Liver        |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Aorta, Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Heart  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangioma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |
| Hepatocholangiocarcinoma, Metastatic, Liver        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Atrium, Hemangiosarcoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**ENDOCRINE SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Subcapsular, Adenoma    |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2  |
| Adrenal Medulla         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Pheochromocytoma Benign |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Islets, Pancreatic      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>500 mg/L                              | 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       | * TOTALS |  |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|----------|--|
|   |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7       |          |  |
|   |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3       |          |  |
|   |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2       |          |  |
|   | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |          |  |
|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |          |  |
|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |          |  |
|   |             | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 8       |          |  |
|   |             | 3 | 2 | 4 | 9 | 0 | 2 | 5 | 7 | 1 | 5 | 7 | 8 | 5 | 7 | 0 | 1 | 6 | 7 | 8 | 4 | 1 | 3 | 4 | 6       | 9        |  |
| Lymph Node, Mandibular                                      |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |  |
| Lymph Node, Mesenteric                                      |             | + | + | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | 46      |          |  |
| Spleen Hemangiosarcoma                                      |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |          |  |
| Thymus Alveolar/Bronchiolar Carcinoma, Metastatic, Lung     |             | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | M | + | + |   |   |   | 44<br>1 |          |  |
| <b>INTEGUMENTARY SYSTEM</b>                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |  |
| Mammary Gland   |             | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M       | 2        |  |
| Skin  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |  |
| Bone Hepatocholangiocarcinoma, Metastatic, Liver            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |          |  |
| Skeletal Muscle Hepatocellular Carcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   | 1<br>1  |          |  |
| <b>NERVOUS SYSTEM</b>                                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |  |
| Brain   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |  |
| <b>RESPIRATORY SYSTEM</b>                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |  |
| Lung Alveolar/Bronchiolar Adenoma                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   | 50<br>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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>500 mg/L                      | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|   | 0731        | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 |          |
| ANIMAL ID   | 0053        | 0066 | 0067 | 0078 | 0088 | 0088 | 0088 | 0099 | 0099 | 0099 | 0099 | 0055 | 0055 | 0066 | 0066 | 0066 | 0066 | 0077 | 0077 | 0088 | 0088 | 0088 | 0088 | 0099 |      |          |
| Alveolar/Bronchiolar Carcinoma                      |             |      |      | X    |      |      |      | X    |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      | 4    |          |
| Alveolar/Bronchiolar Carcinoma, Multiple            | X           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 2    |          |
| Carcinoma, Metastatic, Harderian Gland              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      | 1    |          |
| Hemangiosarcoma                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |          |
| Hepatocellular Carcinoma, Metastatic, Liver         |             |      |      | X    |      |      |      | X    |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      | 11   |          |
| Hepatocholangiocarcinoma, Metastatic, Liver         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |
| Serosa, Hepatocholangiocarcinoma, Metastatic, Liver |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |
| Nose  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| Trachea   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| <b>SPECIAL SENSES SYSTEM</b>                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Eye   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| Harderian Gland                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| Adenoma   |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |
| Carcinoma   |             | X    |      |      |      | X    |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      | X    |      |      | 4    |          |
| <b>URINARY SYSTEM</b>                               |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| Urinary Bladder                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| <b>SYSTEMIC LESIONS</b>                             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Multiple Organ                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50   |          |
| Amyloid   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |
| Histiocytic Sarcoma                                 |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |
| Lymphoma Malignant                                  |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |          |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |
| <b>1000 mg/L</b>          |             | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 0 | 7 | 1 | 2 | 4 | 5 | 8 | 8 | 9 | 9 | 0 | 0 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|                           |             | 9 | 5 | 5 | 1 | 9 | 2 | 6 | 6 | 4 | 8 | 1 | 2 | 4 | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                           |             | 2 | 3 | 4 | 0 | 4 | 2 | 0 | 3 | 1 | 0 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                           |             | 9 | 4 | 7 | 2 | 2 | 2 | 7 | 6 | 6 | 3 | 7 | 9 | 5 | 5 | 8 | 0 | 5 | 9 | 1 | 1 | 6 | 8 | 1 | 3 | 4 | 1 | 3 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

males  
(cont...)

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatoblastoma, Multiple           |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | X | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   | + |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE |  | DAY ON TEST |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | males<br>(cont...) |          |   |
|--------------------|--|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------------|----------|---|
|                    |  | 05<br>09    | 05<br>05 | 06<br>01 | 06<br>02 | 06<br>04 | 06<br>05 | 06<br>08 | 06<br>08 | 06<br>09 | 06<br>09 | 07<br>00 | 07<br>02 | 07<br>02 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 | 07<br>03 |                    |          |   |
| 1000 mg/L          |  | ANIMAL ID   |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | males<br>(cont...) |          |   |
|                    |  | 00<br>01    | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 | 00<br>01 |                    | 00<br>01 |   |
|                    |  | 1           | 2        | 3        | 4        | 4        | 2        | 0        | 3        | 1        | 0        | 3        | 4        | 4        | 0        | 1        | 1        | 1        | 1        | 1        | 3        | 0        | 0        | 0        |                    | 1        | 1 |
|                    |  | 9           | 4        | 7        | 2        | 2        | 2        | 7        | 6        | 6        | 3        | 7        | 9        | 5        | 5        | 8        | 0        | 5        | 9        | 1        | 1        | 6        | 8        | 1        |                    | 3        | 4 |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Tooth<br>Odontoma    | + | + | + | + | + | + | + | + | + | + |   |   |   | + | + | + | + |   | + |   | + | + |   | + |

**CARDIOVASCULAR SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex<br>Subcapsular, Adenoma    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla                           | + | + | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic<br>Adenoma             | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                         | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland<br>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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>1000 mg/L | 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 | ANIMAL ID | males<br>(cont...) |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|                                 |             | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                    |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|                                 |             | 7 | 7 | 1 | 2 | 4 | 5 | 8 | 8 | 9 | 9 | 0 | 0 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |
|                                 |             | 9 | 5 | 5 | 1 | 9 | 2 | 6 | 6 | 4 | 8 | 1 | 2 | 4 | 8 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |           |                    |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|                                 |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |                    |
|                                 |             | 2 | 3 | 4 | 0 | 4 | 2 | 0 | 3 | 1 | 0 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 3 | 0 | 0 | 0 | 1 |           |                    |
|                                 |             | 9 | 4 | 7 | 2 | 2 | 2 | 7 | 6 | 6 | 3 | 7 | 9 | 5 | 5 | 8 | 0 | 5 | 9 | 1 | 1 | 6 | 8 | 1 |           |                    |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Coagulating Gland  
 Epididymis  
 Preputial Gland  
 Prostate  
 Seminal Vesicle  
 Testis

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
 Hemangiosarcoma  
 Lymph Node  
 Hemangiosarcoma  
 Lymph Node, Mandibular  
 Carcinoma, Metastatic, Harderian Gland  
 Lymph Node, Mesenteric  
 Hemangiosarcoma  
 Spleen

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   | + |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

Experiment Number: 03038 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
Sodium Tungstate Dihydrate  
CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
Time Report Requested: 10:11:56  
First Dose M/F: 01/17/12 / 01/16/12  
Lab: BAT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|---|---|---|---|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                          | 0 | 0 | 0 |   |
|                           |             | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                          | 7 | 7 | 7 | 7 |
|                           |             | 0 | 7 | 1 | 2 | 4 | 5 | 8 | 8 | 9 | 9 | 0 | 0 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3                          | 3 | 3 | 3 | 3 |
|                           |             | 9 | 5 | 5 | 1 | 9 | 2 | 6 | 6 | 4 | 8 | 1 | 2 | 4 | 8 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1                          | 1 | 1 | 1 | 1 |
| <b>1000 mg/L</b>          | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                          | 0 | 0 | 0 |   |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 1 |   |
|                           |             | 2 | 3 | 4 | 0 | 4 | 2 | 0 | 3 | 1 | 0 | 3 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 3 | 0 | 0 | 0                          | 1 | 1 | 1 |   |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |   |   |   |   |
|                           |             | 9 | 4 | 7 | 2 | 2 | 7 | 6 | 6 | 3 | 7 | 9 | 5 | 5 | 8 | 0 | 5 | 9 | 1 | 1 | 6 | 8 | 1                          | 3 | 4 |   |   |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>males<br/>(cont...)</b> |   |   |   |   |

Hemangiosarcoma

Thymus + + + + M M + + + + M + + + + M + + + + M + +  
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung X

### INTEGUMENTARY SYSTEM

Mammary Gland M  
Skin +  
Pinna, Sarcoma X

### MUSCULOSKELETAL SYSTEM

Bone +  
Skeletal Muscle +  
Hepatoblastoma, Metastatic, Liver X

### NERVOUS SYSTEM

Brain +  
Ependymoma Malignant  
Brain Trigeminal Ganglion +  
Peripheral Nerve +  
Spinal Cord +

### RESPIRATORY SYSTEM

Lung +

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
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 Lab: BAT

| B6C3F1/N MICE MALE<br>1000 mg/L             | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|   | 0509        | 0507 | 0601 | 0602 | 0604 | 0605 | 0608 | 0608 | 0609 | 0609 | 0700 | 0702 | 0704 | 0708 | 0709 | 0700 | 0703 | 0703 | 0703 | 0703 | 0703 | 0703 | 0703 | 0703 |      |           |                    |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0001 |           |                    |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0002 |           |                    |
|   | 1           | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 0003 |           |                    |
|   | 2           | 3    | 4    | 0    | 4    | 2    | 0    | 3    | 1    | 0    | 3    | 4    | 4    | 0    | 1    | 1    | 1    | 1    | 3    | 0    | 0    | 0    | 1    | 1    | 0004 |           |                    |
|   | 9           | 4    | 7    | 2    | 2    | 2    | 7    | 6    | 6    | 3    | 7    | 9    | 5    | 5    | 8    | 0    | 5    | 9    | 1    | 1    | 6    | 8    | 1    | 3    | 0009 |           |                    |
| Alveolar/Bronchiolar Adenoma                |             |      |      |      |      |      |      | X    |      |      | X    | X    |      |      |      |      | X    |      |      |      |      |      |      |      |      |           |                    |
| Alveolar/Bronchiolar Adenoma, Multiple      |             |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Alveolar/Bronchiolar Carcinoma              |             |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Alveolar/Bronchiolar Carcinoma, Multiple    |             |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Hepatoblastoma, Metastatic, Liver           |             |      |      |      |      |      |      |      |      |      |      | X    | X    |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Hepatocellular Carcinoma, Metastatic, Liver |             |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | X    |      |      |           |                    |
| Nose  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Trachea                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| <b>SPECIAL SENSES SYSTEM</b>                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Eye   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Harderian Gland Adenoma                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Harderian Gland Carcinoma                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| <b>URINARY SYSTEM</b>                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Kidney                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| Renal Tubule, Adenoma                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Urinary Bladder                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
| <b>SYSTEMIC LESIONS</b>                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Multiple Organ Lymphoma Malignant           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |           |                    |
|   |             | X    |      |      | X    |      |      |      |      | 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>1000 mg/L | 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 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |
|                                 |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 |
|                                 |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 |
| ANIMAL ID                       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|                                 |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 |
|                                 |             | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 0 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 4               | 4 |
|                                 |             | 4 | 6 | 3 | 5 | 8 | 9 | 0 | 1 | 4 | 0 | 4 | 9 | 2 | 7 | 0 | 1 | 3 | 5 | 7 | 8 | 0 | 2               | 3 |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

**ALIMENTARY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Gallbladder                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Cecum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Colon                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Large, Rectum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Duodenum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Ileum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Intestine Small, Jejunum<br>Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |
| Liver                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |
| Hemangiosarcoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3       |
| Hepatoblastoma                        |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 2       |
| Hepatoblastoma, Multiple              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Hepatocellular Adenoma                | X |   |   | X |   | X |   |   | X |   |   | X |   | X |   | X |   |   |   |   | X |   | X | 16      |
| Hepatocellular Adenoma, Multiple      |   | X |   |   |   |   | X | X |   | X |   |   |   |   |   | X | X |   | X | X | X |   | X | 13      |
| Hepatocellular Carcinoma              |   |   |   | X |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 8       |
| Hepatocellular Carcinoma, Multiple    |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4       |
| Mesentery                             |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | 6       |
| Pancreas                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |

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

Experiment Number: 03038 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
Sodium Tungstate Dihydrate  
CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
Time Report Requested: 10:11:56  
First Dose M/F: 01/17/12 / 01/16/12  
Lab: BAT

| <b>B6C3F1/N MICE MALE</b><br><b>1000 mg/L</b>                | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       | <b>* TOTALS</b> |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|-----------------|
|  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7       |                 |
| Salivary Glands  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 50      |                 |
| Stomach, Forestomach   |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 50      |                 |
| Stomach, Glandular   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50      |                 |
| Tooth<br>Odontoma  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 44<br>1 |                 |
| <b>CARDIOVASCULAR SYSTEM</b>                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                 |
| Blood Vessel   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |                 |
| Heart<br>Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |                 |
| <b>ENDOCRINE SYSTEM</b>                                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                 |
| Adrenal Cortex<br>Subcapsular, Adenoma                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | 50<br>1 |                 |
| Adrenal Medulla  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |                 |
| Islets, Pancreatic<br>Adenoma                                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>3 |                 |
| Parathyroid Gland  |             | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |                 |
| Pituitary Gland  |             | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |                 |
| Thyroid Gland<br>Follicular Cell, Adenoma                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>2 |                 |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |   |
|                           |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 |   |
| <b>1000 mg/L</b>          | ANIMAL ID   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 |   |
|                           |             | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 0 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 4               | 4 |   |
|                           |             | 4 | 6 | 3 | 5 | 8 | 9 | 0 | 1 | 4 | 0 | 4 | 9 | 2 | 7 | 0 | 1 | 3 | 5 | 7 | 8 | 0 | 2 | 3               | 6 |   |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Coagulating Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Epididymis        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Preputial Gland   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Prostate          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Seminal Vesicle   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Testis            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Hemangiosarcoma                        |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   | <b>6</b>  |
| Hemangiosarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |
| Carcinoma, Metastatic, Harderian Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node, Mesenteric                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Hemangiosarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>1000 mg/L                  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | * TOTALS |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|  | ANIMAL ID   | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>6 |          |
| Hemangiosarcoma                                  |             |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 2        |
| Thymus   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44       |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>INTEGUMENTARY SYSTEM</b>                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland                                    |             | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | +                     | M                     | M                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 2        |
| Skin   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Pinna, Sarcoma                                   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>MUSCULOSKELETAL SYSTEM</b>                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Skeletal Muscle                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hepatoblastoma, Metastatic, Liver                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>NERVOUS SYSTEM</b>                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Brain  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Ependymoma Malignant                             |             |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Brain Trigeminal Ganglion                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Peripheral Nerve                                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Spinal Cord                                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>RESPIRATORY SYSTEM</b>                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Lung   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>1000 mg/L             | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      |                       |          |
| ANIMAL ID                                   | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>5<br>0 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>8 |          |
| Alveolar/Bronchiolar Adenoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       | 7                     |          |
| Alveolar/Bronchiolar Adenoma, Multiple      |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Alveolar/Bronchiolar Carcinoma              | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Alveolar/Bronchiolar Carcinoma, Multiple    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Hepatoblastoma, Metastatic, Liver           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Hepatocellular Carcinoma, Metastatic, Liver |                       | X                     |                       | X                     |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7                     |          |
| Nose  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Trachea                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>SPECIAL SENSES SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Eye   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Harderian Gland                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Adenoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Carcinoma                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| <b>URINARY SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Kidney                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Renal Tubule, Adenoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Urinary Bladder                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>SYSTEMIC LESIONS</b>                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Multiple Organ                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Lymphoma Malignant                          |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       | 9                     |          |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                       | ANIMAL ID             | males<br>(cont...)    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                    | 0<br>3<br>6<br>3 | 0<br>4<br>0<br>7 | 0<br>4<br>2<br>4 | 0<br>5<br>2<br>1 | 0<br>5<br>3<br>2 | 0<br>5<br>4<br>4 | 0<br>5<br>6<br>8 | 0<br>5<br>9<br>9 | 0<br>6<br>3<br>1 | 0<br>6<br>4<br>4 | 0<br>6<br>8<br>0 | 0<br>7<br>1<br>2 | 0<br>7<br>1<br>3 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 2000 mg/L          | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>0<br>7<br>8 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>8<br>8 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>2<br>0<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>5 | 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>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>9 |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Gallbladder                                 | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Hemangioma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X   |
| Hemangiosarcoma                             |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
| Hepatocellular Adenoma                      |   |   |   | X |   | X | X |   | X |   |   |   |   | X |   |   |   | X |   |   |   |   |     |
| Hepatocellular Adenoma, Multiple            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X X |
| Hepatocellular Carcinoma                    |   |   |   | X |   |   |   | X |   | X |   |   |   | X |   |   |   | X | X |   |   |   |     |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |     |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |     |
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X   |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +   |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |     |

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

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

Experiment Number: 03038 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
Sodium Tungstate Dihydrate  
CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
Time Report Requested: 10:11:56  
First Dose M/F: 01/17/12 / 01/16/12  
Lab: BAT

| B6C3F1/N MICE MALE<br>2000 mg/L | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |
|---------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
|                                 | 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 |
|                                 |             | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                  | 7 |
|                                 |             | 6 | 0 | 2 | 2 | 3 | 4 | 6 | 9 | 3 | 4 | 8 | 0 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                  | 3 |
|                                 |             | 3 | 7 | 4 | 1 | 2 | 4 | 8 | 9 | 1 | 4 | 0 | 1 | 2 | 3 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |
|                                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |
|                                 |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                  | 1 |
|                                 |             | 8 | 6 | 6 | 9 | 8 | 8 | 7 | 7 | 8 | 5 | 7 | 9 | 0 | 6 | 7 | 5 | 6 | 6 | 8 | 9 | 5 | 5 | 5 | 5 | 5                  | 5 |
|                                 |             | 6 | 2 | 8 | 3 | 1 | 8 | 8 | 1 | 4 | 2 | 5 | 6 | 0 | 0 | 9 | 3 | 3 | 9 | 9 | 5 | 1 | 5 | 7 | 8 | 9                  |   |
|                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Tooth                | + |   |   | + | + | + | + |   |   |   |   | + | + | + |   |   |   |   | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

ENDOCRINE SYSTEM

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcapsular, Adenoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pheochromocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Parathyroid Gland          | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Adenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

GENERAL BODY SYSTEM

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  | males<br>(cont...) |
|--------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|--------------------|
|                    | 0363        | 0474 | 0444 | 0552 | 0553 | 0555 | 0556 | 0559 | 0661 | 0664 | 0666 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 |  |                    |
| 2000 mg/L          | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |  |                    |
|                    | 1111        | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 |  |                    |
|                    | 8866        | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 |  |                    |
|                    | 62          | 8    | 3    | 1    | 8    | 8    | 1    | 4    | 2    | 5    | 6    | 0    | 0    | 9    | 3    | 3    | 9    | 5    | 1    | 5    | 7    | 8    | 9    |  |                    |

NONE

**GENITAL SYSTEM**

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Epididymis                                  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hepatocholangiocarcinoma, Metastatic, Liver | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preputial Gland                             | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prostate                                    | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Seminal Vesicle<br>Carcinoma                | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Testis                                      | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**HEMATOPOIETIC SYSTEM**

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Bone Marrow   | +   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node<br>Hepatocholangiocarcinoma, Metastatic, Liver             | +<br>X  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mandibular  | + + + + + + + + M + + + M + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mesenteric<br>Hepatocholangiocarcinoma, Metastatic, Liver | + + M + + + + + + + + X M + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spleen<br>Hemangiosarcoma   | +   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thymus  | + + + + + + M M + M M + M M M + + + + + + + +     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|
| <b>B6C3F1/N MICE MALE</b> | DAY ON TEST | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |
|                           |             | 3   | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                            |
|                           |             | 6   | 0 | 2 | 2 | 3 | 4 | 6 | 9 | 3 | 4 | 8 | 0 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                            |
| <b>2000 mg/L</b>          | ANIMAL ID   | 3   | 7 | 4 | 1 | 2 | 4 | 8 | 9 | 1 | 4 | 0 | 1 | 2 | 3 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |
|                           |             | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |
|                           |             | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |
|                           |             | 1   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |   |                            |
|                           |             | 8   | 6 | 6 | 9 | 8 | 8 | 7 | 7 | 8 | 5 | 7 | 9 | 0 | 6 | 7 | 5 | 6 | 6 | 8 | 9 | 5 | 5 | 5 | 5 |   |                            |
|                           |             | 6   | 2 | 8 | 3 | 1 | 8 | 8 | 1 | 4 | 2 | 5 | 6 | 0 | 0 | 9 | 3 | 3 | 9 | 9 | 5 | 1 | 5 | 7 | 8 |   |                            |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|                           |             | Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>males<br/>(cont...)</b> |

**INTEGUMENTARY SYSTEM**

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

**MUSCULOSKELETAL SYSTEM**

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

**NERVOUS SYSTEM**

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

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                            |   |   |   | X | X |   | X |   |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma, Multiple                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Alveolar/Bronchiolar Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma, Multiple                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver             |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver             |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pheochromocytoma Malignant, Metastatic, Adrenal Medulla |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE<br><br>2000 mg/L   | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |   |
|---------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|---|
|                                       | 3           | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 3 |           |                    |   |
|                                       |             | 6 | 0 | 2 | 2 | 3 | 4 | 6 | 9 | 3 | 4 | 8 | 0 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |   |
|                                       |             | 3 | 7 | 4 | 1 | 2 | 4 | 8 | 9 | 1 | 4 | 0 | 1 | 2 | 3 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |   |
|                                       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |   |
|                                       |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |   |
|                                       |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         |                    |   |
|                                       |             | 8 | 6 | 6 | 9 | 8 | 8 | 7 | 7 | 8 | 5 | 7 | 9 | 0 | 6 | 7 | 5 | 6 | 6 | 8 | 9 | 5 | 5 | 5 | 5 | 5 | 5 | 5         |                    |   |
|                                       |             | 6 | 2 | 8 | 3 | 1 | 8 | 8 | 1 | 4 | 2 | 5 | 6 | 0 | 0 | 9 | 3 | 3 | 9 | 9 | 5 | 1 | 5 | 7 | 8 | 9 | 9 |           |                    |   |
| Eye                                   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |   |
| Harderian Gland<br>Adenoma            |             | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | X | + | + | + | + | + | + | + | + |           |                    |   |
| <b>URINARY SYSTEM</b>                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |   |
| Kidney<br>Renal Tubule, Carcinoma     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |                    |   |
| Urinary Bladder                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |                    |   |
| <b>SYSTEMIC LESIONS</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |   |
| Multiple Organ<br>Histiocytic Sarcoma |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |                    | X |

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

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

Experiment Number: 03038 - 04

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 06/26/2019

Test Type: CHRONIC

Sodium Tungstate Dihydrate

Time Report Requested: 10:11:56

Route: DOSED WATER

CAS Number: 10213-10-2

First Dose M/F: 01/17/12 / 01/16/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE MALE | DAY ON TEST | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     | 0     |
|--------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
|                    |             | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7        | 7     | 7     |
| 2000 mg/L          |             | 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     |
|                    |             | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 1        | 1     | 1     |
|                    | ANIMAL ID   | 00161 | 00162 | 00163 | 00164 | 00165 | 00166 | 00167 | 00168 | 00169 | 00170 | 00171 | 00172 | 00173 | 00174 | 00175 | 00176 | 00177 | 00178 | 00179 | 00180 | 00181 | 00182 | 00183    | 00184 | 00185 |
|                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangioma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma                      | X |   |   |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 10 |
| Hepatocellular Adenoma, Multiple            |   | X |   | X |   | X | X |   |   |   |   | X |   |   |   |   |   | X |   | X | X |   |   | X |   | 12 |
| Hepatocellular Carcinoma                    |   |   |   | X |   | X | X |   | X |   | X |   |   |   |   | X | X |   | X |   |   |   |   |   |   | 13 |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   | + | 4  |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>2000 mg/L | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |  |  |
|---------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|--|--|
|                                 | 0731        | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  |          |  |  |
| ANIMAL ID                       | 00161       | 00162 | 00163 | 00164 | 00165 | 00166 | 00167 | 00168 | 00169 | 00170 | 00171 | 00172 | 00173 | 00174 | 00175 | 00176 | 00177 | 00178 | 00179 | 00180 | 00181 | 00182 | 00183 | 00184 | 00185    |  |  |
| Salivary Glands                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |  |
| Stomach, Forestomach            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |  |
| Stomach, Glandular              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |  |
| Tooth                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 35       |  |  |
| <b>CARDIOVASCULAR SYSTEM</b>    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |  |
| Blood Vessel                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |  |
| Heart                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |  |
| <b>ENDOCRINE SYSTEM</b>         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |  |  |
| Adrenal Cortex                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50       |  |  |
| Subcapsular, Adenoma            |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       | 1     |          |  |  |
| Adrenal Medulla                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50    |          |  |  |
| Pheochromocytoma Malignant      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1     |          |  |  |
| Islets, Pancreatic              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50    |          |  |  |
| Adenoma                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1     |          |  |  |
| Parathyroid Gland               | +           | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | 43    |          |  |  |
| Pituitary Gland                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50    |          |  |  |
| Pars Distalis, Adenoma          |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       | 1     |          |  |  |
| Thyroid Gland                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 50    |          |  |  |

**GENERAL BODY SYSTEM**

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE MALE<br>2000 mg/L | DAY ON TEST | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
|---------------------------------|-------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|
|                                 |             | 0731      | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 |          | 0731 | 0731 |
|                                 |             | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0    | 0    |
|                                 |             | 7         | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7        | 7    | 7    |
|                                 |             | 3         | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3        | 3    | 3    |
|                                 |             | 1         | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 2    | 2    | 2    | 2    | 2    | 2    | 2        | 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    | 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    |
|                                 |             | 6         | 6    | 6    | 7    | 7    | 7    | 8    | 8    | 9    | 9    | 9    | 5    | 5    | 6    | 6    | 7    | 7    | 7    | 8    | 8    | 8        | 9    | 9    |
|                                 |             | 1         | 4    | 6    | 2    | 4    | 6    | 3    | 7    | 4    | 7    | 8    | 4    | 6    | 5    | 7    | 0    | 3    | 7    | 0    | 2    | 5        | 0    | 9    |

NONE

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle<br>Carcinoma                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Testis                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node<br>Hepatocholangiocarcinoma, Metastatic, Liver             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric<br>Hepatocholangiocarcinoma, Metastatic, Liver | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen<br>Hemangiosarcoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymus  | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 41 |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE<br>2000 mg/L       | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       | * TOTALS |
|---------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|----------|
|                                       | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |         |          |
|                                       |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |         |          |
|                                       |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 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 | 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 |         |          |
|                                       |             | 6 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 9 | 9 | 9 |         |          |
|                                       |             | 1 | 4 | 6 | 2 | 4 | 6 | 3 | 7 | 4 | 7 | 8 | 4 | 6 | 5 | 7 | 0 | 3 | 7 | 0 | 2 | 5 | 0 | 1 | 2 |         |          |
| Eye                                   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |
| Harderian Gland<br>Adenoma            |             | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | + | + | + | + | + | 50<br>6 |          |
| <b>URINARY SYSTEM</b>                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |
| Kidney<br>Renal Tubule, Carcinoma     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   | X | X |   |         | 50<br>2  |
| Urinary Bladder                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +       | 50       |
| <b>SYSTEMIC LESIONS</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |
| Multiple Organ<br>Histiocytic Sarcoma |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +       | 50<br>1  |

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

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | females<br>(cont...) |  |
|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------|--|
|                      | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>2 | 0<br>5<br>5<br>1 | 0<br>5<br>6<br>0 | 0<br>5<br>6<br>8 | 0<br>5<br>6<br>8 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>6 | 0<br>6<br>6<br>7 | 0<br>7<br>9<br>2 | 0<br>7<br>0<br>3 | 0<br>7<br>0<br>7 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |   |                      |  |
| 0 mg/L               | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |  |
|                      | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |   |                      |  |
|                      | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |   |                      |  |
|                      | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                |   |                      |  |
|                      | 5                | 2                | 0                | 0                | 2                | 3                | 1                | 0                | 2                | 0                | 1                | 2                | 1                | 1                | 1                | 1                | 2                | 2                | 3                | 3                | 3                | 3                | 3                |   |                      |  |
|                      | 0                | 4                | 4                | 3                | 5                | 0                | 0                | 2                | 8                | 1                | 1                | 7                | 3                | 4                | 5                | 6                | 6                | 9                | 1                | 2                | 3                | 4                | 5                | 6 | 9                    |  |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                            | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   |
| Hepatocellular Adenoma, Multiple       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |
| Hepatocellular Carcinoma               |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                              | + |   |   | + |   |   |   |   |   | + | + | + |   |   |   |   |   | + |   |   |   | + |   |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa                            |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE   |  | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                      |     |     |     |     |
|--|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|-----|-----|-----|-----|
|  |  | 0 4         | 0 4 | 0 5 | 0 5 | 0 5 | 0 5 | 0 6 | 0 6 | 0 6 | 0 6 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 | 0 7 |                      | 0 7 | 0 7 |     |     |
| 0 mg/L   |  | 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 | 0 0 | 0 0 | 0 0 | 0 0 |                      | 0 0 | 0 0 | 0 0 |     |
|  |  | 2 2         | 2 3 | 2 5 | 2 6 | 2 6 | 2 8 | 2 6 | 2 7 | 2 6 | 2 7 | 2 9 | 2 0 | 2 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 |
|  |  | 5 0         | 2 4 | 0 4 | 0 3 | 0 5 | 0 3 | 1 1 | 0 0 | 2 8 | 0 1 | 0 1 | 2 7 | 2 3 | 2 4 | 2 5 | 2 6 | 2 6 | 2 9 | 2 1 | 2 2 | 2 3 | 2 3 | 2 3 | 2 3 | 2 3 |                      | 2 3 | 2 3 | 2 3 | 2 3 |
| Salivary Glands  |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Stomach, Forestomach<br>Squamous Cell Papilloma, Multiple            |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Stomach, Glandular   |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Tongue<br>Squamous Cell Papilloma                                    |  |             | +   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                      |     |     |     |     |
| Tooth  |  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | +   |     |     |     |     |     |     |     |                      | +   |     |     |     |
| <b>CARDIOVASCULAR SYSTEM</b>   |  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                      |     |     |     |     |
| Blood Vessel   |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | M   | M   | +   | +   | +   |     | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Heart<br>Pericardium, Hepatocellular Carcinoma,<br>Metastatic, Liver |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Pericardium, Liposarcoma, Metastatic, Skin                           |  |             |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                      |     |     |     |     |
| <b>ENDOCRINE SYSTEM</b>  |  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                      |     |     |     |     |
| Adrenal Cortex   |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Adrenal Medulla  |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Islets, Pancreatic   |  | +           | +   | +   | +   | +   | +   | +   | +   | +   | A   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +                    | +   |     |     |     |
| Parathyroid Gland  |  | +           | +   | +   | +   | +   | +   | M   | +   | +   | +   | +   | +   | +   | +   | M   | +   | M   | +   | +   | +   | +   | +   | +   | +   | M   | +                    | +   |     |     |     |
| Pituitary Gland<br>Pars Distalis, Adenoma                            |  | +           | +   | +   | +   | +   | +   | +   | +   | 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  | females<br>(cont...) |
|----------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----------------------|
|                      | 04          | 04 | 05 | 05 | 05 | 05 | 06 | 06 | 06 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |  |                      |
| 0 mg/L               | 21          | 32 | 51 | 60 | 66 | 88 | 69 | 67 | 79 | 00 | 00 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |  |                      |
| ANIMAL ID            | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |                      |
|                      | 22          | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |  |                      |
|                      | 52          | 20 | 00 | 02 | 33 | 10 | 02 | 00 | 12 | 12 | 11 | 11 | 11 | 11 | 22 | 22 | 33 | 33 | 33 | 33 | 33 | 33 | 00 |  |                      |
|                      | 04          | 44 | 41 | 60 | 66 | 88 | 99 | 66 | 77 | 22 | 33 | 77 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |  |                      |

Thyroid Gland  
 Follicular Cell, Adenoma

+  
 X

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland

+ M +

Ovary

+ +

Cystadenoma

Cystadenoma, Multiple

Fibrous Histiocytoma, Metastatic, Skin

Luteoma

X

Uterus

Hemangiosarcoma

+  
 X

Vagina

+ +

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ + + + + + + + + + + + + + + + I + + + + + + +

Lymph Node

+ + + + +

Lymph Node, Mandibular

+ + + + + + + + + + + + + + + + I + + + + +

Lymph Node, Mesenteric

Fibrous Histiocytoma, Metastatic, Skin

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

X

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | 0 mg/L | 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 |
|                      |        | 4           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      | 7 |
|                      |        | 2           | 3 | 5 | 6 | 6 | 8 | 6 | 7 | 9 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    |   |
|                      |        | 1           | 2 | 1 | 0 | 6 | 8 | 9 | 6 | 7 | 2 | 3 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9                    |   |
|                      |        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|                      |        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|                      |        | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    |   |
|                      |        | 5           | 2 | 0 | 0 | 2 | 3 | 1 | 0 | 2 | 0 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3                    |   |
|                      |        | 0           | 4 | 4 | 3 | 5 | 0 | 0 | 2 | 8 | 1 | 1 | 7 | 3 | 4 | 5 | 6 | 6 | 9 | 1 | 2 | 3                    |   |

Spleen  
Fibrous Histiocytoma, Metastatic, Skin

+  
 X

Thymus  
Fibrous Histiocytoma, Metastatic, Skin  
Hepatocellular Carcinoma, Metastatic, Liver  
Liposarcoma, Metastatic, Skin

+ + + + M +  
 X  
 X  
 X

**INTEGUMENTARY SYSTEM**

Mammary Gland  
Duct, Adenocarcinoma

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

Skin  
Fibrous Histiocytoma  
Liposarcoma

+  
 X  
 X

**MUSCULOSKELETAL SYSTEM**

Bone

+ +

Skeletal Muscle  
Sarcoma

+  
 +  
 X

**NERVOUS SYSTEM**

Brain

+ +

**RESPIRATORY SYSTEM**

Lung  
Alveolar/Bronchiolar Adenoma  
Alveolar/Bronchiolar Carcinoma

+  
 X

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>0 mg/L  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...)  |  |             |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|-----------------------|--|-------------|
|   | 0<br>4<br>2<br>1 | 0<br>4<br>3<br>2 | 0<br>5<br>5<br>1 | 0<br>5<br>6<br>0 | 0<br>5<br>6<br>8 | 0<br>5<br>6<br>8 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>6 | 0<br>6<br>6<br>7 | 0<br>7<br>9<br>2 | 0<br>7<br>0<br>3 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |           |                       |  |             |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0<br>0<br>2<br>5<br>0 |  |             |
| Alveolar/Bronchiolar Carcinoma, Multiple<br>Carcinoma, Metastatic, Uncertain Primary Site<br>Fibrous Histiocytoma, Metastatic, Skin<br>Hepatocellular Carcinoma, Metastatic, Liver<br>Liposarcoma, Metastatic, Skin |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  | X         |                       |  |             |
| Nose  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  |             |
| Trachea   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  |             |
| <b>SPECIAL SENSES SYSTEM</b>  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |  |             |
| Eye   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  |             |
| Harderian Gland<br>Adenoma<br>Hepatocellular Carcinoma, Metastatic, Liver   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  | X           |
| <b>URINARY SYSTEM</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |  |             |
| Kidney  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  |             |
| Urinary Bladder   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  |             |
| <b>SYSTEMIC LESIONS</b>   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |  |             |
| Multiple Organ<br>Histiocytic Sarcoma<br>Lymphoma Malignant   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     |  | X<br>X<br>X |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 0 mg/L               | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |  |
|                      | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 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 |          |  |
|                      | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |  |
|                      | 1           | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 |          |  |
|                      | 2           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 0 | 5 | 6 | 7 | 8 | 9        |  |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                            | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma                 |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   | X |   |   |   |   |   | 6  |
| Hepatocellular Adenoma, Multiple       |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 5  |
| Hepatocellular Carcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 2  |
| Mesentery                              |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   | 10 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Oral Mucosa                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |              |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|--------------|
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 | 0            |
| 0 mg/L   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |              |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 | 0            |
| Salivary Glands  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 | 50           |
| Stomach, Forestomach<br>Squamous Cell Papilloma, Multiple  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 | 50<br>1      |
| Stomach, Glandular   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 | 50           |
| Tongue<br>Squamous Cell Papilloma  | 1           | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 4 | 4        | 4 | 1<br>1       |
| Tooth  | 2           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 0 | 5        | 6 | 2            |
| <b>CARDIOVASCULAR SYSTEM</b>   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |              |
| Blood Vessel   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 47           |
| Heart<br>Pericardium, Hepatocellular Carcinoma,<br>Metastatic, Liver<br>Pericardium, Liposarcoma, Metastatic, Skin | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 50<br>1<br>1 |
| <b>ENDOCRINE SYSTEM</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |              |
| Adrenal Cortex   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 50           |
| Adrenal Medulla  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 50           |
| Islets, Pancreatic   | +           | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | +        | + | 48           |
| Parathyroid Gland  | +           | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | +        | + | 45           |
| Pituitary Gland<br>Pars Distalis, Adenoma  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | + | 50<br>2      |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 0 mg/L               | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |  |
|                      | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 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 |          |  |
|                      | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |  |
|                      | 1           | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 |          |  |
|                      | 2           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 0 | 5 | 6 | 7 | 8 | 9        |  |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Thyroid Gland            | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Ovary                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | 49 |
| Cystadenoma                            |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Cystadenoma, Multiple                  |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Luteoma                                |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Vagina                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**HEMATOPOIETIC SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | 48 |
| Lymph Node                             |   |   | + | + |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Lymph Node, Mesenteric                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>0 mg/L              | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |          |
| ANIMAL ID                                   | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 |          |
| Spleen                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Fibrous Histiocytoma, Metastatic, Skin      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Thymus                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Fibrous Histiocytoma, Metastatic, Skin      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Hepatocellular Carcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Liposarcoma, Metastatic, Skin               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| <b>INTEGUMENTARY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Duct, Adenocarcinoma                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 1                     |          |
| Skin  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Fibrous Histiocytoma                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Liposarcoma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| <b>MUSCULOSKELETAL SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Skeletal Muscle                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Sarcoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| <b>NERVOUS SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Brain                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>RESPIRATORY SYSTEM</b>                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Lung  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Alveolar/Bronchiolar Adenoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     | 2                     |          |
| Alveolar/Bronchiolar 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE                          | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | * TOTALS |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|----------|
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |  |          |
| 0 mg/L  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  |  |          |
|   | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  |  |          |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |  |          |
|   | 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  |  |          |
|   | 1           | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 4 | 4 | 4 | 4  |  |          |
|   | 2           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 0 | 5 | 6 | 7  |  |          |
| Alveolar/Bronchiolar Carcinoma, Multiple      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |          |
| Carcinoma, Metastatic, Uncertain Primary Site | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |          |
| Fibrous Histiocytoma, Metastatic, Skin        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |          |
| Hepatocellular Carcinoma, Metastatic, Liver   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |          |
| Liposarcoma, Metastatic, Skin                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |          |
| Nose  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| Trachea                                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| <b>SPECIAL SENSES SYSTEM</b>                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |          |
| Eye   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| Harderian Gland                               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| Adenoma                                       |             |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1  |  |          |
| Hepatocellular Carcinoma, Metastatic, Liver   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |          |
| <b>URINARY SYSTEM</b>                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |          |
| Kidney  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| Urinary Bladder                               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| <b>SYSTEMIC LESIONS</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |          |
| Multiple Organ                                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |          |
| Histiocytic Sarcoma                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |  |          |
| Lymphoma Malignant                            |             | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>500 mg/L | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | females<br>(cont...) |
|----------------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|
|                                  | 058         | 059 | 067 | 069 | 066 | 066 | 066 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 |                      |
| ANIMAL ID                        | 008         | 007 | 003 | 000 | 005 | 004 | 002 | 005 | 003 | 006 | 008 | 007 | 008 | 009 | 000 | 001 | 003 | 004 | 005 | 006 | 007 | 008 |                      |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma           |   |   |   |   |   |   | X |   | X |   |   |   |   |   | X | X |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   | X |
| Hepatocellular Carcinoma         |   |   | X | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Mesentery                        |   |   |   |   |   |   | + | + |   |   | + |   |   |   | + |   | + |   |   |   |   |   |
| Fibrous Histiocytoma             |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>500 mg/L            | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|   | 0518        | 0519 | 0627 | 0628 | 0629 | 0630 | 0631 | 0701 | 0702 | 0703 | 0704 | 0705 | 0706 | 0707 | 0708 | 0709 | 0710 | 0711 | 0712 | 0713 | 0714 | 0715 | 0716 | 0717 |                      |
| ANIMAL ID                                   | 0088        | 0057 | 0055 | 0066 | 0065 | 0004 | 0002 | 0005 | 0003 | 0006 | 0008 | 0007 | 0009 | 0001 | 0004 | 0006 | 0003 | 0007 | 0001 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008                 |
| Stomach, Glandular                          | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Tongue<br>Squamous Cell Papilloma           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Tooth                                       |             |      |      |      |      |      |      |      | +    |      | +    |      | +    |      |      |      |      |      |      |      |      |      |      |      |                      |
| <b>CARDIOVASCULAR SYSTEM</b>                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Blood Vessel                                | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Heart                                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| <b>ENDOCRINE SYSTEM</b>                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Adrenal Cortex<br>Subcapsular, Adenoma      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Adrenal Medulla                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Islets, Pancreatic<br>Adenoma<br>Carcinoma  | +           | +    | +    | +    | +    |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |                      |
| Parathyroid Gland                           | +           | M    | M    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | M    | M    | +    | +    | +    | +    | M    | +    | +    | +    | +    |                      |
| Pituitary Gland<br>Pars Distalis, Carcinoma | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Thyroid Gland                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| <b>GENERAL BODY SYSTEM</b>                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>500 mg/L | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |      |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|------|
|                                  | 0518        | 0519 | 0627 | 0628 | 0629 | 0630 | 0631 | 0701 | 0702 | 0703 | 0704 | 0705 | 0706 | 0707 | 0708 | 0709 | 0710 | 0711 | 0712 | 0713 | 0714 | 0715 | 0716 | 0717 |                      |      |
| ANIMAL ID                        | 0028        | 0007 | 0003 | 0000 | 0005 | 0004 | 0002 | 0005 | 0003 | 0006 | 0008 | 0007 | 0008 | 0009 | 0006 | 0007 | 0001 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0003 | 0004                 | 0005 |

NONE

**GENITAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |
| Cystadenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tubulostromal Adenoma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Vagina                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                 | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | 500 mg/L | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|----------------------|----------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
|                      |          | 0518        | 0519 | 0627 | 0629 | 0634 | 0661 | 0668 | 0683 | 0703 | 0707 | 0713 | 0717 | 0722 | 0727 | 0732 | 0737 | 0742 | 0747 | 0752 | 0757 |                      | 0762 |      |      |      |      |      |      |      |      |      |      |      |      |      |
| ANIMAL ID            |          | 0028        | 0005 | 0005 | 0006 | 0006 | 0007 | 0007 | 0007 | 0008 | 0008 | 0009 | 0009 | 0009 | 0010 | 0010 | 0011 | 0011 | 0012 | 0012 | 0013 | 0013                 | 0014 | 0014 | 0015 | 0015 | 0016 | 0016 | 0017 | 0017 | 0018 | 0018 | 0019 | 0019 | 0020 | 0020 |

Thymus + M + +

**INTEGUMENTARY SYSTEM**

Mammary Gland Adenocarcinoma + X + + + + +

Skin Fibrosarcoma +

Fibrous Histiocytoma X

Sarcoma X

**MUSCULOSKELETAL SYSTEM**

Bone +

**NERVOUS SYSTEM**

Brain +

Carcinoma, Metastatic, Pituitary Gland X

**RESPIRATORY SYSTEM**

Larynx

Lung Alveolar/Bronchiolar Adenoma +

Alveolar/Bronchiolar Carcinoma

Alveolar/Bronchiolar Carcinoma, Multiple X

Hepatocellular Carcinoma, Metastatic, Liver

Nose +

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>500 mg/L | DAY ON TEST | 00518   | 00519   | 00627   | 00629   | 00634   | 00661   | 00668   | 00683   | 00693   | 00707   | 00709   | 00719   | 00729   | 00739   | 00749   | 00759   | 00769   | 00779   | 00789   | 00799   | 00809   | 00819   | 00829   | females<br>(cont...) |
|----------------------------------|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------------------|
|                                  | ANIMAL ID   | 0002888 | 0000555 | 0000666 | 0000777 | 0000888 | 0000999 | 0001010 | 0001111 | 0001212 | 0001313 | 0001414 | 0001515 | 0001616 | 0001717 | 0001818 | 0001919 | 0002020 | 0002121 | 0002222 | 0002323 | 0002424 | 0002525 | 0002626 |                      |
| Trachea                          |             | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       |                      |
| <b>SPECIAL SENSES SYSTEM</b>     |             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |                      |
| Eye                              |             | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       |                      |
| Harderian Gland<br>Adenoma       |             | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | X       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       |                      |
| <b>URINARY SYSTEM</b>            |             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |                      |
| Kidney                           |             | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       |                      |
| Urinary Bladder                  |             | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       |                      |
| <b>SYSTEMIC LESIONS</b>          |             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |                      |
| Multiple Organ                   |             | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       | +       |                      |
| Histiocytic Sarcoma              |             |         |         |         |         |         |         |         |         | X       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |                      |
| Lymphoma Malignant               |             |         |         |         |         | X       |         |         |         | X       |         |         |         |         |         | X       | X       |         |         | X       |         |         |         |         |                      |
| Mesothelioma Malignant           |             |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>500 mg/L | 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 | * TOTALS |
|----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                                  |             | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                  |             | 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 |          |
|                                  |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |          |
|                                  |             | 8 | 8 | 5 | 6 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 5 | 5 | 9 | 9 | 9 | 9 | 9 | 0 |          |
|                                  |             | 6 | 9 | 9 | 1 | 2 | 4 | 6 | 9 | 0 | 1 | 2 | 7 | 0 | 5 | 6 | 7 | 1 | 2 | 1 | 2 | 3 | 4 | 0 |          |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                  |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma           |   | X |   |   | X |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Hepatocellular Adenoma, Multiple |   |   | X | X |   |   |   |   |   |   |   |   | X | X |   |   | X |   | X |   |   |   |   | 10 |
| Hepatocellular Carcinoma         |   |   | X |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X | 8  |
| Mesentery                        |   |   |   | + | + |   |   |   |   |   |   |   | + |   |   |   |   |   | + |   | + | + | + | 12 |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| 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  
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 BLANK .. Not examined microscopically

Experiment Number: 03038 - 04  
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 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>500 mg/L         | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    | * TOTALS |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|----------|
|  | 0729        | 0729 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |    |          |
| ANIMAL ID                                | 0086        | 0089 | 0085 | 0086 | 0086 | 0086 | 0087 | 0088 | 0088 | 0088 | 0088 | 0089 | 0089 | 0089 | 0089 | 0085 | 0085 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089 |    |          |
| Stomach, Glandular                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
| Tongue Squamous Cell Papilloma           |             |      | +    | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1  |          |
| Tooth                                    |             |      |      | +    |      |      |      |      |      |      |      |      |      |      |      | +    |      |      |      |      |      |      |      | 5  |          |
| <b>CARDIOVASCULAR SYSTEM</b>             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |          |
| Blood Vessel                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
| Heart                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
| <b>ENDOCRINE SYSTEM</b>                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |          |
| Adrenal Cortex Subcapsular, Adenoma      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
|  |             |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1  |          |
| Adrenal Medulla                          | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
| Islets, Pancreatic Adenoma               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
| Carcinoma                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1  |          |
| Parathyroid Gland                        | +           | +    | +    | +    | M    | +    | +    | M    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | M    | +    | +    | +    | +    | 40 |          |
| Pituitary Gland Pars Distalis, Carcinoma | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
|  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1  |          |
| Thyroid Gland                            | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50 |          |
| <b>GENERAL BODY SYSTEM</b>               |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |          |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
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| B6C3F1/N MICE FEMALE<br>500 mg/L | DAY ON TEST |      | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |  |
|----------------------------------|-------------|------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|--|
|                                  | 0729        | 0729 | 0730      | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          | 0730 |  |
|                                  | 0           | 0    | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0    |  |
|                                  | 7           | 7    | 7         | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7        | 7    |  |
|                                  | 2           | 2    | 3         | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3    | 3        | 3    |  |
|                                  | 9           | 9    | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0    |  |
|                                  | 0           | 0    | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        | 0    |  |
|                                  | 0           | 0    | 0         | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 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        | 3    |  |
|                                  | 8           | 8    | 5         | 6    | 6    | 6    | 6    | 7    | 8    | 8    | 8    | 8    | 9    | 9    | 9    | 9    | 5    | 5    | 9    | 9    | 9    | 9    | 9        | 0    |  |
|                                  | 6           | 9    | 9         | 1    | 2    | 4    | 6    | 9    | 0    | 1    | 2    | 7    | 0    | 5    | 6    | 7    | 1    | 2    | 1    | 2    | 3    | 4    | 8        | 0    |  |

NONE

**GENITAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Ovary                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Cystadenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Tubulostromal Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Vagina                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node             |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | 8  |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
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Lab: BAT

| B6C3F1/N MICE FEMALE                        | 500 mg/L  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |           | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |          |
|   | ANIMAL ID | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>9 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>7<br>9 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>2<br>8<br>1 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>9<br>0 | 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>5<br>1 | 0<br>0<br>2<br>5<br>2 | 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>8 | 0<br>0<br>2<br>9<br>9 |          |
| Thymus                                      |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| <b>INTEGUMENTARY SYSTEM</b>                 |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland                               |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Adenocarcinoma                              |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Skin  |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Fibrosarcoma                                |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Fibrous Histiocytoma                        |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Sarcoma                                     |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>MUSCULOSKELETAL SYSTEM</b>               |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone  |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| <b>NERVOUS SYSTEM</b>                       |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Brain                                       |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Carcinoma, Metastatic, Pituitary Gland      |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>RESPIRATORY SYSTEM</b>                   |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Larynx                                      |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       | 1        |
| Lung  |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Alveolar/Bronchiolar Adenoma                |           | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 2        |
| Alveolar/Bronchiolar Carcinoma              |           |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 2        |
| Alveolar/Bronchiolar Carcinoma, Multiple    |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hepatocellular Carcinoma, Metastatic, Liver |           |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     | 3        |
| Nose  |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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|----------------------------------|-------------|------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|--|--|
|                                  | 0729        | 0729 | 0730      | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          | 0730 |  |  |
| Trachea                          | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |  |  |
| <b>SPECIAL SENSES SYSTEM</b>     |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |  |  |
| Eye                              | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |  |  |
| Harderian Gland<br>Adenoma       | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |  |  |
|                                  |             |      | X         |      |      |      |      |      |      |      |      |      |      | X    | X    |      |      |      |      |      | X    |      |          | 5    |  |  |
| <b>URINARY SYSTEM</b>            |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |  |  |
| Kidney                           | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |  |  |
| Urinary Bladder                  | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |  |  |
| <b>SYSTEMIC LESIONS</b>          |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |  |  |
| Multiple Organ                   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 50   |  |  |
| Histiocytic Sarcoma              |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |  |  |
| Lymphoma Malignant               |             |      | X         | X    |      | X    |      |      |      |      |      |      | X    | X    |      |      |      |      | X    |      |      | X    | X        | 13   |  |  |
| Mesothelioma Malignant           |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |          | 1    |  |  |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | females<br>(cont...) |
|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------------------|
|                      | 0<br>2<br>4<br>5 | 0<br>5<br>9<br>8 | 0<br>5<br>9<br>8 | 0<br>6<br>0<br>2 | 0<br>6<br>0<br>4 | 0<br>6<br>1<br>3 | 0<br>6<br>2<br>9 | 0<br>6<br>6<br>6 | 0<br>7<br>0<br>0 | 0<br>7<br>1<br>0 | 0<br>7<br>1<br>1 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 |  |                      |
| 1000 mg/L            | 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                |  |                      |
|                      | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                |  |                      |
|                      | 2                | 0                | 0                | 0                | 0                | 0                | 0                | 1                | 3                | 1                | 1                | 4                | 0                | 0                | 1                | 1                | 2                | 3                | 3                | 3                | 3                | 3                | 3                |  |                      |
|                      | 7                | 4                | 5                | 3                | 9                | 8                | 6                | 6                | 2                | 8                | 1                | 1                | 1                | 2                | 0                | 2                | 9                | 0                | 1                | 3                | 4                | 5                | 6                |  |                      |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   | + |   |   | + |   | + | + |   |   |   |   | + |   | + | + |   | + |
| Hemangiosarcoma                    |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|                                   | 0<br>2<br>4<br>5 | 0<br>5<br>9<br>8 | 0<br>5<br>9<br>8 | 0<br>6<br>0<br>2 | 0<br>6<br>0<br>4 | 0<br>6<br>1<br>3 | 0<br>6<br>2<br>9 | 0<br>6<br>6<br>6 | 0<br>7<br>0<br>9 | 0<br>7<br>1<br>1 | 0<br>7<br>1<br>3 | 0<br>7<br>2<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 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |                       |           |                      |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>3<br>2<br>7 |           |                      |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands                                 | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |   |
| Stomach, Forestomach<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Stomach, Glandular<br>Hemangiosarcoma           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |
| Tooth   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | + |   |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |  |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adrenal Medulla                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Islets, Pancreatic<br>Adenoma             | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |
| Parathyroid Gland                         | + | + | + | + | + | + | + | + | M | + | + | M | + | M | + | + | + | + | + | + | + | + | + | M |
| Pituitary Gland<br>Pars Distalis, Adenoma | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Thyroid Gland                             | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |   |

**GENERAL BODY SYSTEM**

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

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

Experiment Number: 03038 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                      |           | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
|----------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|--|
| B6C3F1/N MICE FEMALE | 1000 mg/L | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
|                      |           | 2           | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |  |  |
|                      |           | 4           | 9 | 9 | 0 | 0 | 1 | 2 | 6 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                      |  |  |
|                      |           | 5           | 8 | 8 | 2 | 4 | 3 | 9 | 6 | 0 | 1 | 3 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |                      |  |  |
|                      |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
|                      |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
| ANIMAL ID            |           | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                      |  |  |
|                      |           | 2           | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 1 | 4 | 0 | 0 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 |                      |  |  |
|                      |           | 7           | 4 | 5 | 3 | 9 | 8 | 6 | 6 | 2 | 8 | 1 | 1 | 1 | 2 | 0 | 2 | 9 | 0 | 1 | 3 | 4 | 5 |                      |  |  |
|                      |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
|                      |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |  |

NONE

GENITAL SYSTEM

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland        |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |
| Tubulostromal Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal         |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Vagina                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Polyp                 |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node             |   |   |   |   |   |   | + |   |   | + |   | + | + |   | + |   |   |   |   |   |   | + |   |
| Lymph Node, Mandibular | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma        |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                 | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
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Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/L                | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | ANIMAL ID | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------|----------------------|
|  | 0<br>2<br>4<br>5 | 0<br>5<br>9<br>8 | 0<br>5<br>9<br>8 | 0<br>6<br>0<br>2 | 0<br>6<br>0<br>4 | 0<br>6<br>1<br>3 | 0<br>6<br>2<br>6 | 0<br>6<br>6<br>9 | 0<br>6<br>0<br>6 | 0<br>7<br>0<br>0 | 0<br>7<br>1<br>1 | 0<br>7<br>2<br>3 | 0<br>7<br>2<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 | 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 |   |           |                      |
| Thymus   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| <b>INTEGUMENTARY SYSTEM</b>                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Mammary Gland                                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| Skin   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| Fibrosarcoma                                     |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Melanoma Malignant                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Schwannoma Malignant                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |   |           |                      |
| <b>MUSCULOSKELETAL SYSTEM</b>                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Bone   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| Skeletal Muscle                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Schwannoma Malignant, Metastatic, Skin           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| <b>NERVOUS SYSTEM</b>                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Brain  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| <b>RESPIRATORY SYSTEM</b>                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Lung   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| Alveolar/Bronchiolar Carcinoma                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                | X                |                  |                  |                  |                  |                  |                  |   |           |                      |
| Hepatocellular Carcinoma, Metastatic, Liver      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Osteosarcoma, Metastatic, Uncertain Primary Site |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                      |
| Nose   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |
| Trachea  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                      |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|                                   | 0<br>2<br>4<br>5 | 0<br>5<br>9<br>8 | 0<br>5<br>9<br>8 | 0<br>6<br>0<br>2 | 0<br>6<br>0<br>4 | 0<br>6<br>1<br>3 | 0<br>6<br>2<br>9 | 0<br>6<br>6<br>6 | 0<br>7<br>0<br>0 | 0<br>7<br>1<br>1 | 0<br>7<br>1<br>3 | 0<br>7<br>2<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 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |                       |           |                      |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>3<br>2<br>7 |           |                      |

**SPECIAL SENSES SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                        | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland<br>Adenoma | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ<br>Histiocytic Sarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                    |   | X |   |   |   |   |   | X |   | 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/L | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |    |
|-----------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|----|
|                                   | 0729        | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  | 0730  |          | 0730  |    |
| ANIMAL ID                         | 00347       | 00348 | 00349 | 00350 | 00351 | 00352 | 00353 | 00354 | 00355 | 00356 | 00357 | 00358 | 00359 | 00360 | 00361 | 00362 | 00363 | 00364 | 00365 | 00366 | 00367    | 00368 |    |
|                                   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     | 50 |
|                                   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     | 47 |
|                                   | 3           | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3        | 3     | 50 |
|                                   | 4           | 0     | 1     | 1     | 1     | 1     | 1     | 2     | 2     | 2     | 2     | 2     | 2     | 2     | 2     | 3     | 3     | 3     | 4     | 4     | 4        | 4     | 50 |
|                                   | 7           | 7     | 3     | 4     | 5     | 7     | 9     | 0     | 1     | 2     | 3     | 4     | 5     | 6     | 8     | 7     | 8     | 9     | 0     | 2     | 3        | 4     | 50 |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | +  | 47 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |    |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Liver                              | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Hepatocellular Adenoma             |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |    |
| Hepatocellular Adenoma, Multiple   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   | X |   | 7  |    |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   | 3  |    |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   | + |   |   |   | 13 |    |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/L               | DAY ON TEST |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | * TOTALS |          |         |         |
|---|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|---------|
|   | 07<br>29    | 07<br>30 | 07<br>30 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 | 07<br>33 |          | 07<br>33 |         |         |
| ANIMAL ID                                       | 00347       | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    | 00334    |         |         |
| Salivary Glands                                 | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 49      |         |
| Stomach, Forestomach<br>Squamous Cell Papilloma | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50<br>1 |         |
| Stomach, Glandular<br>Hemangiosarcoma           | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50<br>1 |         |
| Tooth   |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 2       |         |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |         |         |
| Blood Vessel                                    | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 49      |         |
| Heart   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50      |         |
| <b>ENDOCRINE SYSTEM</b>                         |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |         |         |
| Adrenal Cortex                                  | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50      |         |
| Adrenal Medulla                                 | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 50      |         |
| Islets, Pancreatic<br>Adenoma                   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 49<br>1 |         |
| Parathyroid Gland                               | M           | +        | M        | +        | +        | +        | +        | +        | +        | +        | +        | M        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 42      |         |
| Pituitary Gland<br>Pars Distalis, Adenoma       | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | M        | +       | 47<br>5 |
| Thyroid Gland                                   | +           | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 49      |         |
| <b>GENERAL BODY SYSTEM</b>                      |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |         |         |

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

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Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |
|----------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|
|                      | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |
| 1000 mg/L            | 29          | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |          |
|                      | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |          |
|                      | 34          | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 |          |
|                      | 47          | 47 | 43 | 44 | 45 | 47 | 49 | 00 | 01 | 02 | 02 | 03 | 04 | 05 | 06 | 08 | 07 | 08 | 09 | 00 | 02 | 03 | 04 |          |

NONE

**GENITAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Ovary                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Cystadenoma           |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   | X | 5 |    |
| Tubulostromal Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |
| Uterus                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma       |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leiomyosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Polyp Stromal         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Vagina                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Polyp                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | 49 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node             |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/L                | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID |   |                 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|---|-----------------|
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |   | 0               |
|  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0 |                 |
|  | 2           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |                 |
|  | 9           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1         | 0 |                 |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 |                 |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 |                 |
|  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |                 |
|  | 4           | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 4         | 0 |                 |
|  | 7           | 7 | 3 | 4 | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 7 | 8 | 9 | 0 | 2 | 3         | 0 | <b>* TOTALS</b> |
| Thymus   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| <b>INTEGUMENTARY SYSTEM</b>                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                 |
| Mammary Gland                                    | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| Skin   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| Fibrosarcoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>1</b>        |
| Melanoma Malignant                               |             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>1</b>        |
| Schwannoma Malignant                             |             |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>2</b>        |
| <b>MUSCULOSKELETAL SYSTEM</b>                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                 |
| Bone   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| Skeletal Muscle                                  |             |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>1</b>        |
| Schwannoma Malignant, Metastatic, Skin           |             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>1</b>        |
| <b>NERVOUS SYSTEM</b>                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                 |
| Brain  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| <b>RESPIRATORY SYSTEM</b>                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   |                 |
| Lung   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| Alveolar/Bronchiolar Carcinoma                   |             |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |           |   | <b>5</b>        |
| Hepatocellular Carcinoma, Metastatic, Liver      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |           |   | <b>1</b>        |
| Osteosarcoma, Metastatic, Uncertain Primary Site |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | <b>1</b>        |
| Nose   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |   | <b>50</b>       |
| Trachea  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M         | + | <b>48</b>       |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 7           | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
| 2           | 3                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
| 9           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
| ANIMAL ID   | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 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 |          |
| 4           | 0                    | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 5 |          |
| 7           | 7                    | 3 | 4 | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 7 | 8 | 9 | 0 | 2 | 3 | 4 | 8 | 9 | 0 |          |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Eye                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b>             |
| Harderian Gland Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | <b>48</b><br><b>1</b> |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b> |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Lymphoma Malignant  |   |   |   |   |   |   | X | X |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   | <b>8</b>  |

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                   | 0<br>0<br>4<br>7      | 0<br>4<br>3<br>0      | 0<br>6<br>6<br>7      | 0<br>6<br>6<br>8      | 0<br>6<br>7<br>0      | 0<br>6<br>8<br>3      | 0<br>7<br>0<br>6      | 0<br>7<br>2<br>1      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |
| ANIMAL ID                         | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>6<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>5<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>5<br>3 | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>9<br>9 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>4 | 0<br>0<br>3<br>6<br>5 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>7<br>9 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>6 |

ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   | X |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   | X |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                        |   |   |   |   |   |   |   |   |   |   | + | + |   |   |   | + |   |   |   |   |   | + |   |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                  | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| 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  
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Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...)  |                      |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|-----------------------|----------------------|
|                                   | 0<br>0<br>4<br>7 | 0<br>4<br>3<br>0 | 0<br>6<br>6<br>7 | 0<br>6<br>6<br>8 | 0<br>6<br>7<br>0 | 0<br>6<br>8<br>3 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 |           |                       |                      |
|                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |

Stomach, Glandular

+ +

Tooth

+

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ +

Adrenal Medulla

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

Islets, Pancreatic

+ +

Parathyroid Gland

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

Pituitary Gland

+ +

Hemangiosarcoma  
 Pars Distalis, Adenoma

X

Thyroid Gland

+ +

Follicular Cell, Adenoma

**GENERAL BODY SYSTEM**

NONE

**GENITAL 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  
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Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L                             | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID             | females<br>(cont...) |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|----------------------|--|
|   | 0<br>0<br>4<br>7 | 0<br>4<br>3<br>0 | 0<br>6<br>6<br>7 | 0<br>6<br>6<br>8 | 0<br>6<br>7<br>0 | 0<br>6<br>8<br>3 | 0<br>7<br>0<br>6 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |                       |                      |  |
| Clitoral Gland  | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Ovary<br>Cystadenoma  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Uterus<br>Polyp Stromal                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Vagina<br>Leiomyosarcoma                                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| <b>HEMATOPOIETIC SYSTEM</b>                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                      |  |
| Bone Marrow   | +                | +                | I                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Lymph Node  |                  |                  |                  | +                |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Lymph Node, Mandibular  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Lymph Node, Mesenteric  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Spleen  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Thymus<br>Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| <b>INTEGUMENTARY SYSTEM</b>                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                      |  |
| Mammary Gland   | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<br>(cont...) |  |
| Skin<br>Fibrous Histiocytoma                                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 0<br>0<br>3<br>8<br>7 | females<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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | ANIMAL ID             | females<br>(cont...) |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------------------|----------------------|
|                                   | 0<br>0<br>4<br>7 | 0<br>4<br>3<br>0 | 0<br>6<br>6<br>7 | 0<br>6<br>6<br>8 | 0<br>6<br>7<br>0 | 0<br>6<br>8<br>3 | 0<br>7<br>0<br>6 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>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<br>0<br>3<br>8<br>7 |                      |

**MUSCULOSKELETAL SYSTEM**

Bone +

**NERVOUS SYSTEM**

Brain +  
 Meninges, Hemangiosarcoma

**RESPIRATORY SYSTEM**

Lung +  
 Alveolar/Bronchiolar Adenoma  
 Alveolar/Bronchiolar Carcinoma X X X  
 Alveolar/Bronchiolar Carcinoma, Multiple X  
 Carcinoma, Metastatic, Uncertain Primary Site  
 Hepatocholangiocarcinoma, Metastatic, Liver X  
 Nose +  
 Hemangioma  
 Trachea +

**SPECIAL SENSES SYSTEM**

Eye +  
 Harderian Gland Adenoma +

**URINARY SYSTEM**

Kidney +

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

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                             |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1/N MICE FEMALE</b> | <b>2000 mg/L</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |
|                             |                  |             | 0 | 4 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                             |                  |             | 4 | 3 | 6 | 6 | 7 | 8 | 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 |
|                             |                  |             | 7 | 0 | 7 | 8 | 0 | 3 | 6 | 1 | 2 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                             | ANIMAL ID        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                             |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                             |                  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                             |                  | 8           | 6 | 6 | 9 | 5 | 8 | 5 | 7 | 5 | 9 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |
|                             |                  | 7           | 2 | 3 | 1 | 7 | 8 | 3 | 8 | 6 | 2 | 9 | 0 | 1 | 4 | 5 | 6 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 3 | 4 | 5 | 6 | 3 | 4 | 5 | 6 | 3 | 4 | 5 | 6 | 3 | 4 |   |

females  
(cont...)

Urinary Bladder +

**SYSTEMIC LESIONS**

Multiple Organ +

Histiocytic Sarcoma

Lymphoma Malignant X X X X 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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|                      | 0729        | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          | 0730 |
| 2000 mg/L            | 0094        | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094 | 0094     | 50   |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma           | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | 7 |    |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatocellular Carcinoma         |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   | 3  |
| Hepatocholangiocarcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                        |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   | + |   |   | 7  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| 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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

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

Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|-----------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|                                   | 0729        | 0730  | 0730  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          | 0733 |
| ANIMAL ID                         | 00394       | 00395 | 00396 | 00397 | 00398 | 00399 | 00400 | 00401 | 00402 | 00403 | 00404 | 00405 | 00406 | 00407 | 00408 | 00409 | 00410 | 00411 | 00412 | 00413 | 00414    |      |
| Stomach, Glandular                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| Tooth                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| <b>CARDIOVASCULAR SYSTEM</b>      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Blood Vessel                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| Heart                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| <b>ENDOCRINE SYSTEM</b>           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Adrenal Cortex                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| Adrenal Medulla                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 49   |
| Islets, Pancreatic                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| Parathyroid Gland                 | M           | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | M     | M     | +     | +     | +     | +     | +        | 43   |
| Pituitary Gland                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| Hemangiosarcoma                   |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 1    |
| Pars Distalis, Adenoma            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Thyroid Gland                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 50   |
| Follicular Cell, Adenoma          | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| <b>GENERAL BODY SYSTEM</b>        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| NONE                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| <b>GENITAL SYSTEM</b>             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |

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

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



Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
 Time Report Requested: 10:11:56  
 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L                             | 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       | * TOTALS |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|----------|
|   | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7       |          |
| Clitoral Gland  | 2           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 49      |          |
| Ovary<br>Cystadenoma  | 9           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50<br>4 |          |
| Uterus<br>Polyp Stromal                                       | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 50<br>1 |          |
| Vagina<br>Leiomyosarcoma                                      | 9           | 5 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 50<br>1 |          |
| <b>HEMATOPOIETIC SYSTEM</b>                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |
| Bone Marrow   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |          |
| Lymph Node  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3       |          |
| Lymph Node, Mandibular  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |
| Lymph Node, Mesenteric  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |
| Spleen  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50      |          |
| Thymus<br>Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |          |
| <b>INTEGUMENTARY SYSTEM</b>                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |
| Mammary Gland   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49      |          |
| Skin<br>Fibrous Histiocytoma                                  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |          |

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

M .. Missing tissue  
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Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
 CAS Number: 10213-10-2

Date Report Requested: 06/26/2019  
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 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|-----------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                                   | 0729        | 0730  | 0730  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          | 0733  |
| ANIMAL ID                         | 00394       | 00395 | 00396 | 00397 | 00398 | 00399 | 00400 | 00401 | 00402 | 00403 | 00404 | 00405 | 00406 | 00407 | 00408 | 00409 | 00410 | 00411 | 00412 | 00413 | 00414    | 00415 |
|                                   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 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     |
|                                   | 9           | 5     | 5     | 5     | 5     | 5     | 7     | 7     | 7     | 8     | 9     | 9     | 9     | 9     | 9     | 9     | 0     | 6     | 6     | 6     | 7        | 7     |
|                                   | 4           | 1     | 2     | 4     | 5     | 8     | 5     | 6     | 7     | 9     | 0     | 5     | 6     | 7     | 8     | 9     | 0     | 7     | 8     | 9     | 0        | 1     |

**MUSCULOSKELETAL SYSTEM**

Bone + 50

**NERVOUS SYSTEM**

Brain + 50  
 Meninges, Hemangiosarcoma X 1

**RESPIRATORY SYSTEM**

Lung + 50  
 Alveolar/Bronchiolar Adenoma X 1  
 Alveolar/Bronchiolar Carcinoma X 4  
 Alveolar/Bronchiolar Carcinoma, Multiple 1  
 Carcinoma, Metastatic, Uncertain Primary Site X 1  
 Hepatocholangiocarcinoma, Metastatic, Liver 1

Nose + 50  
 Hemangioma X 1

Trachea + 50

**SPECIAL SENSES SYSTEM**

Eye + 50

Harderian Gland + 50  
 Adenoma X 2

**URINARY SYSTEM**

Kidney + 50

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

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

Experiment Number: 03038 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/N

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Sodium Tungstate Dihydrate  
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 First Dose M/F: 01/17/12 / 01/16/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L | DAY ON TEST |      | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |   |  |
|-----------------------------------|-------------|------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|---|--|
|                                   | 0729        | 0730 | 0730      | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          | 0730 | 0730 |   |  |
| Urinary Bladder                   | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50   |   |  |
| <b>SYSTEMIC LESIONS</b>           |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |   |  |
| Multiple Organ                    | +           | +    | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 50   |   |  |
| Histiocytic Sarcoma               |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    | 1    |   |  |
| Lymphoma Malignant                |             |      |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | X    | X    | 9 |  |

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

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

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