

**TDMS No.** 20116 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** MICE/B6C3F1/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Aloe vera whole leaf extract (native)

**CAS Number:** ALOEVLEAFEXT

**Date Report Requested:** 01/15/2010

**Time Report Requested:** 14:39:08

**First Dose M/F:** 04/19/05 / 04/19/05

**Lab:** NCTR

**C Number:** C20116B  
**Lock Date:** 09/08/2009  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 2.2.0

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DAY ON TEST	C57BL/6N XC3H/HEN MTV-NCTR MICE MALE																								ANIMAL ID	males (cont...)
	0736	0696	0582	0428	0776	0776	0776	0776	0476	0776	0776	0334	0776	0776	0776	0776	0776	0457	0776	0673	0668	0743	0776	0534		
CONTROL WATER	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Ascending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Descending Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Transverse Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoma Malignant																									
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma									X															X	
Hepatocellular Adenoma		X												X											
Hepatocellular Adenoma, Multiple				X																					
Hepatocellular Carcinoma					X						X											X			
Hepatocellular Carcinoma, Multiple															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

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE CONTROL WATER	DAY ON TEST																								ANIMAL ID	males (cont...)	
	0736	0696	0582	0478	0776	0776	0776	0776	0477	0776	0776	0373	0776	0776	0776	0776	0776	0475	0776	0776	0673	0673	0677	0754			0754
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Salivary Glands Lymphoma Malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
<b>CARDIOVASCULAR SYSTEM</b>																											
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex Lymphoma Malignant Subcapsular, Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	M	+	+	M	+	+	+	+	+	+	+	+	+			
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			

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

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

DAY ON TEST		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>C57BL/6N XC3H/HEN MTV-NCTR MICE MALE</b>	7	6	5	4	7	7	7	7	4	7	7	3	7	7	7	7	7	4	5	7	7	6	6	7	5
	3	9	8	2	3	3	3	3	5	3	3	4	3	3	3	3	3	9	7	3	3	8	4	3	4
	6	6	2	8	6	6	6	6	7	6	6	5	6	6	6	6	6	9	5	6	6	2	7	6	8
<b>CONTROL WATER</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3
	ANIMAL ID	6	6	6	6	7	7	7	7	2	2	2	2	4	4	4	7	7	7	8	8	8	8	8	9
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

males  
(cont...)

**GENERAL BODY SYSTEM**

Tissue NOS  
Mediastinum, Fibrosarcoma, Metastatic, Skin

**GENITAL SYSTEM**

Coagulating Gland																										
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Lymphoma Malignant																										
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Fibrosarcoma														X												
Fibrous Histiocytoma																										
Prostate	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+		
Lymphoma Malignant																										
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node	+									+							+				+			
Axillary, Lymphoma Malignant																								
Iliac, Lymphoma Malignant																								

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE CONTROL WATER	DAY ON TEST																							ANIMAL ID	males (cont...)
	0 7 3 6	0 6 9 6	0 5 8 2	0 4 2 8	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 6	0 4 5 7	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 6	0 7 3 6	0 4 5 7	0 7 3 6	0 7 3 6	0 6 8 2	0 6 4 7	0 6 3 6	0 7 4 6	0 5 3 8		
	0 0 0 6 1	0 0 0 6 2	0 0 0 6 3	0 0 0 6 4	0 0 0 7 1	0 0 0 7 2	0 0 0 7 3	0 0 0 7 4	0 0 0 7 1	0 0 0 7 2	0 0 0 7 3	0 0 0 7 4	0 0 0 7 1	0 0 0 7 2	0 0 0 7 3	0 0 0 7 4	0 0 0 7 1	0 0 0 7 2	0 0 0 7 3	0 0 0 7 4	0 0 0 7 1	0 0 0 7 2	0 0 0 7 3	0 0 0 7 4	0 0 0 7 1

Mediastinal, Alveolar/Bronchiolar Carcinoma,  
 Metastatic, Lung  
 Pancreatic, Lymphoma Malignant  
 Renal, Fibrosarcoma, Metastatic, Skin  
 Renal, Lymphoma Malignant

X

Lymph Node, Mandibular  
 Lymphoma Malignant

+ +

Lymph Node, Mesenteric  
 Hemangiosarcoma  
 Lymphoma Malignant

+ +

Spleen  
 Lymphoma Malignant

+ +

Thymus  
 Lymphoma Malignant

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

**INTEGUMENTARY SYSTEM**

Mammary Gland

M M

Skin  
 Fibroma  
 Fibrosarcoma  
 Fibrous Histiocytoma  
 Hemangioma  
 Schwannoma Malignant

+  
 X  
 X X X X X X  
 X  
 X

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| DAY ON TEST   | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|---------------|--------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|               | 0736                                 | 0696 | 0582 | 0428 | 0776 | 0776 | 0776 | 0776 | 0476 | 0776 | 0776 | 0376 | 0776 | 0776 | 0776 | 0776 | 0476 | 0576 | 0776 | 0776 | 0676 | 0676 | 0776 | 0576 |           |                    |
| CONTROL WATER | 0000                                 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000      | 0000               |
|               | 0006                                 | 0006 | 0006 | 0006 | 0007 | 0007 | 0007 | 0007 | 0002 | 0002 | 0002 | 0002 | 0002 | 0002 | 0002 | 0002 | 0002 | 0003 | 0003 | 0003 | 0003 | 0003 | 0003 | 0003 | 0003      | 0003               |
|               | 12                                   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12   | 34   | 12        | 34                 |

**MUSCULOSKELETAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle<br>Intercostal, Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

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

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| DAY ON TEST   |  | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | ANIMAL ID | males<br>(cont...) |
|---------------|--|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------|--------------------|
|               |  | 0<br>7                               | 0<br>6                     | 0<br>5                     | 0<br>4                     | 0<br>7                     | 0<br>7                     | 0<br>7                     | 0<br>7                     | 0<br>4                     | 0<br>7                     | 0<br>7                     | 0<br>3                     | 0<br>7                     | 0<br>7                     | 0<br>7                     | 0<br>7                     | 0<br>7                     | 0<br>4                     | 0<br>5                     | 0<br>7                     | 0<br>7                     | 0<br>6                     | 0<br>6                     | 0<br>7                     | 0<br>5                     |           |                    |
| CONTROL WATER |  | 3<br>6                               | 9<br>6                     | 8<br>2                     | 2<br>8                     | 3<br>6                     | 3<br>6                     | 3<br>6                     | 3<br>6                     | 5<br>7                     | 3<br>6                     | 3<br>6                     | 4<br>5                     | 3<br>6                     | 3<br>6                     | 3<br>6                     | 3<br>6                     | 9<br>5                     | 7<br>3                     | 3<br>6                     | 3<br>6                     | 8<br>2                     | 4<br>7                     | 3<br>6                     | 4<br>3                     | 6<br>8                     |           |                    |
|               |  | 0<br>0<br>0<br>0<br>6<br>1           | 0<br>0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>0<br>7<br>1 |           |                    |

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Harderian Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

URINARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urethra            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SYSTEMIC LESIONS

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID |                 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------------|
|  | 7           | 7 | 7 | 7 | 7 | 3 | 7 | 7 | 7 | 7 | 4 | 3 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                 |
|  |             | 3 | 3 | 3 | 1 | 3 | 8 | 1 | 3 | 3 | 0 | 7 | 4 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                 |
|  |             | 6 | 6 | 6 | 1 | 6 | 7 | 1 | 6 | 6 | 2 | 2 | 8 | 6 | 6 | 6 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |           |                 |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                 |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                 |
|  |             | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |           |                 |
|  |             | 9 | 9 | 9 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 |           |                 |
|  |             | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 4 |           |                 |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>* TOTALS</b> |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Intestine Large, Ascending Colon   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Large, Descending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Large, Transverse Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Lymphoma Malignant                 |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Hemangiosarcoma                    |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Hepatocellular Adenoma             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>3</b>  |
| Hepatocellular Carcinoma           |   |   | X |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   | X | X |   | <b>8</b>  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</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  
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TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER     | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |              |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|--------------|
|  | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  |          | 0736 |              |
| ANIMAL ID  | 00392       | 00393 | 00394 | 00395 | 00396 | 00397 | 00398 | 00399 | 00400 | 00401 | 00402 | 00403 | 00404 | 00405 | 00406 | 00407 | 00408 | 00409 | 00410 | 00411 | 00412    |      |              |
| Pancreas   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +    | 47           |
| Salivary Glands<br>Lymphoma Malignant                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | X     | +     | +     | +     | +        | +    | 48<br>1      |
| Stomach, Forestomach   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +    | 47           |
| Stomach, Glandular   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +    | 47           |
| <b>CARDIOVASCULAR SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |              |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +    | 48           |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +    | 48           |
| <b>ENDOCRINE SYSTEM</b>                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |              |
| Adrenal Cortex<br>Lymphoma Malignant<br>Subcapsular, Adenoma | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | X     | +     | +     | +     | +        | +    | 48<br>1<br>1 |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +    | 47           |
| Islets, Pancreatic   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +    | 47           |
| Parathyroid Gland  | +           | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +        | +    | 44           |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +    | 48           |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +    | 47           |

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

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

TDMS No. 20116 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010

Time Report Requested: 14:39:08

First Dose M/F: 04/19/05 / 04/19/05

Lab: NCTR

|                                   |                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|-----------------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>C57BL/6N XC3H/HEN MTV-NCTR</b> | DAY ON TEST          | 7 | 7 | 7 | 7 | 7 | 3 | 7 | 7 | 7 | 4 | 3 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
|                                   | <b>MICE MALE</b>     | 3 | 3 | 3 | 1 | 3 | 8 | 1 | 3 | 3 | 0 | 7 | 4 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 |                 |
|                                   | <b>CONTROL WATER</b> | 6 | 6 | 6 | 1 | 6 | 7 | 1 | 6 | 6 | 2 | 2 | 8 | 6 | 6 | 6 | 5 | 6 | 6 | 6 | 6 | 6 |                 |
|                                   | ANIMAL ID            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                                   |                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                                   |                      | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |                 |
|                                   | 9                    | 9 | 9 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 4 | 4 | 4 |   |                 |
|                                   | 2                    | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | <b>* TOTALS</b> |

**GENERAL BODY SYSTEM**

|   |   |   |
|---|---|---|
| Tissue NOS                                  | + | 1 |
| Mediastinum, Fibrosarcoma, Metastatic, Skin | X | 1 |

**GENITAL SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|---|
| Coagulating Gland    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | +  | 1 |
| Epididymis           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 48 |   |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |    | 1  |   |
| Preputial Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | 47 |    |   |
| Fibrosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |   |
| Prostate             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |   |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |    | 1  |   |
| Seminal Vesicle      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |   |
| Testes               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 47 |    |   |

**HEMATOPOIETIC SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Bone Marrow                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 47 |    |
| Lymph Node                   |   | + | + |   | + | + |   | + |   |   |   | + |   |   | + |   |   |   |   |   |   |   |    | 11 |
| Axillary, Lymphoma Malignant |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |    | 2  |
| Iliac, 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
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 Species/Strain: MICE/B6C3F1/NCTR

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 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER      | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|
|   | 0736        | 0736  | 0736  | 0731  | 0736  | 0738  | 0731  | 0736  | 0736  | 0730  | 0732  | 0734  | 0736  | 0736  | 0736  | 0732  | 0733  | 0733  | 0736  | 0736  |          | 0736  | 0736  | 0736  |
| ANIMAL ID   | 00392       | 00333 | 00333 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355 | 00355    | 00355 | 00355 | 00355 |
| Mediastinal, Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Pancreatic, Lymphoma Malignant                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Renal, Fibrosarcoma, Metastatic, Skin                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Renal, Lymphoma Malignant                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Lymph Node, Mandibular Lymphoma Malignant                     | +           | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 47    |
|   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
| Lymph Node, Mesenteric Hemangiosarcoma                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |
|   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 3     |
| Spleen Lymphoma Malignant                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
|   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 4     |
| Thymus Lymphoma Malignant                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +        | M     | +     | 41    |
|   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2     |
| <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     | 1     |
| Skin Fibroma  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48    |
| Fibrosarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 3     |
| Fibrous Histiocytoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 11    |
| Hemangioma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2     |
| Schwannoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID |   |                       |                 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|---|-----------------------|-----------------|
|  | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |           |   |                       |                 |
|  | 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>9<br>2 |                 |
|  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |   |                       | <b>* TOTALS</b> |

### MUSCULOSKELETAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intercostal, Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

### NERVOUS SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | 47 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | 47 |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | 47 |

### RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Alveolar/Bronchiolar Adenoma   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 3  |
| Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

### SPECIAL SENSES SYSTEM

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 47 |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|
|  | 0736        | 0736 | 0736 | 0731 | 0736 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 | 0737 |          | 0737 |
| ANIMAL ID  | 0032        | 0033 | 0033 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035 | 0035     |      |
| Harderian Gland  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Adenoma  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        | 3    |
| Carcinoma  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        | 1    |
| Lymphoma Malignant                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |          | 1    |
| <b>URINARY SYSTEM</b>                                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Kidney   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Lymphoma Malignant                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        | 1    |
| Urethra  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |
| Urinary Bladder  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Lymphoma Malignant                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        | 1    |
| <b>SYSTEMIC LESIONS</b>                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |
| Multiple Organ   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | 48   |
| Lymphoma Malignant                                       |             |      | X    |      |      |      |      |      | 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

|                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|-----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|
|                                   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
| <b>C57BL/6N XC3H/HEN MTV-NCTR</b> | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
| <b>MICE MALE</b>                  | 6           | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 5 | 7 | 4 | 7 | 7 | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 4 | 7 | 6 | 6 |                            |
| <b>ALOEWHOLLEAF 1.0</b>           | 8           | 3 | 3 | 3 | 3 | 4 | 5 | 3 | 3 | 3 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 9 | 0 | 5 | 5 |                            |
|                                   | 9           | 6 | 6 | 6 | 6 | 0 | 1 | 6 | 4 | 6 | 9 | 6 | 6 | 2 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                            |
|                                   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|                                   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                                   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                            |
|                                   | 2           | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |                            |
|                                   | 6           | 6 | 6 | 6 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |                            |
|                                   | 1           | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 2 | <b>males<br/>(cont...)</b> |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                   | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Gallbladder                                 | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Descending Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                          |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatoblastoma                              |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                      | X |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma                    |   |   | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|   | 0689        | 0736 | 0776 | 0776 | 0776 | 0666 | 0666 | 0776 | 0556 | 0776 | 0446 | 0776 | 0776 | 0006 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0666 | 0446 | 0776 | 0666 |           |                    |
|   | 0026        | 0022 | 0026 | 0022 | 0044 | 0044 | 0055 | 0055 | 0066 | 0011 | 0022 | 0033 | 0044 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000      |                    |

Hepatocarcinoma X  
 Lymphoma Malignant

Mesentery +

Pancreas +  
 Hepatocarcinoma, Metastatic, Liver X

Salivary Glands +

Stomach, Forestomach +  
 Squamous Cell Papilloma

Stomach, Glandular +

**CARDIOVASCULAR SYSTEM**

Blood Vessel +  
 Hepatocarcinoma, Metastatic, Liver X

Heart +  
 Hepatocarcinoma, Metastatic, Liver X

**ENDOCRINE SYSTEM**

Adrenal Cortex +  
 Hepatocarcinoma, Metastatic, Liver X  
 Lymphoma Malignant X  
 Subcapsular, Adenoma

\* .. 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |  |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|--|
|   | 0689        | 0736 | 0776 | 0776 | 0776 | 0660 | 0661 | 0776 | 0554 | 0776 | 0449 | 0776 | 0776 | 0002 | 0776 | 0776 | 0776 | 0776 | 0776 | 0666 | 0667 | 0449 | 0776 | 0665 |                    |  |
| ANIMAL ID   | 00261       | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0009 | 0010 | 0011 | 0012 | 0013 | 0014 | 0015 | 0016 | 0017 | 0018 | 0019 | 0020 | 0021 | 0022 | 0023 | 0024 |                    |  |
| Adrenal Medulla   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |
| Islets, Pancreatic  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |
| Parathyroid Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    |                    |  |
| Pituitary Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |
| Thyroid Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |
| <b>GENERAL BODY SYSTEM</b>                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Tissue NOS  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Mediastinum, Hepatocholangiocarcinoma, Metastatic, Liver    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
|   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| <b>GENITAL SYSTEM</b>                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Coagulating Gland   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Epididymis  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Lymphoma Malignant  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Penis   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |  |
| Preputial Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |
| Prostate  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                    |  |

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 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE ALOEWHOLLEAF 1.0 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |        | ANIMAL ID | males (cont...) |
|-------------|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------|-----------|-----------------|
|             | 0689  | 0736 | 0776 | 0776 | 0776 | 0666 | 0666 | 0776 | 0553 | 0776 | 0443 | 0776 | 0776 | 0002 | 0776 | 0776 | 0776 | 0776 | 0776 | 0666 | 0443 | 0776 | 0666 | 0666   |           |                 |
|             | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 002661 |           |                 |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Axillary, Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Lymphoma Malignant                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Lymphoma Malignant                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                                      | + | + | + | + | + | M | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**INTEGUMENTARY SYSTEM**

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|   | 0689        | 0736 | 0776 | 0776 | 0776 | 0660 | 0661 | 0753 | 0754 | 0534 | 0746 | 0776 | 0776 | 0002 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0666 | 0647 | 0776 | 0665 |           |                    |
|   | 0026        | 0022 | 0022 | 0022 | 0044 | 0044 | 0055 | 0055 | 0066 | 0066 | 0022 | 0044 | 0044 | 0022 | 0044 | 0044 | 0044 | 0055 | 0055 | 0044 | 0055 | 0055 | 0066 | 0066 |           |                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma         |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | X |
| Hemangiosarcoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |

**MUSCULOSKELETAL SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocarcinoma, Metastatic, Liver          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| DAY ON TEST                                 | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE ALOEWHOLLEAF 1.0 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  | ANIMAL ID | males (cont...) |
|---|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|-----------|-----------------|
|   | 0689  | 0736 | 0776 | 0776 | 0776 | 0660 | 0661 | 0756 | 0534 | 0736 | 0439 | 0776 | 0776 | 0022 | 0776 | 0776 | 0776 | 0776 | 0776 | 0666 | 0497 | 0700 | 0655 |  |           |                 |
| Nose  | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |  |           |                 |
| Trachea                                     | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |  |           |                 |
| <b>SPECIAL SENSES SYSTEM</b>                |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| Eye   | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |  |           |                 |
| Harderian Gland Adenoma                     | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | X    | +    | +    |  |           |                 |
| <b>URINARY SYSTEM</b>                       |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| Kidney                                      | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |  |           |                 |
| Hepatocellular Carcinoma, Metastatic, Liver |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| Lymphoma Malignant                          |   |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| Urinary Bladder                             | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |  |           |                 |
| Lymphoma Malignant                          |   |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| <b>SYSTEMIC LESIONS</b>                     |   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  |           |                 |
| Multiple Organ                              | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |  |           |                 |
| Lymphoma Malignant                          |   | X    |      |      |      |      |      |      |      |      | X    |      |      |      |      | X    |      |      |      |      |      |      |      |  |           |                 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|
| <b>C57BL/6N XC3H/HEN MTV-NCTR MICE MALE</b> | DAY ON TEST | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7               | 7 | 7 |
|   |             | 3 | 8 | 4 | 4 | 4 | 4 | 0 | 4 | 9 | 0 | 3 | 9 | 3 | 3 | 4 | 3 | 0 | 4 | 3 | 3               | 3 | 3 |
|   |             | 6 | 2 | 3 | 3 | 3 | 3 | 0 | 1 | 5 | 4 | 6 | 6 | 6 | 6 | 3 | 9 | 9 | 3 | 6 | 6               | 6 | 6 |
| <b>ALOEWHOLLEAF 1.0</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 |
|   |             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9               | 9 | 9 |
|   | 6           | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 2 | 2 | 2 | 2               | 2 |   |
|   | 3           | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3               | 4 |   |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | A | A | + | + | + | + | + | <b>43</b> |
| Intestine Large, Ascending Colon   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Intestine Large, Descending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Intestine Large, Transverse Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | <b>1</b>  |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | + | + | + | + | <b>44</b> |
| Carcinoma                          |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymphoma Malignant                 |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | <b>46</b> |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatocellular Adenoma             |   |   | X |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>6</b>  |
| Hepatocellular Carcinoma           |   | X |   |   |   |   |   | X | X |   |   | X |   | X |   | X |   | X |   | X |   |   | <b>13</b> |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 04  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |      |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|------|
|   | 0736        | 0822   | 0743   | 0743   | 0773   | 0773   | 0773   | 0540   | 0641   | 0654   | 0764   | 0766   | 0676   | 0776   | 0776   | 0676   | 0776   | 0776   | 0733   | 0733   |          | 0773   | 0773 |
| ANIMAL ID   | 006663      | 006674 | 006671 | 006672 | 006673 | 006674 | 006681 | 006682 | 006683 | 006684 | 006688 | 006688 | 006688 | 006688 | 006699 | 006699 | 006699 | 006699 | 006699 | 006699 | 006699   | 006699 |      |
| Hepatocholangiocarcinoma                                    |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Lymphoma Malignant  |             |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Mesentery   |             |        |        |        |        |        |        |        |        |        |        |        |        |        | +      | +      |        | +      |        |        |          | 4      |      |
| Pancreas  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +        | +      | 46   |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Salivary Glands   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | A      | +      | +      | +        | +      | 45   |
| Stomach, Forestomach  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | A      | +      | +        | +      | 45   |
| Squamous Cell Papilloma                                     |             |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Stomach, Glandular  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | A      | A      | +      | +        | +      | 44   |
| <b>CARDIOVASCULAR SYSTEM</b>                                |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |      |
| Blood Vessel  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47     |      |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Heart   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47     |      |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| <b>ENDOCRINE SYSTEM</b>                                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |      |
| Adrenal Cortex  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | A      | A      | +      | +        | +      | 44   |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Lymphoma Malignant  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |      |
| Subcapsular, Adenoma  |             |        | X      |        |        |        | X      |        |        |        |        |        |        | X      |        |        |        |        |        |        |          | 3      |      |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |    |    |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|----|----|
|   | 0736        | 0682 | 0743 | 0743 | 0743 | 0743 | 0743 | 0541 | 0695 | 0704 | 0706 | 0706 | 0706 | 0706 | 0706 | 0706 | 0706 | 0706 | 0706 | 0706 |          | 0706 |    |    |
| ANIMAL ID   | 0063        | 0064 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0066 | 0066 | 0068 | 0068 | 0068 | 0068 | 0069 | 0069 | 0069 | 0069 | 0069 | 0069 | 0069     |      |    |    |
| Adrenal Medulla   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | A    | A    | +    | +    | +        | +    | 44 |    |
| Islets, Pancreatic  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +        | +    | 46 |    |
| Parathyroid Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 46 |    |
| Pituitary Gland   | +           | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +        | +    | 45 |    |
| Thyroid Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +        | +    | 46 |    |
| <b>GENERAL BODY SYSTEM</b>                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |    |    |
| Tissue NOS  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |    |    |
| Mediastinum, Hepatocholangiocarcinoma, Metastatic, Liver    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |    |    |
| <b>GENITAL SYSTEM</b>                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |    |    |
| Coagulating Gland   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |    |    |
| Epididymis  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | A    | A    | +    | +        | +    | +  | 44 |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |    |    |
| Lymphoma Malignant  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |    |    |
| Penis   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1    |    |    |
| Preputial Gland   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | A    | A    | +    | +        | +    | +  | 44 |
| Prostate  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | A    | A    | +    | +        | +    | +  | 44 |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |    |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|----|----|
|   | 0736        | 0682  | 0743  | 0743  | 0743  | 0743  | 0743  | 0540  | 0691  | 0704  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  |          | 0706  |    |    |
| ANIMAL ID   | 00663       | 00664 | 00667 | 00671 | 00672 | 00673 | 00674 | 00678 | 00682 | 00683 | 00684 | 00688 | 00689 | 00692 | 00693 | 00694 | 00699 | 00699 | 00700 | 00702 | 00703    | 00704 |    |    |
| Seminal Vesicle   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | A     | +     | +        | +     | +  | 44 |
| Testes  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | A     | +     | +        | +     | +  | 44 |
| <b>HEMATOPOIETIC SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    |    |
| Bone Marrow   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | +     | +     | +        | +     | 45 |    |
| Lymph Node  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 5  |
| Axillary, Lymphoma Malignant                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 1  |
| Lumbar, Lymphoma Malignant                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 2  |
| Mediastinal, Lymphoma Malignant                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 1  |
| Pancreatic, Lymphoma Malignant                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 2  |
| Renal, Lymphoma Malignant                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 2  |
| Lymph Node, Mandibular                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | +     | +     | +        | +     | 44 |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 2  |
| Lymph Node, Mesenteric                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | +     | +     | +        | +     | 45 |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 5  |
| Spleen  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | +     | +     | +        | +     | 45 |    |
| Hemangiosarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 1  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 3  |
| Thymus  | +           | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | A     | A     | +     | +        | +     | +  | 39 |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    | 1  |

**INTEGUMENTARY SYSTEM**

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |      |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|------|
|   | 0736        | 0682   | 0743   | 0743   | 0743   | 0743   | 0743   | 0540   | 0649   | 0703   | 0703   | 0666   | 0703   | 0703   | 0673   | 0673   | 0733   | 0733   | 0733   | 0733   |          | 0733 |
| ANIMAL ID   | 006663      | 006671 | 006672 | 006673 | 006674 | 006681 | 006682 | 006683 | 006684 | 006688 | 006688 | 006688 | 006688 | 006699 | 006699 | 006699 | 006699 | 006699 | 006699 | 006699 | 006699   |      |
| Mammary Gland   | M           | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M        | 0    |
| Skin  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47   |
| Fibrosarcoma  |             | X      |        |        |        |        | X      | X      | X      | X      |        |        |        |        | X      |        |        |        |        |        |          | 10   |
| Hemangiosarcoma   |             |        |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |          | 1    |
| Schwannoma Malignant  |             |        |        |        |        |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |          | 2    |
| <b>MUSCULOSKELETAL SYSTEM</b>                               |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |      |
| Bone, Femur   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47   |
| Skeletal Muscle   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1    |
| Hepatocolangiocarcinoma, Metastatic, Liver                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1    |
| <b>NERVOUS SYSTEM</b>                                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |      |
| Brain, Brain Stem   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +        | 46   |
| Brain, Cerebellum   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +        | 46   |
| Brain, Cerebrum   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +        | 46   |
| <b>RESPIRATORY SYSTEM</b>                                   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |      |
| Lung  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47   |
| Alveolar/Bronchiolar Adenoma                                |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1    |
| Alveolar/Bronchiolar Carcinoma                              |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1    |
| Hepatocellular Carcinoma, Metastatic, Liver                 |             |        |        |        |        |        |        |        |        |        | X      |        |        |        | X      |        | X      |        |        |        |          | 3    |
| Hepatocolangiocarcinoma, 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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |         |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|---------|
|   | 0736        | 0682  | 0743  | 0743  | 0743  | 0743  | 0743  | 0541  | 0695  | 0704  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  | 0706  |          | 0706 |         |
| ANIMAL ID   | 00663       | 00664 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00668 | 00668 | 00668 | 00668 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669    |      |         |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |         |
| Trachea   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |         |
| <b>SPECIAL SENSES SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |         |
| Eye   | +           | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | A     | +     | +     | +        | +    | 43      |
| Harderian Gland<br>Adenoma                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | A     | +     | +     | +        | +    | 44<br>2 |
| <b>URINARY SYSTEM</b>                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |         |
| Kidney  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     |       | +     | +     | +        | +    | 45      |
| Hepatocellular Carcinoma, Metastatic, Liver                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |          |      | 1       |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | 1       |
| Lymphoma Malignant  |             |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |          |      | 2       |
| Urinary Bladder   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | A     | +     | +     | +        | +    | 45      |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | 1       |
| <b>SYSTEMIC LESIONS</b>                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |         |
| Multiple Organ  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +    | 47      |
| Lymphoma Malignant  |             |       |       |       |       |       | X     |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | X    | 6       |

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 + .. Tissue examined microscopically  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|   | 0736        | 0736 | 0736 | 0736 | 0736 | 0756 | 0756 | 0756 | 0756 | 0756 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 | 0766 |           |                    |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         |                    |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         |                    |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         |                    |
|   | 9           | 9    | 9    | 9    | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 3    | 3    | 3    | 3    | 4    | 4    | 4    | 4    | 4    | 4    | 4    | 4         |                    |
|   | 1           | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2         |                    |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder<br>Lymphoma Malignant            | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | X | + | + |
| Intestine Large, Ascending Colon             | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Lymphoma Malignant | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | X | + | A |
| Intestine Large, Descending Colon            | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                      | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon            | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                    | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A |
| Intestine Small, Ileum<br>Lymphoma Malignant | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                     | + | + | + | + | + | + | + | + | A | + | M | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A |
| Liver<br>Cholangiocarcinoma                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | X |
| Hepatocellular Adenoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Carcinoma                     |   |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Hepatocholangiocarcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

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

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

**TDMS No.** 20116 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** MICE/B6C3F1/NCTR

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**  
 Aloe vera whole leaf extract (native)  
**CAS Number:** ALOEVLEAFEXT

**Date Report Requested:** 01/15/2010  
**Time Report Requested:** 14:39:08  
**First Dose M/F:** 04/19/05 / 04/19/05  
**Lab:** NCTR

|  |                  | 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 |
| <b>C57BL/6N XC3H/HEN MTV-NCTR</b>                      | <b>MICE MALE</b> | 7           | 7 | 7 | 7 | 7 | 5 | 6 | 6 | 6 | 6 | 4 | 5 | 7 | 7 | 5 | 7 | 7 | 6 | 7 | 6 |                    | 7 | 6 | 7 | 5 |
| <b>ALOEWHOLLEAF 2.0</b>                                | ANIMAL ID        | 3           | 3 | 3 | 1 | 3 | 2 | 3 | 9 | 1 | 6 | 1 | 3 | 1 | 1 | 6 | 3 | 3 | 0 | 4 | 3 | 3                  | 9 | 3 | 9 | 3 |
|  |                  | 6           | 6 | 6 | 6 | 6 | 0 | 2 | 6 | 8 | 5 | 6 | 2 | 0 | 8 | 4 | 6 | 6 | 7 | 0 | 6 | 6                  | 7 | 6 | 2 | 8 |
|  |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 | 0 | 0 | 0 |
|  |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 | 0 | 0 | 0 |
|  |                  | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4                  | 4 | 4 | 4 | 4 |
|  |                  | 9           | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1                  | 2 | 2 | 2 | 2 |
|  |                  | 1           | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1                  | 2 | 3 | 4 | 1 |
| Histiocytic Sarcoma                                    |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Lymphoma Malignant                                     |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   | X |
| Mesentery  |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Pancreas   |                  | +           | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | +                  | + | + | + | + |
| Cholangiocarcinoma, Metastatic, Liver                  |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   | X |
| Hepatocholangiocarcinoma, Metastatic, Liver            |                  |             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Histiocytic Sarcoma                                    |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   | X |   |   |
| Lymphoma Malignant                                     |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |
| Salivary Glands  |                  | +           | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | +                  | + | + | + | + |
| Lymphoma Malignant                                     |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   | X |   |   |
| Stomach, Forestomach                                   |                  | +           | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | +                  | + | + | + | + |
| Stomach, Glandular                                     |                  | +           | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | +                  | + | + | + | + |
| Lymphoma Malignant                                     |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   | X |   |   |
| Serosa, Hepatocholangiocarcinoma,<br>Metastatic, Liver |                  |             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |                    |   |   |   |   |

## CARDIOVASCULAR SYSTEM

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                                  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Heart   |  | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Cholangiocarcinoma, 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |      |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|------|------|
|   | 0736        | 0736 | 0736 | 0731 | 0733 | 0722 | 0723 | 0729 | 0716 | 0718 | 0704 | 0705 | 0707 | 0707 | 0705 | 0707 | 0707 | 0706 | 0707 | 0706 |           |                    | 0706 | 0706 | 0707 |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 0                  | 0    | 0    | 0    |
|   | 0           | 0    | 0    | 0    | 0    | 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    | 3    | 3    | 3    | 3    | 4    | 4    | 4    | 4    | 4    | 4         | 4                  | 4    | 4    | 4    |
|   | 9           | 9    | 9    | 9    | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 2    | 2         | 2                  | 2    | 2    | 9    |
|   | 1           | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1         | 2                  | 3    | 4    | 1    |

Lymphoma Malignant

X

**ENDOCRINE SYSTEM**

Adrenal Cortex  
 Cholangiocarcinoma, Metastatic, Liver  
 Lymphoma Malignant  
 Subcapsular, Adenoma

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

Adrenal Medulla  
 Cholangiocarcinoma, Metastatic, Liver  
 Lymphoma Malignant  
 Pheochromocytoma Benign

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

Islets, Pancreatic  
 Lymphoma Malignant

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

Parathyroid Gland

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

Pituitary Gland

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

Thyroid Gland  
 Lymphoma Malignant  
 Follicular Cell, Adenoma  
 Follicular Cell, Carcinoma

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

**GENERAL BODY SYSTEM**

Tissue NOS  
 Cholangiocarcinoma, 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males<br>(cont...) |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
|   | 0736        | 0736  | 0736  | 0731  | 0733  | 0722  | 0732  | 0739  | 0716  | 0708  | 0706  | 0706  | 0704  | 0705  | 0707  | 0705  | 0707  | 0706  | 0707  | 0706  | 0707  | 0706  | 0707  | 0705  |                    |
| ANIMAL ID   | 00091       | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091              |

Hepatocholangiocarcinoma, Metastatic, Liver

X

### GENITAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                                  | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Hemangioma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Preputial Gland                             | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Prostate                                    | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Seminal Vesicle                             | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Testes                                      | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |

### HEMATOPOIETIC SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                  | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Axillary, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Inguinal, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lumbar, Histiocytic Sarcoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE ALOEWHOLLEAF 2.0 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males (cont...) |      |
|-------------|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|-----------------|------|
|             | 0736  | 0736 | 0736 | 0731 | 0733 | 0720 | 0662 | 0663 | 0669 | 0661 | 0666 | 0643 | 0655 | 0677 | 0677 | 0657 | 0673 | 0677 | 0666 | 0677 | 0667 | 0669 | 0633 | 0639 |           |                 | 0655 |
|             | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 000091          |      |

Lumbar, Lymphoma Malignant  
 Mediastinal, Histiocytic Sarcoma  
 Mediastinal, Lymphoma Malignant  
 Pancreatic, Lymphoma Malignant  
 Renal, Histiocytic Sarcoma  
 Renal, Lymphoma Malignant

X  
 X

Lymph Node, Mandibular  
 Histiocytic Sarcoma  
 Lymphoma Malignant

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

X

Lymph Node, Mesenteric  
 Hemangiosarcoma  
 Histiocytic Sarcoma  
 Lymphoma Malignant

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

X

Spleen  
 Histiocytic Sarcoma  
 Lymphoma Malignant

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

X

Thymus  
 Hepatocholangiocarcinoma, Metastatic, Liver  
 Lymphoma Malignant

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

X

X

**INTEGUMENTARY SYSTEM**

Mammary Gland

M M

Skin  
 Fibroma

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

X

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males<br>(cont...) |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
|   | 0736        | 0736  | 0736  | 0731  | 0733  | 0720  | 0662  | 0666  | 0666  | 0666  | 0666  | 0645  | 0657  | 0677  | 0655  | 0677  | 0677  | 0667  | 0677  | 0666  | 0677  | 0666  | 0677  | 0655  |                    |
| ANIMAL ID   | 00091       | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091              |

|                      |  |  |  |   |  |   |  |   |   |  |  |  |  |   |  |  |  |   |   |  |  |   |   |   |  |
|----------------------|--|--|--|---|--|---|--|---|---|--|--|--|--|---|--|--|--|---|---|--|--|---|---|---|--|
| Fibrosarcoma         |  |  |  | X |  | X |  |   |   |  |  |  |  | X |  |  |  | X | X |  |  | X |   | X |  |
| Lymphoma Malignant   |  |  |  |   |  |   |  |   |   |  |  |  |  |   |  |  |  |   |   |  |  |   | X |   |  |
| Melanoma Malignant   |  |  |  |   |  |   |  |   |   |  |  |  |  |   |  |  |  |   |   |  |  |   |   |   |  |
| Neoplasm Nos         |  |  |  |   |  |   |  |   |   |  |  |  |  |   |  |  |  |   | X |  |  |   |   |   |  |
| Sarcoma              |  |  |  |   |  |   |  |   |   |  |  |  |  | X |  |  |  |   |   |  |  |   |   |   |  |
| Schwannoma Malignant |  |  |  |   |  |   |  | X | X |  |  |  |  |   |  |  |  |   |   |  |  |   |   |   |  |

**MUSCULOSKELETAL SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                       |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   | + |   | + |
| Cholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocarcinoma, Metastatic, Liver    |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                  | + | + | + | + | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma          |   | X |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma        |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X | X |   |   |
| Cholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, 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  
 BLANK .. Not examined microscopically

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males<br>(cont...) |   |  |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|---|--|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  |                    |   |  |
| ANIMAL ID   | 00091       | 00092 | 00093 | 00094 | 00095 | 00096 | 00097 | 00098 | 00099 | 00100 | 00101 | 00102 | 00103 | 00104 | 00105 | 00106 | 00107 | 00108 | 00109 | 00110 | 00111 | 00112 | 00113 | 00114 | 00115              |   |  |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    | X |  |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |   |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    | X |  |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | + |  |
| Trachea   | +           | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | + |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    | X |  |
| <b>SPECIAL SENSES SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |   |  |
| Eye   | +           | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | A |  |
| Harderian Gland   | +           | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | + |  |
| Adenoma   |             |       |       |       |       |       |       | X     |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |                    |   |  |
| <b>URINARY SYSTEM</b>                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |   |  |
| Kidney  | +           | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | + |  |
| Cholangiocarcinoma, Metastatic, Liver                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    | X |  |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |   |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    | X |  |
| Capsule, Hepatocholangiocarcinoma, Metastatic, Liver        |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |                    |   |  |
| Urinary Bladder   | +           | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | + |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    | X |  |
| <b>SYSTEMIC LESIONS</b>                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |   |  |
| Multiple Organ  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                  | + |  |

\* .. 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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

|   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST | 0736  | 0736  | 0736  | 0736  | 0736  | 0752  | 0766  | 0766  | 0766  | 0766  | 0766  | 0745  | 0755  | 0771  | 0771  | 0755  | 0773  | 0773  | 0766  | 0773  | 0766  | 0767  | 0755  | 0755  | males<br>(cont...) |
|   | ANIMAL ID   | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 | 00091 | 00092 | 00093 | 00094 |                    |

Histiocytic Sarcoma  
 Lymphoma Malignant

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|-------------|--------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|             | 0736                                 | 0736  | 0742  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  |          | 0773  |
| ANIMAL ID   | ALOEWHOLLEAF 2.0                     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
| 00492       | 00493                                | 00494 | 00495 | 00496 | 00497 | 00498 | 00499 | 00500 | 00501 | 00502 | 00503 | 00504 | 00505 | 00506 | 00507 | 00508 | 00509 | 00510 | 00511 | 00512 |          | 00513 |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Gallbladder                       | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Intestine Small, Jejunum          | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Cholangiocarcinoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma            |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 4  |
| Hepatocellular Carcinoma          |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   | 8  |
| Hepatocholangiocarcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
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 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|   | 0736        | 0736  | 0742  | 0773  | 0773  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |          |
| ANIMAL ID   | 00492       | 00493 | 00494 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495 | 00495    |

Lymphoma Malignant

1

**ENDOCRINE SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Cholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 2  |
| Subcapsular, Adenoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 2  |
| Adrenal Medulla                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Cholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pheochromocytoma Benign               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 3  |
| Islets, Pancreatic                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Parathyroid Gland                     | + | + | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 42 |
| Pituitary Gland                       | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Thyroid Gland                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Follicular Cell, Adenoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Follicular Cell, Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**GENERAL BODY SYSTEM**

|                                       |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS                            |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  | 3 |
| Cholangiocarcinoma, Metastatic, Liver |  |  |  |  |  |  |  |  |  |  | + |  |  |  |  |  |  |  |  |  |  | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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 X .. Lesion present  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|   | 0736        | 0736  | 0742  | 0773  | 0773  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |          | 0777  |
| ANIMAL ID   | 00492       | 00493 | 00494 | 00501 | 00502 | 00503 | 00504 | 00505 | 00506 | 00507 | 00508 | 00509 | 00510 | 00511 | 00512 | 00513 | 00514 | 00515 | 00516 | 00517 | 00518    | 00519 |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lumbar, Lymphoma Malignant  |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | 5  |
| Mediastinal, Histiocytic Sarcoma                                      |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mediastinal, Lymphoma Malignant                                       |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | 4  |
| Pancreatic, Lymphoma Malignant  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 2  |
| Renal, Histiocytic Sarcoma  |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Renal, Lymphoma Malignant   |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | 4  |
| Lymph Node, Mandibular Histiocytic Sarcoma                            | + | + | + | + | + | + | + | + | + | + | X |   |   |   |   |   |   |   |   |   |   |   | 45 |
| Lymphoma Malignant  |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | 5  |
| Lymph Node, Mesenteric Hemangiosarcoma                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |   | 45 |
| Histiocytic Sarcoma   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant  |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | 5  |
| Spleen Histiocytic Sarcoma  | + | + | + | + | + | + | + | + | + | + | X |   |   |   |   |   |   |   |   |   |   |   | 46 |
| Lymphoma Malignant  |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | 5  |
| Thymus Hepatocholangiocarcinoma, Metastatic, Liver Lymphoma Malignant | + | M | + | + | + | M | + | + | + | M | + | + | M | + | M | + | + | + | + | + | M | + | 37 |
|   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   | 1  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

**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 | 0  |
| Skin Fibroma  | + | + | + | + | + | + | + | + | + | X |   |   |   |   |   |   |   |   |   |   |   |   | 46 |
|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>4<br>7<br>2      | 0<br>7<br>3<br>6      | 0<br>3<br>6<br>5      | 0<br>7<br>1<br>1      | 0<br>7<br>1<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>3      | 0<br>6<br>6<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>0<br>0      | 0<br>5<br>2<br>7      | 0<br>7<br>4<br>9      | 0<br>6<br>9<br>7      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       | 0<br>7<br>3<br>6      |                       |
| ANIMAL ID   | 0<br>0<br>4<br>9<br>2 | 0<br>0<br>4<br>9<br>3 | 0<br>0<br>4<br>9<br>4 | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>0<br>4 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>7<br>1<br>1 | 0<br>0<br>7<br>1<br>2 | 0<br>0<br>7<br>1<br>3 | 0<br>0<br>9<br>0<br>4 | 0<br>0<br>9<br>5<br>1 | 0<br>0<br>9<br>5<br>2 | 0<br>0<br>9<br>5<br>3 | 0<br>0<br>9<br>6<br>4 | 0<br>0<br>9<br>6<br>1 | 0<br>0<br>9<br>6<br>2 | 0<br>0<br>9<br>6<br>3 | 0<br>0<br>9<br>6<br>4 |
| Hepatocholangiocarcinoma, Metastatic, Liver                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Histiocytic Sarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant  |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Nose  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Trachea   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Lymphoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>SPECIAL SENSES SYSTEM</b>                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |                       |
| Harderian Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |                       |
| Adenoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |
| <b>URINARY SYSTEM</b>                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |                       |
| Cholangiocarcinoma, Metastatic, Liver                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |
| Histiocytic Sarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |
| Lymphoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |
| Capsule, Hepatocholangiocarcinoma, Metastatic, Liver        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |
| Urinary Bladder   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |                       |
| Lymphoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |
| <b>SYSTEMIC LESIONS</b>                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| 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 | 4 | 7 | 3 | 7 | 7 | 7 | 7 | 6 | 6 | 6 | 7 | 7 | 7 | 5 | 7 | 4 | 6 | 7 | 7 | 7 |          |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE | 3         | 3 | 7 | 3 | 6 | 1 | 1 | 3 | 3 | 6 | 9 | 6 | 3 | 3 | 0 | 2 | 5 | 4 | 9 | 3 | 3 | 3 |          |
|   | 6         | 6 | 2 | 6 | 5 | 1 | 1 | 6 | 6 | 6 | 3 | 6 | 6 | 6 | 0 | 7 | 7 | 9 | 7 | 6 | 6 | 6 |          |
| ALOEWHOLLEAF 2.0                        | ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|   | 4         | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |          |
|   | 2         | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | * TOTALS |
| Histiocytic Sarcoma                     |           |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1 |          |
| Lymphoma Malignant                      |           |   |   |   |   | X |   |   |   |   |   |   | X | X |   |   |   |   | X |   |   | 5 |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 20116 - 04  
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 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | ANIMAL ID            | males<br>(cont...)   |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|   | 04<br>31             | 07<br>36             | 05<br>26             | 05<br>21             | 06<br>54             | 06<br>52             | 06<br>67             | 07<br>17             | 07<br>75             | 07<br>73             | 07<br>63             | 07<br>68             | 07<br>71             | 07<br>63             | 07<br>63             | 07<br>53             | 07<br>73             | 07<br>73             | 07<br>33             | 07<br>33             | 07<br>36             | 07<br>36             | 07<br>35             | 07<br>03             | 07<br>01             |                      |                      |
|   | 00<br>00<br>03<br>11 | 00<br>00<br>00<br>32 | 00<br>00<br>00<br>33 | 00<br>00<br>00<br>34 | 00<br>00<br>00<br>41 | 00<br>00<br>00<br>42 | 00<br>00<br>00<br>44 | 00<br>00<br>00<br>74 | 00<br>00<br>00<br>71 | 00<br>00<br>00<br>72 | 00<br>00<br>00<br>73 | 00<br>00<br>00<br>74 | 00<br>00<br>00<br>71 | 00<br>00<br>00<br>24 | 00<br>00<br>00<br>34 | 00<br>00<br>00<br>44 | 00<br>00<br>00<br>51 | 00<br>00<br>00<br>52 | 00<br>00<br>00<br>33 | 00<br>00<br>00<br>33 | 00<br>00<br>00<br>66 | 00<br>00<br>00<br>66 | 00<br>00<br>00<br>66 | 00<br>00<br>00<br>55 | 00<br>00<br>00<br>33 | 00<br>00<br>00<br>44 | 00<br>00<br>00<br>51 |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder<br>Lymphoma Malignant  | + | + | + | + | + | M | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | X |   |
| Intestine Large, Ascending Colon   | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | M | + | + | + | + | A | + |   |   |   |
| Intestine Large, Cecum   | + | + | + | + | + | + | + | + | + | + | + | A | + | M | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Intestine Large, Descending Colon  | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Intestine Large, Rectum  | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Intestine Large, Transverse Colon  | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Intestine Small, Duodenum<br>Fibrous Histiocytoma  | + | + | + | + | + | + | A | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Intestine Small, Ileum   | + | + | + | + | + | + | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Intestine Small, Jejunum<br>Lymphoma Malignant   | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + |   |   |   |
| Liver<br>Cholangiocarcinoma<br>Fibrous Histiocytoma<br>Hemangiosarcoma<br>Hepatocellular Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                       |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|-----------------------|------------------|
|   | 0<br>4<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>5<br>2<br>6 | 0<br>5<br>1<br>1 | 0<br>6<br>5<br>4 | 0<br>5<br>6<br>2 | 0<br>6<br>1<br>7 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>3<br>9 | 0<br>7<br>1<br>4 | 0<br>6<br>3<br>7 | 0<br>7<br>3<br>6 | 0<br>5<br>3<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>3<br>6<br>5 | 0<br>7<br>0<br>3 |           |                    | 0<br>5<br>1<br>5      | 0<br>7<br>3<br>6 |
|   | 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>0<br>3<br>1 |                  |

Hepatocellular Carcinoma X X X X X  
 Hepatocellular Carcinoma, Multiple  
 Histiocytic Sarcoma  
 Lymphoma Malignant X

Mesentery +  
 Fibrous Histiocytoma X

Pancreas + A +  
 Fibrous Histiocytoma X  
 Lymphoma Malignant X

Salivary Glands + A +

Stomach, Forestomach + + + + + + + + + + + A + + + + + + + + + + A +  
 Squamous Cell Carcinoma X  
 Squamous Cell Papilloma X

Stomach, Glandular + A +  
 Fibrous Histiocytoma X

**CARDIOVASCULAR SYSTEM**

Blood Vessel + A +

Heart + A +  
 Fibrosarcoma, Metastatic, Skin

**ENDOCRINE SYSTEM**

Adrenal Cortex + 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...)   |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--|------|
|   | 0431        | 0436 | 0452 | 0456 | 0465 | 0466 | 0471 | 0477 | 0477 | 0466 | 0476 | 0463 | 0473 | 0455 | 0477 | 0477 | 0473 | 0473 | 0473 | 0436 | 0473 | 0450 | 0451 | 0457 |           |  | 0473 |
|   | 0001        | 0002 | 0003 | 0004 | 0001 | 0002 | 0004 | 0004 | 0007 | 0007 | 0007 | 0001 | 0004 | 0004 | 0001 | 0002 | 0003 | 0003 | 0005 | 0005 | 0004 | 0001 | 0002 | 0003 | 0004      | 0000<br>0000<br>0000<br>0000<br>0001<br>0001<br>0001<br>0001<br>0003<br>0003<br>0003<br>0003<br>0003<br>0003<br>0005<br>0005<br>0004<br>0001<br>0002<br>0003<br>0004 |      |

Fibrous Histiocytoma

X

Adrenal Medulla

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

Pheochromocytoma Benign

Pheochromocytoma Malignant

X

Islets, Pancreatic

+ A +

Parathyroid Gland

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

Pituitary Gland

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

Thyroid Gland

+ A +

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis

+ A +

Fibrous Histiocytoma

X

Preputial Gland

+ A +

Prostate

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

Seminal Vesicle

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

Testes

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | ANIMAL ID | males (cont...) |
|-------------|--------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------|-----------------|
|             | 04                                   | 07 | 05 | 05 | 06 | 05 | 06 | 01 | 07 | 07 | 06 | 07 | 06 | 07 | 05 | 07 | 07 | 07 | 07 | 03 | 07 | 05 | 07 | 05 |           |                 |
|             | 3                                    | 3  | 2  | 1  | 5  | 6  | 1  | 7  | 3  | 3  | 8  | 1  | 3  | 3  | 5  | 3  | 3  | 3  | 3  | 3  | 6  | 0  | 1  | 3  | 6         |                 |
|             | 1                                    | 6  | 6  | 1  | 4  | 2  | 7  | 5  | 6  | 6  | 9  | 4  | 7  | 6  | 5  | 6  | 6  | 6  | 6  | 6  | 5  | 3  | 5  | 6  | 6         |                 |
|             | 00                                   | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00        |                 |
|             | 00                                   | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00        |                 |
|             | 33                                   | 33 | 33 | 34 | 44 | 44 | 44 | 77 | 77 | 77 | 44 | 44 | 44 | 44 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55        |                 |
|             | 12                                   | 33 | 33 | 44 | 11 | 23 | 44 | 11 | 23 | 44 | 11 | 23 | 44 | 11 | 23 | 44 | 11 | 23 | 44 | 11 | 23 | 44 | 11 | 23 | 44        |                 |

Hemangioma

**HEMATOPOIETIC SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |   |   |
| Lymph Node                        |   |   |   |   |   |   | + | + |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   | + |   |
| Lumbar, Lymphoma Malignant        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Mediastinal, Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Pancreatic, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Renal, Lymphoma Malignant         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymph Node, Mandibular            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |   |
| Lymph Node, Mesenteric            | + | + | + | + | + | + | + | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | A | + |   |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Spleen                            | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |   |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Thymus                            | + | + | + | M | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | A | + |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**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          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| 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

TDMS No. 20116 - 04  
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 Aloe vera whole leaf extract (native)  
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Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|   | 0<br>4<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>5<br>2<br>6      | 0<br>5<br>1<br>1      | 0<br>6<br>5<br>4      | 0<br>5<br>6<br>2      | 0<br>6<br>1<br>7      | 0<br>7<br>5<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>8<br>9      | 0<br>7<br>1<br>4      | 0<br>6<br>3<br>7      | 0<br>7<br>3<br>6      | 0<br>5<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>3<br>6<br>5      | 0<br>7<br>0<br>3      | 0<br>5<br>1<br>5      | 0<br>7<br>3<br>6      |                       |                       |                    |
| ANIMAL ID   | 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>3 | 0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>2 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>1 |                    |

|                         |   |  |  |   |  |   |  |  |   |  |   |   |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |
|-------------------------|---|--|--|---|--|---|--|--|---|--|---|---|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|
| Fibroma                 |   |  |  |   |  |   |  |  | X |  |   |   |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |
| Fibrosarcoma            | X |  |  |   |  | X |  |  |   |  | X | X |  |  | X |  |  |  |  |  |  |  |  |  |   |  |  |
| Fibrous Histiocytoma    |   |  |  |   |  |   |  |  |   |  |   |   |  |  |   |  |  |  |  |  |  |  |  |  | X |  |  |
| Sarcoma                 |   |  |  |   |  |   |  |  |   |  | X |   |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |
| Schwannoma Malignant    |   |  |  | X |  |   |  |  |   |  |   |   |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |
| Squamous Cell Papilloma |   |  |  |   |  |   |  |  |   |  |   |   |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |

**MUSCULOSKELETAL SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Cerebrum | + | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**RESPIRATORY SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|                              |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Alveolar/Bronchiolar Adenoma |  |  |  |  |  |  |  |  |  |  | X |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Alveolar/Bronchiolar Carcinoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
| Carcinoma, Metastatic, Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Fibrosarcoma, Metastatic, Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | males<br>(cont...) |
|-------------|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|--------------------|
|             | 0<br>4<br>3<br>1  | 0<br>7<br>3<br>6 | 0<br>5<br>2<br>6 | 0<br>5<br>1<br>1 | 0<br>6<br>5<br>4 | 0<br>5<br>6<br>2 | 0<br>6<br>1<br>7 | 0<br>7<br>5<br>6 | 0<br>1<br>7<br>5 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>9 | 0<br>7<br>1<br>4 | 0<br>6<br>3<br>7 | 0<br>7<br>3<br>6 | 0<br>5<br>5<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>3<br>6<br>5 | 0<br>7<br>0<br>3 | 0<br>5<br>1<br>5 | 0<br>7<br>3<br>6 |                       |           |                    |
|             | 0   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>0<br>3<br>1 |           |                    |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                     | + | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + |   |
| Harderian Gland Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | X | A | + |

**URINARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + |
| Fibrous Histiocytoma               |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Renal Tubule, Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Transitional Epithelium, Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Urethra                            |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder                    | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|-------------|--------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|             | 0736                                 | 0736  | 0736  | 0736  | 0736  | 0768  | 0776  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |          |
| ANIMAL ID   | ALOEWHOLLEAF 3.0                     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
| 00552       | 00553                                | 00554 | 00571 | 00572 | 00573 | 00574 | 00578 | 00579 | 00581 | 00582 | 00583 | 00584 | 00588 | 00589 | 00600 | 00601 | 00602 | 00603 | 00604 | 00608 |          |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 47 |
| Gallbladder                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 43 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 42 |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 43 |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 43 |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | A | + | A | + | + | + | + | 42 |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 43 |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 44 |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 43 |
| Intestine Small, Jejunum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | 43 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 1  |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 46 |
| Cholangiocarcinoma                |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | 2  |

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |      |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|------|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  |          | 0768  | 0768 |
| ANIMAL ID   | 00552       | 00553 | 00554 | 00571 | 00572 | 00573 | 00574 | 00575 | 00576 | 00577 | 00578 | 00579 | 00580 | 00581 | 00582 | 00583 | 00584 | 00585 | 00586 | 00587 | 00588    | 00589 |      |
| Hepatocellular Carcinoma                                    |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X        | X     | 9    |
| Hepatocellular Carcinoma, Multiple                          |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |          |       | 1    |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |          |       | 1    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| Mesentery   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 4    |
| Fibrous Histiocytoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| Pancreas  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 45   |
| Fibrous Histiocytoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| Salivary Glands   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 45   |
| Stomach, Forestomach  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 44   |
| Squamous Cell Carcinoma                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| Squamous Cell Papilloma                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2    |
| Stomach, Glandular  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 45   |
| Fibrous Histiocytoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| <b>CARDIOVASCULAR SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |      |
| Blood Vessel  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 47   |
| Heart   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 47   |
| Fibrosarcoma, Metastatic, Skin                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1    |
| <b>ENDOCRINE SYSTEM</b>                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |      |
| Adrenal Cortex  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|   | 0736        | 0736 | 0736 | 0736 | 0736 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 | 0768 |          |
| ANIMAL ID   | 0052        | 0053 | 0054 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057 | 0057     |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        |
|   | 5           | 5    | 5    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7    | 7        |
|   | 2           | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2        |

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|
| Fibrous Histiocytoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |    |    |    |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | A | + | + | + | 44 |    |    |
| Pheochromocytoma Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |    |    |
| Pheochromocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |    |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | +  | 45 |    |
| Parathyroid Gland          | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | 41 |    |    |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | +  | 45 |    |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | +  | +  | 45 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 45 |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 45 |
| Prostate             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | M | + | + | + | 44 |
| Seminal Vesicle      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 44 |
| Testes               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 44 |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |  |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|--|
|             | 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        |   |  |
|             | 7   | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 6 | 7 | 6 | 6 | 7        | 7 |  |
|             | 3   | 3 | 3 | 3 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 8 | 2 | 1 | 0 | 1 | 5 | 3        | 3 |  |
|             | 6   | 6 | 6 | 6 | 6 | 8 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6        | 6 |  |
|             | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|             | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|             | 5   | 5 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8        | 8 |  |
|             | 5   | 5 | 5 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 6 | 6 | 6 | 8 | 8 | 8        | 8 |  |
|             | 2   | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2        | 3 |  |

Hemangioma

X

1

**HEMATOPOIETIC SYSTEM**

Bone Marrow

+ + + + + + + + + + + + + + + + A + A + + + 45

Lymph Node

+ 7

Lumbar, Lymphoma Malignant

X 1

Mediastinal, Fibrous Histiocytoma

1

Mediastinal, Lymphoma Malignant

1

Pancreatic, Lymphoma Malignant

X 1

Renal, Lymphoma Malignant

X 2

Lymph Node, Mandibular

+ + + + + + M + + + + + + + + + + + A + A + + + 44

Lymph Node, Mesenteric

+ + + + + + + + + + + + + + + + + A + M + + + 43

Lymphoma Malignant

X 2

Spleen

+ + + + + + + + + + + + + + + + + A + A + + + 44

Fibrous Histiocytoma

1

Lymphoma Malignant

X 2

Thymus

+ + + + + + + + + + + + M + + + M + M + M + + + 40

Lymphoma Malignant

1

**INTEGUMENTARY SYSTEM**

Mammary Gland

M 1

Skin

+ 48

Carcinoma

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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TDMS No. 20116 - 04  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |      |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|------|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  | 0768  |          | 0768  | 0768 |
| ANIMAL ID   | 00552       | 00553 | 00554 | 00571 | 00572 | 00573 | 00574 | 00575 | 00576 | 00577 | 00578 | 00579 | 00580 | 00581 | 00582 | 00583 | 00584 | 00585 | 00586 | 00587 | 00588    | 00589 |      |
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     |      |

|                         |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |   |  |   |  |  |   |
|-------------------------|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|---|--|---|--|--|---|
| Fibroma                 |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |   |  |   |  |  | 1 |
| Fibrosarcoma            |  | X |  |  |  |  | X |  |  |  |  |  |  |  |  | X |  | X |  |   |  |  | 9 |
| Fibrous Histiocytoma    |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |   |  |   |  |  | 1 |
| Sarcoma                 |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |   |  |   |  |  | 1 |
| Schwannoma Malignant    |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |   |  |   |  |  | 1 |
| Squamous Cell Papilloma |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  | X |  |   |  | X |  |  | 2 |

**MUSCULOSKELETAL SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | 46 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 44 |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 44 |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Cerebrum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 43 |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**RESPIRATORY SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|                              |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Alveolar/Bronchiolar Adenoma |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
|------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

|                                |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Alveolar/Bronchiolar Carcinoma |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|--------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

|                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Carcinoma, Metastatic, Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---|
| Fibrosarcoma, Metastatic, Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  | 1 |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|---|

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |   |  |
|-------------|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|---|--|
|             | 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        |   |   |  |
|             | 7                                    | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 6 | 7 | 6 | 6 | 7        | 7 | 7 |  |
|             | 3                                    | 3 | 3 | 3 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 8 | 2 | 1 | 0 | 1 | 5 | 3        | 3 | 3 |  |
|             | 6                                    | 6 | 6 | 6 | 6 | 8 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6        | 6 | 6 |  |
|             | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 | 0 |  |
|             | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 | 0 |  |
|             | 5                                    | 5 | 5 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8        | 8 | 8 |  |
|             | 5                                    | 5 | 5 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 6 | 6 | 6 | 8 | 8 | 8        | 8 | 8 |  |
|             | 2                                    | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2        | 3 | 4 |  |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 43 |
| Harderian Gland Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 44 |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 2  |

**URINARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 45 |
| Fibrous Histiocytoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Renal Tubule, Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Transitional Epithelium, Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Urethra                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Urinary Bladder                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | 44 |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 2  |

\*\*\* 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST | 0716  | 0736  | 0736  | 0736  | 0774  | 0776  | 0776  | 0776  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | 0793  | ANIMAL ID | females<br>(cont...) |  |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|----------------------|--|
|  | 00051       | 00052 | 00053 | 00054 | 00058 | 00081 | 00082 | 00083 | 00084 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 | 00088 |           |                      |  |
|  |             | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0         |                      |  |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                       | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum            | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |
| Intestine Large, Descending Colon | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin    |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Transverse Colon | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum            | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Intestine Small, Jejunum          | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Liver                             | + | + | + | + | + | + | + | + | + | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |  |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|--|
|  | 0716        | 0736  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  |                      |  |
| ANIMAL ID  | 00051       | 00052 | 00053 | 00054 | 00058 | 00081 | 00082 | 00083 | 00084 | 00088 | 00091 | 00092 | 00093 | 00094 | 00095 | 00096 | 00097 | 00098 | 00099 | 00100 | 00101 | 00102 | 00103 | 00104 | 00107                |  |
| Hepatocellular Adenoma                                     |             |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X                    |  |
| Hepatocellular Carcinoma                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X                    |  |
| Histiocytic Sarcoma  |             |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Lymphoma Malignant   | X           |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |       |       |       |                      |  |
| Mesentery  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Oral Mucosa  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Squamous Cell Carcinoma                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Pancreas   | +           | +     | +     | +     | +     | +     | +     | +     | M     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Lymphoma Malignant   | X           |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |                      |  |
| Salivary Glands  | A           | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Lymphoma Malignant   |             |       |       |       |       |       | X     |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |                      |  |
| Stomach, Forestomach                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Lymphoma Malignant   |             |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Stomach, Glandular   | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |                      |  |
| Lymphoma Malignant   |             |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| <b>CARDIOVASCULAR SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Lymphoma Malignant   | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |

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

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





TDMS No. 20116 - 04  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
|  | 0716        | 0736  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  |                      |
| ANIMAL ID  | 00051       | 00052 | 00053 | 00054 | 00058 | 00081 | 00082 | 00083 | 00084 | 00088 | 00091 | 00092 | 00093 | 00094 | 00096 | 00097 | 00098 | 00099 | 00100 | 00101 | 00102 | 00103 | 00104 | 00105 |                      |

|                     |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------|---|--|--|--|---|---|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Hemangiosarcoma     |   |  |  |  | X |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Histiocytic Sarcoma |   |  |  |  |   |   | X |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymphoma Malignant  | X |  |  |  |   | X |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Polyp Stromal       |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sarcoma             |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**HEMATOPOIETIC SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                     | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant              |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                      | + |   |   |   |   | + |   |   |   | A |   | + | + |   |   | + |   |   |   | + | + |   |   | + |
| Lymphoma Malignant              |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Axillary, Lymphoma Malignant    |   |   |   |   |   |   | X |   | X |   |   |   | X |   |   |   |   |   |   | X |   |   | X |   |
| Inguinal, Lymphoma Malignant    |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Lymphoma Malignant      | X |   |   |   |   |   | X |   | X |   |   |   | X |   |   |   |   |   |   | X |   |   | X | X |
| Mediastinal, Lymphoma Malignant |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Pancreatic, Lymphoma Malignant  |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |
| Renal, Lymphoma Malignant       | X |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   | X | X |
| Lymph Node, Mandibular          | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant              | X |   |   |   |   |   | X |   | X |   |   |   | X |   |   |   |   |   |   | X |   | X | X | X |
| Sarcoma, Metastatic, Skin       |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric          | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma             |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant              | X |   |   |   |   |   | X |   | X |   |   |   | X |   |   | X |   |   | X | X | X | X | X | X |
| Spleen                          | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                 |   |   |   |   |   |   |   |   | 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



|  |                       | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |                       | 0<br>7<br>1<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>4      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       |
|  | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>8<br>1 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>8<br>3 | 0<br>0<br>0<br>8<br>4 | 0<br>0<br>0<br>8<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>4 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>3 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>5<br>9<br>2 | 0<br>0<br>5<br>9<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>0<br>5<br>9<br>1 | 0<br>0<br>7<br>9<br>4 | 0<br>0<br>7<br>9<br>1 |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma, Metastatic, Mammary Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma              |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Histiocytic Sarcoma                       |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                        | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   |   |   |   |
| Sarcoma                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skin                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Nose                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                   | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Carcinoma       |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Lacrimal Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

URINARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney             | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant | X |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   |   |   |
| Urinary Bladder    | + | + | + | + | + | + | + | + | + | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |       | ANIMAL ID |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |       |  |
|--|-------------|-------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|-------|--|
|  | 0716        | 07136 | 0776      | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 | 07736 |                      | 07736 |  |
| Lymphoma Malignant   | X           |       |           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |       |  |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  | X |   |   |   |   | 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  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID |      |                 |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|------|-----------------|
|  | 0736        | 0736 | 0736 | 0736 | 0736 | 0736 | 0750 | 0773 | 0773 | 0773 | 0766 | 0773 | 0773 | 0773 | 0773 | 0766 | 0773 | 0766 | 0773 | 0754 |           |      | 0773            |
|  | 0073        | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073 | 0073      | 0073 |                 |
|  | 232         | 333  | 334  | 431  | 442  | 443  | 444  | 541  | 542  | 543  | 544  | 641  | 642  | 643  | 644  | 641  | 642  | 643  | 644  | 641  | 642       | 643  | <b>* TOTALS</b> |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | <b>45</b> |
| Gallbladder                       | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>42</b> |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Intestine Large, Ascending Colon  | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>43</b> |
| Intestine Large, Cecum            | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>42</b> |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Intestine Large, Descending Colon | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>43</b> |
| Intestine Large, Rectum           | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>43</b> |
| Fibrosarcoma, Metastatic, Skin    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Large, Transverse Colon | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>42</b> |
| Intestine Small, Duodenum         | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>43</b> |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Small, Ileum            | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>42</b> |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Intestine Small, Jejunum          | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>42</b> |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | <b>45</b> |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
|  | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0750  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  |          | 0773  |       |
| ANIMAL ID  | 00732       | 00733 | 00734 | 00741 | 00742 | 00743 | 00744 | 00751 | 00752 | 00753 | 00754 | 00761 | 00762 | 00763 | 00764 | 00771 | 00772 | 00773 | 00774 | 00781 | 00782    | 00783 | 00784 |
| Hepatocellular Adenoma                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2     |
| Hepatocellular Carcinoma                                   |             | X     |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          |       | 3     |
| Histiocytic Sarcoma  |             |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2     |
| Lymphoma Malignant   |             |       | X     | X     |       |       |       |       |       |       |       |       | X     | X     | X     |       |       |       |       |       |          |       | 9     |
| Mesentery  |             |       |       |       |       |       | +     |       |       |       |       |       |       |       |       |       |       |       |       | +     |          |       | 6     |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Oral Mucosa  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Squamous Cell Carcinoma                                    |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Pancreas   |             | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 42    |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          |       | 4     |
| Salivary Glands  |             | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 43    |
| Lymphoma Malignant   |             |       |       | X     | X     |       |       |       |       |       |       |       |       |       |       | X     | X     |       |       |       |          |       | 7     |
| Stomach, Forestomach                                       |             | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 43    |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Stomach, Glandular   |             | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 43    |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| <b>CARDIOVASCULAR SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |
| Blood Vessel   |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 45    |
| Heart  |             | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 45    |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |

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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID |                 |                  |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|-----------------|------------------|--|
|  | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>5<br>0 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |           |                 | 0<br>7<br>3<br>6 |  |
|  | 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                |  |
|  | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6                | 6         | 6               | 6                |  |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0               | 0                |  |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0               | 0                |  |
|  | 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                |  |
|  | 2                | 3                | 4                | 1                | 4                | 2                | 3                | 4                | 1                | 2                | 3                | 4                | 1                | 2                | 3                | 4                | 1                | 2                | 3                | 4                | 1         | 2               | 3                |  |
|  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | <b>* TOTALS</b> |                  |  |

**ENDOCRINE SYSTEM**

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex           | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 44 |
| Lymphoma Malignant       |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   | 3  |
| Adrenal Medulla          | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 44 |
| Islets, Pancreatic       | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | 42 |
| Parathyroid Gland        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | A | + | + | M | + | + | + | 42 |
| Pituitary Gland          | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 43 |
| Pars Distalis, Adenoma   | X |   |   | X |   |   |   |   |   | X | X |   | X |   |   |   |   |   | X |   |   |   | 14 |
| Pars Intermedia, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thyroid Gland            | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | 43 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland     | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 44 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Ovary              | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 44 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   | 4  |
| Uterus             | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>5<br>0      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       |
| ANIMAL ID  | 0<br>0<br>7<br>3<br>2 | 0<br>0<br>7<br>3<br>3 | 0<br>0<br>7<br>3<br>4 | 0<br>0<br>7<br>4<br>1 | 0<br>0<br>7<br>4<br>2 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>7<br>4<br>4 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>2 |

|                     |   |
|---------------------|---|
| Hemangiosarcoma     | 1 |
| Histiocytic Sarcoma | 2 |
| Lymphoma Malignant  | 3 |
| Polyp Stromal       | 1 |
| Sarcoma             | 2 |

**HEMATOPOIETIC SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                     | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | 43 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node                      |   |   |   |   |   |   |   |   |   |   |   | + | + |   | + |   | + |   |   |   |   |   | 14 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Axillary, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Inguinal, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lumbar, Lymphoma Malignant      |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | X |   |   |   |   |   |   | 10 |
| Mediastinal, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   | 4  |
| Pancreatic, Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 4  |
| Renal, Lymphoma Malignant       |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   | 8  |
| Lymph Node, Mandibular          | M | + | + | + | + | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 43 |
| Lymphoma Malignant              |   |   | X |   |   |   |   |   |   |   |   | X |   | X |   | X |   |   |   |   |   |   | 12 |
| Sarcoma, Metastatic, Skin       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mesenteric          | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | 43 |
| Histiocytic Sarcoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant              |   |   |   |   |   | X |   |   |   |   |   | X | X | X |   | X |   |   |   |   |   |   | 16 |
| Spleen                          | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | 44 |
| Hemangiosarcoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

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

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|----|
|  | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0750  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  |          | 0773  |       |    |
| ANIMAL ID  | 00732       | 00733 | 00734 | 00741 | 00742 | 00743 | 00744 | 00745 | 00746 | 00747 | 00748 | 00749 | 00750 | 00751 | 00752 | 00753 | 00754 | 00755 | 00756 | 00757 | 00758    | 00759 | 00760 |    |
| Histiocytic Sarcoma  |             |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1  |
| Lymphoma Malignant   |             |       | X     | X     |       | X     |       |       |       |       |       |       |       | X     | X     | X     |       | X     |       |       |          |       |       | 18 |
| Thymus   | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +     | 41    |    |
| Lymphoma Malignant   |             |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       | X     |       | X     |       |       |          |       |       | 11 |
| <b>INTEGUMENTARY SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |
| Mammary Gland  | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +     | 44    |    |
| Adenocarcinoma   |             | X     | X     |       | X     |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          |       | 5     |    |
| Lymphoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          |       | 2     |    |
| Skin   | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +        | +     | 44    |    |
| Fibrosarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |          |       | 2     |    |
| Hemangioma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X     | 1     |    |
| Melanoma Benign  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          |       | 1     |    |
| Sarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |          |       | 3     |    |
| <b>MUSCULOSKELETAL SYSTEM</b>                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |
| Bone, Femur  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 47    |    |
| <b>NERVOUS SYSTEM</b>                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |
| Brain, Brain Stem  | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +     | 43    |    |
| Brain, Cerebellum  | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +     | 43    |    |
| Brain, Cerebrum  | +           | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +        | +     | 43    |    |

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

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

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 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID |      |                 |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|------|-----------------|
|  | 0736        | 0736 | 0736 | 0736 | 0736 | 0736 | 0750 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 | 0773 |           |      | 0773            |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 0736 |                 |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 0736 |                 |
|  | 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    |                 |
|  | 6           | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6         | 6    |                 |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 0    |                 |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 0    |                 |
|  | 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    |                 |
|  | 2           | 3    | 4    | 1    | 4    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 3    | 4    | 1         | 2    |                 |
|  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |      | <b>* TOTALS</b> |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung                                      | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Adenocarcinoma, Metastatic, Mammary Gland |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Alveolar/Bronchiolar Adenoma              |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Histiocytic Sarcoma                       |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lymphoma Malignant                        |   |   | X | X |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   | <b>9</b>  |
| Sarcoma                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | <b>1</b>  |
| Sarcoma, Metastatic, Skin                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Nose                                      | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | <b>45</b> |
| Trachea                                   | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | <b>44</b> |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye             | + | + | M | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>42</b> |
| Harderian Gland | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>43</b> |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | <b>3</b>  |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lacrimal Gland  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | <b>1</b>  |

**URINARY SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Kidney             | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>44</b> |
| Lymphoma Malignant |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>8</b>  |
| Urinary Bladder    | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | <b>43</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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0736        | 0736  | 0736  | 0736  | 0736  | 0750  | 0757  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  |          | 0773 |
| ANIMAL ID  | 00732       | 00733 | 00734 | 00741 | 00742 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773 | 00773    |      |
| Lymphoma Malignant   |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |          | 5    |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Histiocytic Sarcoma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Lymphoma Malignant  |   |   | X | X |   | X |   |   |   |   |   | X | X | X |   | X |   |   |   |   |   | 18 |

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

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

TDMS No. 20116 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
Aloe vera whole leaf extract (native)  
CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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Lab: NCTR

|   |           | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                       |                       |
|---|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |           | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>5<br>4<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>5<br>0      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>5<br>2<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>8<br>9 | 0<br>6<br>3<br>6      | 0<br>7<br>3<br>3<br>6 | 0<br>7<br>3<br>3<br>6 | 0<br>6<br>8<br>6      | 0<br>7<br>3<br>3<br>6 | 0<br>6<br>8<br>6      | 0<br>7<br>3<br>3<br>6 | 0<br>7<br>3<br>3<br>6 | 0<br>5<br>4<br>3      |                       | 0<br>7<br>3<br>6      |                       |                       |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | 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<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 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>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 |
| ALIMENTARY SYSTEM   |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Esophagus   |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Gallbladder<br>Lymphoma Malignant                             |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Large, Ascending Colon                              |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Large, Cecum<br>Lymphoma Malignant                  |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Large, Descending Colon                             |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Large, Rectum                                       |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Large, Transverse Colon                             |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Small, Duodenum<br>Adenoma                          |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Small, Ileum  |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Intestine Small, Jejunum                                      |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | A                     | +                     | +                     |
| Liver   |           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Hepatocellular Adenoma  |           |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |
| Hepatocellular Carcinoma                                      |           |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |
| Hepatocholangiocarcinoma                                      |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Histiocytic Sarcoma   |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
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TDMS No. 20116 - 04  
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 CAS Number: ALOEVLEAFEXT

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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>5<br>4<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>5<br>0 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>5<br>2<br>2 | 0<br>7<br>6<br>9 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>9 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>8 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |           |                      | 0<br>5<br>4<br>3 | 0<br>7<br>3<br>6 |
| Lymphoma Malignant  |                  |                  | X                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                | X                |           |                      |                  |                  |
| Mesentery   |                  |                  |                  |                  | +                |                  |                  |                  |                  | +                |                  | +                |                  |                  |                  |                  | +                |                  |                  |                  |           |                      |                  |                  |
| Pancreas  | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +         | A                    | +                | +                |
| Histiocytic Sarcoma   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Lymphoma Malignant  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Salivary Glands   | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +         | A                    | +                | +                |
| Histiocytic Sarcoma   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Lymphoma Malignant  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |           |                      |                  |                  |
| Stomach, Forestomach  | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +         | +                    | +                | +                |
| Squamous Cell Papilloma                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Stomach, Glandular  | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +         | +                    | +                | +                |
| <b>CARDIOVASCULAR SYSTEM</b>                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Blood Vessel  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                |
| Heart   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | A                    | +                | +                |
| <b>ENDOCRINE SYSTEM</b>                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Adrenal Cortex  | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +         | A                    | +                | +                |
| Histiocytic Sarcoma   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Lymphoma Malignant  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Adrenal Medulla   | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +         | A                    | M                | +                |

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Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | females<br>(cont...) |        |        |        |        |        |        |
|---|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|----------------------|--------|--------|--------|--------|--------|--------|
|   | 0736        | 0736   | 0546   | 0736   | 0650   | 0776   | 0776   | 0776   | 0776   | 0576   | 0776   | 0776   | 0689   | 0736   | 0736   | 0736   | 0736   | 0688   | 0736   | 0736   |           |                      | 0736   | 0573   | 0773   | 0754   | 0773   | 0753   |
|   | 001131      | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 | 001131    | 001131               | 001131 | 001131 | 001131 | 001131 | 001131 | 001131 |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Islets, Pancreatic<br>Lymphoma Malignant  | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + |
| Parathyroid Gland                         | + | + | + | + | + | + | + | M | A | + | + | + | + | M | + | + | + | M | A | + | + | M | + | M | + |   |
| Pituitary Gland<br>Pars Distalis, Adenoma | + | + | + | + | + | + | + | + | A | M | + | + | + | M | M | + | + | + | A | + | + | + | A | + | + | X |
| Thyroid Gland<br>Follicular Cell, Adenoma | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland   | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + |
| Ovary<br>Granulosa Cell Tumor Benign<br>Lymphoma Malignant | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + |
| Uterus<br>Hemangioma<br>Polyp Stromal                      | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

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

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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |                       |                       |                       |   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|   | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>5<br>4<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>5<br>0      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>2<br>2      | 0<br>5<br>6<br>9      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>8<br>9      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>8<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       |                       | 0<br>5<br>4<br>3      | 0<br>7<br>3<br>6      |                       |   |
| Histiocytic Sarcoma   | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>1 |   |
| Lymph Node  |                       |                       |                       | +                     |                       |                       |                       | +                     |                       |                       | M                     |                       | +                     |                       |                       | +                     | +                     |                       |                       |                       | +                     | +                     |                       |                       |                       |   |
| Axillary, Lymphoma Malignant                                  |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |   |
| Inguinal, Lymphoma Malignant                                  |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Lumbar, Histiocytic Sarcoma                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Lumbar, Lymphoma Malignant                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |   |
| Mediastinal, Fibrosarcoma, Metastatic, Skin                   |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Mediastinal, Hepatocholangiocarcinoma, Metastatic, Liver      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Mediastinal, Histiocytic Sarcoma                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Mediastinal, Lymphoma Malignant                               |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Pancreatic, Histiocytic Sarcoma                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Pancreatic, Lymphoma Malignant                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |   |
| Popliteal, Lymphoma Malignant                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Renal, Histiocytic Sarcoma                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Renal, Lymphoma Malignant                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |   |
| Lymph Node, Mandibular  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Histiocytic Sarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Lymphoma Malignant  |                       |                       |                       | X                     |                       | X                     |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       | X                     |                       |                       |                       |                       |   |
| Lymph Node, Mesenteric  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Histiocytic Sarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Lymphoma Malignant  |                       |                       |                       | X                     |                       | X                     |                       |                       | X                     | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |   |
| Spleen  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Hemangiosarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Histiocytic Sarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Lymphoma Malignant  |                       |                       | X                     | X                     |                       | X                     |                       | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  | females<br>(cont...) |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|----------------------|
|   | 0736        | 0736  | 0756  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  |  |                      |
| ANIMAL ID   | 00131       | 00132 | 00133 | 00134 | 00141 | 00142 | 00143 | 00144 | 00151 | 00152 | 00153 | 00154 | 00161 | 00162 | 00163 | 00164 | 00171 | 00172 | 00173 | 00174 | 00181 | 00182 | 00183 | 00184 |  |                      |

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Thymus             | + | + | + | + | + | + | + | + | A | + | + | + | + | + | M | + | + | + | + | + | + | A | + | + |
| Lymphoma Malignant |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |

**INTEGUMENTARY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland        | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + |
| Adenocarcinoma       | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |
| Skin                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + |
| Fibroma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma         |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Skeletal Muscle                    |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |
| Peripheral Nerve  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                       |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|-----------------------|------------------|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>5<br>4<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>5<br>0 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>2<br>2 | 0<br>5<br>6<br>9 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>9 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |           |                      | 0<br>5<br>4<br>3      | 0<br>7<br>3<br>6 |
|   | 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>3<br>1 |                  |

Spinal Cord +

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X | X | X |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + |

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | A | + |
| Harderian Gland    | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | A | + |
| Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Bilateral, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney              | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | A | + |
| 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>5<br>4<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>5<br>0 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>5<br>2<br>2 | 0<br>7<br>6<br>9 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>8<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>5<br>4<br>3 | 0<br>7<br>3<br>6 |                       |           |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>1<br>3<br>1 |           |                      |

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Urinary Bladder     | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   | X |   | X |   |   | 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  
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TDMS No. 20116 - 04  
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 Aloe vera whole leaf extract (native)  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|   | 0601        | 0728  | 0738  | 0645  | 0737  | 0576  | 0776  | 0665  | 0776  | 0675  | 0776  | 0776  | 0776  | 0776  | 0776  | 0474  | 0776  | 0776  | 0776  | 0668  |          |
| ANIMAL ID   | 00282       | 00283 | 00284 | 00281 | 00287 | 00283 | 00281 | 00284 | 00284 | 00284 | 00284 | 00286 | 00286 | 00286 | 00286 | 00286 | 00286 | 00286 | 00289 | 00289 | 00289    |
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 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     | 4     | 4     | 4     | 4     | 4     | 4     | 4     | 6     | 6     | 6     | 6     | 6     | 6     | 6     | 6     | 9     | 9     | 9        |
|   | 8           | 8     | 8     | 7     | 7     | 7     | 7     | 8     | 8     | 8     | 1     | 1     | 1     | 1     | 3     | 3     | 3     | 3     | 1     | 1     | 1        |
|   | 2           | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 4        |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 46 |
| Gallbladder                       | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Lymphoma Malignant                | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Ascending Colon  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Intestine Large, Cecum            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Descending Colon | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Intestine Large, Rectum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Intestine Large, Transverse Colon | A | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 42 |
| Intestine Small, Duodenum         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Intestine Small, Ileum            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Intestine Small, Jejunum          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Liver                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 44 |
| Hepatocellular Adenoma            |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Hepatocellular Carcinoma          |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 5  |
| Hepatocholangiocarcinoma          |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma               |   |   |   |   |   |   |   |   |   |   | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|   | 0601        | 0728  | 0736  | 0745  | 0757  | 0773  | 0773  | 0763  | 0774  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  | 0777  |          | 0777 |
| ANIMAL ID   | 00282       | 00288 | 00284 | 00244 | 00244 | 00277 | 00277 | 00281 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288 | 00288    |      |
| Lymphoma Malignant  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     | X        | 8    |
| Mesentery   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 8    |
| Pancreas  | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 43   |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Lymphoma Malignant  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 3    |
| Salivary Glands   | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 43   |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Lymphoma Malignant  |             |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 4    |
| Stomach, Forestomach  | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 44   |
| Squamous Cell Papilloma                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| Stomach, Glandular  | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 44   |
| <b>CARDIOVASCULAR SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Blood Vessel  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 47   |
| Heart   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 46   |
| <b>ENDOCRINE SYSTEM</b>                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Adrenal Cortex  | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 43   |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Lymphoma Malignant  | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| Adrenal Medulla   | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +        | 42   |

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
|   | 0601        | 0728  | 0738  | 0645  | 0736  | 0577  | 0776  | 0065  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  | 0076  |          | 0076  |       |
| ANIMAL ID   | 00282       | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282    | 00283 | 00284 |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Lymph Node  | +           | +     | +     |       |       |       |       |       | +     | +     | +     |       |       |       |       |       |       | +     | +     |       |          |       | 15    |
| Axillary, Lymphoma Malignant                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |          |       | 4     |
| Inguinal, Lymphoma Malignant                                  |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |          |       | 2     |
| Lumbar, Histiocytic Sarcoma                                   |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       | 1     |
| Lumbar, Lymphoma Malignant                                    | X           | X     | X     |       |       |       |       |       |       |       |       |       |       | X     |       |       |       | X     | X     |       |          |       | 10    |
| Mediastinal, Fibrosarcoma, Metastatic, Skin                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Mediastinal, Hepatocholangiocarcinoma, Metastatic, Liver      |             |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Mediastinal, Histiocytic Sarcoma                              |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       | 1     |
| Mediastinal, Lymphoma Malignant                               | X           | X     | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 4     |
| Pancreatic, Histiocytic Sarcoma                               |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       | 1     |
| Pancreatic, Lymphoma Malignant                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Popliteal, Lymphoma Malignant                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |
| Renal, Histiocytic Sarcoma                                    |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |          |       | 1     |
| Renal, Lymphoma Malignant                                     |             | X     | X     |       |       |       |       |       |       |       |       |       | X     |       |       |       |       | X     | X     |       |          |       | 8     |
| Lymph Node, Mandibular  | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | A     | +     | +        | +     | 44    |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          |       | 1     |
| Lymphoma Malignant  |             | X     | X     |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |          |       | 10    |
| Lymph Node, Mesenteric  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +        | +     | 45    |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          |       | 1     |
| Lymphoma Malignant  | X           | X     | X     |       | X     |       |       |       |       |       |       |       | X     |       |       |       |       | X     | X     |       |          |       | 14    |
| Spleen  | A           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +        | +     | 46    |
| Hemangiosarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       | 1     |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          |       | 1     |
| Lymphoma Malignant  |             | X     | X     |       | X     |       |       |       |       |       |       | X     |       |       |       |       |       |       | X     |       |          |       | 17    |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|   | 0601        | 0728  | 0738  | 0765  | 0773  | 0776  | 0776  | 0766  | 0775  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  |          |
| ANIMAL ID   | 00282       | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282 | 00283 | 00284 | 00281 | 00282    |

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Thymus             | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Lymphoma Malignant | X |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X | X |   |   | 8  |

**INTEGUMENTARY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Adenocarcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Skin                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 46 |
| Fibroma              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibrosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 46 |
| Skeletal Muscle                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 44 |
| Brain, Cerebellum | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 44 |
| Brain, Cerebrum   | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 44 |
| Peripheral Nerve  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 1.0 | DAY ON TEST |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | * TOTALS |          |
|---|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|   | 06<br>01    | 07<br>08 | 07<br>06 | 07<br>03 | 07<br>04 | 07<br>05 | 07<br>06 | 07<br>07 | 07<br>06 | 07<br>03 | 07<br>04 | 07<br>03 | 07<br>06 | 07<br>03 | 07<br>06 | 07<br>03 | 07<br>06 | 07<br>03 | 07<br>06 | 07<br>03 |          | 07<br>06 |
| ANIMAL ID   | 00282       | 00283    | 00284    | 00281    | 00287    | 00283    | 00284    | 00281    | 00288    | 00282    | 00283    | 00284    | 00281    | 00288    | 00283    | 00284    | 00281    | 00282    | 00283    | 00284    | 00281    | 00282    |

Spinal Cord 1

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 45 |
| Alveolar/Bronchiolar Adenoma                |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Alveolar/Bronchiolar Carcinoma              |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma                         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant                          |   | X | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   | 8  |
| Nose  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 44 |
| Trachea                                     | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 44 |

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye                | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Harderian Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | A | + | + | + | + | 43 |
| Adenoma            | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Bilateral, Adenoma |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**URINARY SYSTEM**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney              | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | 43 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant  |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   | 6  |

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





TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|   | 0736        | 0736 | 0736 | 0736 | 0736 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 |                      |
| ANIMAL ID   | 0012        | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 |                      |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus  | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Gallbladder<br>Lymphoma Malignant                      | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Ascending Colon                       | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Lymphoma Malignant           | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Descending Colon                      | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum<br>Lymphoma Malignant          | + | + | + | + | + | + | + | + | + | A | + | + | + | M | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Transverse Colon                      | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Adenoma                   | + | + | + | + | + | + | + | + | + | A | + | + | + | M | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum<br>Lymphoma Malignant           | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                               | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma<br>Histiocytic Sarcoma | + | + | + | + | + | + | + | + | + | A | + | + | + | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|   | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>4<br>7      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>6<br>5<br>1      | 0<br>7<br>3<br>6      | 0<br>6<br>7<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      |                       |                      |
|   | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 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>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>4<br>2<br>4 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>4 | 0<br>0<br>5<br>4<br>2 |                      |

Leukemia  
 Lymphoma Malignant  
 Osteosarcoma, Metastatic, Bone, Femur

X

Mesentery  
 Osteosarcoma, Metastatic, Bone, Femur

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

Pancreas  
 Lymphoma Malignant

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

Salivary Glands  
 Lymphoma Malignant

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

Stomach, Forestomach  
 Squamous Cell Papilloma

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

Stomach, Glandular

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

**CARDIOVASCULAR SYSTEM**

Blood Vessel

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

Heart  
 Histiocytic Sarcoma  
 Osteosarcoma, Metastatic, Bone, Femur

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

**ENDOCRINE SYSTEM**

Adrenal Cortex  
 Histiocytic Sarcoma

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6      |           |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>1<br>2<br>1 |           |                      |

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|
| Lymphoma Malignant     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | X |
| Adrenal Medulla        | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |  |   |
| Islets, Pancreatic     | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |  |   |
| Lymphoma Malignant     | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Parathyroid Gland      | + | + | + | + | + | + | + | + | + | A | + | + | + | M | + | + | + | + | + | + | + | + | + |  |   |
| Pituitary Gland        | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | M | + | + | + | + | + | + |  |   |
| Leukemia               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Pars Distalis, Adenoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Thyroid Gland          | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |  |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|
| Clitoral Gland              | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |  |   |
| Histiocytic Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Ovary                       | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + |  |   |
| Cystadenoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | X |
| Granulosa Cell Tumor Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Histiocytic Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Luteoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | X |
| Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | X |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|   | 0736        | 0736 | 0736 | 0736 | 0736 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 | 0767 |                      |
| ANIMAL ID   | 0012        | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 | 0012 |                      |

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Uterus              | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |
| Hemangioma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Polyp Stromal       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                                     | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |  |
| Histiocytic Sarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Leukemia  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node                                      |   |   |   |   |   |   |   |   |   |   | + |   |   |   | A | + | + |   |   | + |   |   |   | + |  |
| Axillary, Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inguinal, Osteosarcoma, Metastatic, Bone, Femur |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lumbar, Lymphoma Malignant                      |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   | X |  |
| Mediastinal, Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreatic, Lymphoma Malignant                  |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal, Lymphoma Malignant                       |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular                          | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + |  |
| Histiocytic Sarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant                              |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   | X |   | X |  |
| Lymph Node, Mesenteric                          | + | + | + | + | + | + | + | + | + | A | + | + | + | M | + | M | + | + | + | + | + | + | + | + |  |
| Fibrous Histiocytoma, Metastatic, Skin          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |  |
| Histiocytic Sarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Leukemia  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |  |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|--|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  | 0767  |                      |  |
| ANIMAL ID   | 00121       | 00122 | 00123 | 00124 | 00125 | 00126 | 00127 | 00128 | 00129 | 00130 | 00131 | 00132 | 00133 | 00134 | 00135 | 00136 | 00137 | 00138 | 00139 | 00140 | 00141 | 00142 | 00143 | 00144 | 00145                |  |
| Lymphoma Malignant  |             |       |       | X     |       |       |       |       |       |       |       | X     | X     |       | X     | X     |       |       |       |       | X     |       |       |       |                      |  |
| Spleen  | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Leukemia  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Lymphoma Malignant  | X           |       |       | X     |       |       | X     |       |       |       | X     | X     |       |       |       | X     |       |       |       |       | X     |       |       | X     |                      |  |
| Thymus  | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +                    |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       |       |                      |  |
| Osteosarcoma, Metastatic, Bone, Femur                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| <b>INTEGUMENTARY SYSTEM</b>                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Mammary Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Adenocarcinoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Skin  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Fibrosarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |                      |  |
| Fibrous Histiocytoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |                      |  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Bone, Femur   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +                    |  |
| Osteosarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Skeletal Muscle   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |  |

\* .. 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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TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...)  |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|-----------------------|------------------|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |           |                       | 0<br>7<br>3<br>6 |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0<br>0<br>1<br>2<br>1 |                  |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                  | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma        |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Osteosarcoma, Metastatic, Bone, Femur |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                  | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                               | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland    | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...)  |                       |  |  |  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|-----------------------|-----------------------|--|--|--|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 |           |                       | 0<br>7<br>3<br>6      |  |  |  |
| Kidney  | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | 0<br>0<br>1<br>2<br>1 |                       |  |  |  |
| Histiocytic Sarcoma   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| Leukemia  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| Lymphoma Malignant  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |           |                       |                       |  |  |  |
| Osteosarcoma, Metastatic, Bone, Femur                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| Urinary Bladder   | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     | 0<br>0<br>1<br>2<br>1 |  |  |  |
| Lymphoma Malignant  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| <b>SYSTEMIC LESIONS</b>                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| Multiple Organ  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                     | +                     |  |  |  |
| Histiocytic Sarcoma   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| Leukemia  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                       |                       |  |  |  |
| Lymphoma Malignant  | 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

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TDMS No. 20116 - 04  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|   | 0736        | 0736  | 0736  | 0661  | 0668  | 0673  | 0677  | 0677  | 0677  | 0677  | 0575  | 0676  | 0677  | 0677  | 0575  | 0677  | 0677  | 0666  | 0677  | 0677  |          | 0677 |
| ANIMAL ID   | 00522       | 00533 | 00554 | 00661 | 00666 | 00666 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667 | 00667    |      |
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 45   |
|   | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 44   |
|   | 5           | 5     | 5     | 6     | 6     | 6     | 6     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 9     | 9     | 9     | 9     | 9     | 9     | 9        | 1    |
|   | 2           | 2     | 2     | 9     | 9     | 9     | 9     | 1     | 1     | 1     | 1     | 1     | 2     | 2     | 3     | 3     | 3     | 3     | 4     | 4     | 4        | 3    |
|   | 2           | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2     | 3     | 4     | 1     | 2        | 4    |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                         | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Gallbladder                       | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Ascending Colon  | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum            | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Descending Colon | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Rectum           | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Transverse Colon | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Small, Duodenum         | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Adenoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum            | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Lymphoma Malignant                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Jejunum          | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Hepatocellular Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 1  |

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 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |      |      |      |      |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|------|------|------|------|------|
|   | 0736        | 0736 | 0736 | 0661 | 0668 | 0776 | 0776 | 0776 | 0776 | 0576 | 0667 | 0773 | 0773 | 0566 | 0736 | 0736 | 0668 | 0666 | 0675 | 0736 |          | 0736 | 0666 | 0675 | 0736 | 0736 | 0666 | 0675 | 0736 | 0736 |
| ANIMAL ID   | 0052        | 0053 | 0054 | 0061 | 0062 | 0066 | 0067 | 0069 | 0071 | 0072 | 0077 | 0077 | 0077 | 0077 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099     | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 | 0099 |      |
| Leukemia  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 1    |
| Lymphoma Malignant  |             |      |      |      |      | X    |      |      |      |      | X    | X    |      | X    |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 5    |
| Osteosarcoma, Metastatic, Bone, Femur                         |             |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 1    |
| Mesentery   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 9    |
| Osteosarcoma, Metastatic, Bone, Femur                         |             |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 1    |
| Pancreas  | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 44   |      |
| Lymphoma Malignant  |             | X    |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 2    |
| Salivary Glands   | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 44   |      |
| Lymphoma Malignant  |             |      |      |      |      |      |      |      |      |      | X    |      |      | X    |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 4    |
| Stomach, Forestomach  | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 45   |      |
| Squamous Cell Papilloma                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 2    |
| Stomach, Glandular  | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 45   |      |
| <b>CARDIOVASCULAR SYSTEM</b>                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      |      |
| Blood Vessel  | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 45   |      |
| Heart   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 46   |      |
| Histiocytic Sarcoma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 1    |
| Osteosarcoma, Metastatic, Bone, Femur                         |             |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 1    |
| <b>ENDOCRINE SYSTEM</b>                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      |      |
| Adrenal Cortex  | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | +    | +    | +    | +    | 44   |      |
| Histiocytic Sarcoma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      |      |      |      |      | 1    |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|----|
|   | 0736        | 0736  | 0736  | 0661  | 0668  | 0776  | 0776  | 0776  | 0776  | 0567  | 0677  | 0677  | 0567  | 0776  | 0776  | 0668  | 0668  | 0677  | 0677  | 0776  |          | 0776 |    |
| ANIMAL ID   | 00522       | 00523 | 00524 | 00061 | 00062 | 00066 | 00067 | 00071 | 00072 | 00077 | 00077 | 00077 | 00077 | 00077 | 00077 | 00077 | 00099 | 00099 | 00099 | 00099 | 00099    |      |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       | X     |       | X     |       |       |       |       |       |       |       |       |          | 3    |    |
| Adrenal Medulla   | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |    |
| Islets, Pancreatic  | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | 2    |    |
| Parathyroid Gland   | +           | +     | +     | +     | A     | M     | M     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 42   |    |
| Pituitary Gland   | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | M     | M     | +     | +        | +    | 41 |
| Leukemia  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |          | 1    |    |
| Pars Distalis, Adenoma  | X           |       |       |       |       | X     | X     |       | X     |       |       |       |       |       |       |       |       |       |       |       |          | 6    |    |
| Thyroid Gland   | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |    |
| <b>GENERAL BODY SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |    |
| NONE  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |    |
| <b>GENITAL SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |    |
| Clitoral Gland  | +           | +     | M     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |    |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          | 1    |    |
| Ovary   | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 45   |    |
| Cystadenoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |    |
| Granulosa Cell Tumor Benign                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |          | 1    |    |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |          | 1    |    |
| Luteoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | 2    |    |

\* .. 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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|----|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  |          | 0736  |       |    |
| ANIMAL ID   | 00522       | 00523 | 00524 | 00521 | 00522 | 00523 | 00524 | 00521 | 00522 | 00523 | 00524 | 00521 | 00522 | 00523 | 00524 | 00521 | 00522 | 00523 | 00524 | 00521 | 00522    | 00523 | 00524 |    |
| Lymphoma Malignant  | X           |       |       |       | X     |       | X     | X     | X     | X     |       | X     |       |       |       |       |       | X     |       |       |          |       |       | 14 |
| Spleen  | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 45 |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          |       |       | 1  |
| Leukemia  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |          |       |       | 1  |
| Lymphoma Malignant  | X           | X     |       |       | X     |       | X     | X     | X     | X     |       | X     |       |       |       |       |       | X     |       |       |          |       |       | 17 |
| Thymus  | +           | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 43    |    |
| Lymphoma Malignant  |             |       |       |       | X     |       |       | X     | X     |       | X     |       |       |       |       |       |       | X     |       |       |          |       |       | 7  |
| Osteosarcoma, Metastatic, Bone, Femur                         |             |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1  |
| <b>INTEGUMENTARY SYSTEM</b>                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |
| Mammary Gland   | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 44    |    |
| Adenocarcinoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |       |          |       | 2     |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          |       | 1     |    |
| Skin  | +           | +     | +     | +     | A     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 45    |    |
| Fibrosarcoma  |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2     |    |
| Fibrous Histiocytoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |    |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |    |
| <b>MUSCULOSKELETAL SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |
| Bone, Femur   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48    |    |
| Osteosarcoma  |             |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |    |
| Skeletal Muscle   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 2     |    |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1     |    |

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 + .. Tissue examined microscopically  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 2.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|
|   | 0736        | 0736 | 0736 | 0661 | 0668 | 0773 | 0776 | 0776 | 0776 | 0776 | 0568 | 0673 | 0673 | 0676 | 0776 | 0776 | 0668 | 0673 | 0676 | 0773 |          | 0776 | 0776 |
| ANIMAL ID   | 0052        | 0053 | 0054 | 0061 | 0062 | 0066 | 0067 | 0067 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0099 | 0099 | 0099 | 0099 | 0099     | 0099 | 0099 |
| Kidney  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 46   |
| Histiocytic Sarcoma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |          |      | 1    |
| Leukemia  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |          |      | 1    |
| Lymphoma Malignant  |             |      |      |      |      | X    |      |      |      | X    | X    |      | X    |      |      |      |      |      |      |      |          |      | 6    |
| Osteosarcoma, Metastatic, Bone, Femur                         |             |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Urinary Bladder   | +           | +    | +    | +    | A    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 44   |
| Lymphoma Malignant  |             |      |      |      |      |      |      |      |      | X    |      | X    |      |      |      |      |      |      |      |      |          |      | 3    |
| <b>SYSTEMIC LESIONS</b>                                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Multiple Organ  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Histiocytic Sarcoma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |          |      | 1    |
| Leukemia  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |          |      | 1    |
| Lymphoma Malignant  | X           | X    |      |      | X    |      | X    | X    | X    | X    |      | X    |      |      |      |      |      | X    |      |      |          |      | 18   |

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 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|   | 0736        | 0736 | 0601 | 0733 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 | 0776 |                      |
| ANIMAL ID   | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000                 |
|   | 1113        | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113 | 1113                 |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymph Node                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Axillary, Lymphoma Malignant       |   |   |   |   | + | + |   |   |   |   |   | + | + | + |   |   |   |   |   |   |   | + | + |   |   | + |
| Deep Cervical, Histiocytic Sarcoma |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inguinal, Lymphoma Malignant       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Leukemia                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lumbar, Lymphoma Malignant         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |
| Mediastinal, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Lymphoma Malignant     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Popliteal, Lymphoma Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Leukemia                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Renal, Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymph Node, Mandibular             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                 | X |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymph Node, Mesenteric             | + | + | M | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Leukemia                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lymphoma Malignant                 | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID | females<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|   | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>0<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>6<br>1<br>3 | 0<br>7<br>3<br>6 | 0<br>5<br>6<br>2 | 0<br>3<br>8<br>5 | 0<br>7<br>3<br>6 | 0<br>5<br>7<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>6 | 0<br>4<br>8<br>2 | 0<br>7<br>3<br>6      |           |                      |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>0<br>1<br>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<br>0<br>0<br>1<br>1 |           |                      |

**RESPIRATORY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymphoma Malignant                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Osteosarcoma, Metastatic, Bone, Femur |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Nose                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |

**URINARY SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Leukemia           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Urinary Bladder    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

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

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



TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|
|   | 0736        | 0736  | 0032  | 0682  | 0555  | 0736  | 0585  | 0681  | 0731  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  |          | 0776  |       |
| ANIMAL ID   | 00362       | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362    | 00363 | 00364 |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|---------|
| Esophagus                                      | + | + | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 44      |         |
| Gallbladder                                    | + | + | A | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 41      |         |
| Intestine Large, Ascending Colon               | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 43      |         |
| Intestine Large, Cecum                         | + | + | A | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 42      |         |
| Intestine Large, Descending Colon              | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 43      |         |
| Intestine Large, Rectum<br>Lymphoma Malignant  | + | M | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | X | 42<br>1 |         |
| Intestine Large, Transverse Colon              | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 43      |         |
| Intestine Small, Duodenum<br>Adenoma           | + | + | A | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 42<br>1 |         |
| Intestine Small, Ileum<br>Lymphoma Malignant   | + | + | A | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | X | + | + | A | + | +       | 42<br>1 |
| Intestine Small, Jejunum<br>Lymphoma Malignant | + | + | A | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | X | 42<br>1 |         |
| Liver  | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | 46      |         |
| Hemangiosarcoma                                |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |         |
| Hepatocellular Adenoma                         |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4       |         |
| Hepatocellular Carcinoma                       |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2       |         |

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

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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>0<br>3<br>6      | 0<br>6<br>8<br>2      | 0<br>5<br>5<br>5      | 0<br>7<br>3<br>6      | 0<br>5<br>8<br>5      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>6      |                       | 0<br>7<br>3<br>6      |                       |
| ANIMAL ID   | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>6<br>3 | 0<br>0<br>3<br>6<br>4 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>2 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>5<br>6<br>1 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>6<br>3 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>9<br>1 | 0<br>0<br>7<br>9<br>2 | 0<br>0<br>7<br>9<br>3 | 0<br>0<br>8<br>5<br>4 | 0<br>0<br>8<br>5<br>1 | 0<br>0<br>8<br>5<br>2 | 0<br>0<br>8<br>5<br>3 | 0<br>0<br>8<br>7<br>4 | 0<br>0<br>8<br>7<br>1 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>8<br>7<br>3 | 0<br>0<br>8<br>7<br>4 |
| Histiocytic Sarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Leukemia  |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Lymphoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Osteosarcoma, Metastatic, Bone, Femur                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Mesentery   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Pancreas  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 43                    |
| Lymphoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Salivary Glands   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 43                    |
| Lymphoma Malignant  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Stomach, Forestomach  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 42                    |
| Squamous Cell Papilloma                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Stomach, Glandular  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 42                    |
| <b>CARDIOVASCULAR SYSTEM</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 44                    |
| Heart   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 44                    |
| Leukemia  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>ENDOCRINE SYSTEM</b>                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 44                    |
| Leukemia  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Adrenal Medulla   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 44                    |

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

M .. Missing tissue  
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TDMS No. 20116 - 04  
 Test Type: CHRONIC  
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Date Report Requested: 01/15/2010  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |   |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|---|----|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  |          | 0736 |   |    |
| ANIMAL ID   | 00362       | 00363 | 00364 | 00365 | 00366 | 00367 | 00368 | 00369 | 00370 | 00371 | 00372 | 00373 | 00374 | 00375 | 00376 | 00377 | 00378 | 00379 | 00380 | 00381 | 00382    |      |   |    |
| Pheochromocytoma Benign                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X    | 1 |    |
| Islets, Pancreatic  | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +    | + | 43 |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | X | 1  |
| Parathyroid Gland   | +           | +     | A     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +    | + | 40 |
| Pituitary Gland   | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +    | + | 44 |
| Leukemia  |             |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   | 2  |
| Pars Distalis, Adenoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | X | 3  |
| Thyroid Gland   | +           | +     | A     | +     | +     | +     | +     | M     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +    | + | 43 |
| <b>GENERAL BODY SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   |    |
| NONE  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   |    |
| <b>GENITAL SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   |    |
| Clitoral Gland  | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +    | + | 42 |
| Ovary   | +           | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +    | + | 44 |
| Granulosa Cell Tumor Benign                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | X | 1  |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |          |      |   | 1  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | X | 1  |
| Uterus  | +           | +     | A     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +    | + | 45 |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |          |      |   | 1  |
| Lymphoma Malignant  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | X | 1  |
| Polyp Stromal   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>0<br>3<br>2      | 0<br>6<br>8<br>2      | 0<br>5<br>5<br>5      | 0<br>7<br>3<br>6      | 0<br>5<br>8<br>5      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>6      |                       | 0<br>7<br>3<br>6      |                       |
| ANIMAL ID   | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>6<br>3 | 0<br>0<br>3<br>6<br>4 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>3<br>2 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>5<br>6<br>1 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>6<br>3 | 0<br>0<br>5<br>6<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>8<br>5<br>4 | 0<br>0<br>8<br>5<br>2 | 0<br>0<br>8<br>5<br>3 | 0<br>0<br>8<br>5<br>4 | 0<br>0<br>8<br>5<br>1 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>8<br>7<br>3 | 0<br>0<br>8<br>7<br>4 | 0<br>0<br>8<br>7<br>4 |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                        | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>43</b> |
| Hemangiosarcoma                    |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Leukemia                           |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lymph Node                         |   |   |   | + | + | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   | + |   | <b>13</b> |
| Axillary, Lymphoma Malignant       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>2</b>  |
| Deep Cervical, Histiocytic Sarcoma |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Inguinal, Lymphoma Malignant       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>1</b>  |
| Lumbar, Leukemia                   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lumbar, Lymphoma Malignant         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>4</b>  |
| Mediastinal, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>2</b>  |
| Pancreatic, Lymphoma Malignant     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Popliteal, Lymphoma Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>1</b>  |
| Renal, Leukemia                    |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Renal, Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>4</b>  |
| Lymph Node, Mandibular             | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>43</b> |
| Leukemia                           |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>5</b>  |
| Lymph Node, Mesenteric             | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>42</b> |
| Leukemia                           |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>5</b>  |
| Spleen                             | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>44</b> |
| Hemangiosarcoma                    |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Histiocytic Sarcoma                |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Leukemia                           |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</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

TDMS No. 20116 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
 Time Report Requested: 14:39:08  
 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |    |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|----|----|
|   | 0736        | 0736  | 0032  | 0682  | 0555  | 0736  | 0535  | 0681  | 0731  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  | 0776  |          | 0776  |       |    |    |
| ANIMAL ID   | 00362       | 00363 | 00364 | 00351 | 00352 | 00353 | 00354 | 00351 | 00352 | 00353 | 00354 | 00351 | 00352 | 00353 | 00354 | 00351 | 00352 | 00353 | 00354 | 00351 | 00352    | 00353 | 00354 |    |    |
| Lymphoma Malignant  |             |       |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       | X        |       |       | 7  |    |
| Thymus  | +           | +     | A     | +     | +     | +     | +     | M     | A     | +     | +     | +     | M     | M     | +     | +     | +     | +     | +     | +     | A        | +     | +     | 41 |    |
| Lymphoma Malignant  |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X     |       | 5  |    |
| <b>INTEGUMENTARY SYSTEM</b>                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |    |
| Mammary Gland   | +           | +     | A     | +     | +     | +     | +     | A     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +     | +     | 44 |    |
| Adenocarcinoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X     |       | 4  |    |
| Carcinosarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X     |       | 1  |    |
| Skin  | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +     | +     | 44 |    |
| Fibrosarcoma  |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2  |    |
| Hemangiosarcoma   |             |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1  |    |
| Melanoma Benign   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1  |    |
| Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1  |    |
| <b>MUSCULOSKELETAL SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |    |
| Bone, Femur   | +           | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | A     | +     | +  | 46 |
| Osteosarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 1  |    |
| <b>NERVOUS SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       |    |    |
| Brain, Brain Stem   | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +     | +     | 43 |    |
| Brain, Cerebellum   | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +     | +     | 43 |    |
| Brain, Cerebrum   | +           | +     | A     | +     | +     | +     | +     | A     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | A        | +     | +     | 43 |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Aloe vera whole leaf extract (native)  
 CAS Number: ALOEVLEAFEXT

Date Report Requested: 01/15/2010  
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 First Dose M/F: 04/19/05 / 04/19/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  |          | 0736 |
| ANIMAL ID   | 00362       | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362    |      |

**RESPIRATORY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung                                  | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>44</b> |
| Alveolar/Bronchiolar Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Alveolar/Bronchiolar Carcinoma        | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>3</b>  |
| Histiocytic Sarcoma                   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Leukemia                              |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Lymphoma Malignant                    |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | <b>3</b>  |
| Osteosarcoma, Metastatic, Bone, Femur |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Nose                                  | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>45</b> |
| Trachea                               | + | + | A | + | + | + | + | M | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>43</b> |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye                     | + | + | A | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>42</b> |
| Harderian Gland Adenoma | + | + | A | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>43</b> |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>3</b>  |

**URINARY SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Kidney             | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>44</b> |
| Leukemia           |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Urinary Bladder    | + | + | A | + | + | + | + | A | A | M | + | + | + | + | + | + | + | + | + | + | A | + | + | <b>42</b> |

**SYSTEMIC LESIONS**

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

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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>ALOEWHOLLEAF 3.0 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |       |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|----|
|   | 0736        | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  | 0736  |          | 0736  |       |    |
| ANIMAL ID   | 00362       | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362 | 00363 | 00364 | 00361 | 00362    | 00363 | 00364 |    |
| Multiple Organ  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | +     | 48 |
| Histiocytic Sarcoma   |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |          |       |       | 1  |
| Leukemia  |             |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |       | 2  |
| Lymphoma Malignant  |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |          | X     |       | 8  |

\*\*\* 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