

**TDMS No.** 88133 - 07  
**Test Type:** CHRONIC  
**Route:** SKIN APPLICATION  
**Species/Strain:** RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Trimethylolpropane triacrylate

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

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

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

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

**Lab:** SRI

**C Number:** C88133C  
**Lock Date:** 10/30/2007  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 2.2.0





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

Edema  
 Erosion  
 Ulcer  
 Glands, Hyperplasia

1  
 3  
 1  
 2

Tongue

+

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+

Heart

+ + + + + + + + + + + + + + + + + + +  
 3 2 3 2 1 2 3 3 3 2 2 3 2 2 3 3 3  
 Inflammation, Suppurative 4  
 Thrombosis 4 3

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ + + + + + + + + + + + + + + + + + +  
 Accessory Adrenal Cortical Nodule 3 3 3 3  
 Atrophy 2 3 3 2 2 1 2 2  
 Degeneration, Fatty 2 3 3 2 2 1 2 2  
 Hyperplasia, Focal 2  
 Hypertrophy, Focal 3 3 3 3 3 1

Adrenal Medulla

Hyperplasia + + + + + + + + + + + + + + + + + + +

Islets, Pancreatic

Hyperplasia + + + + + + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



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| FISCHER 344 RATS MALE<br>0 MG/KG | DAY ON TEST |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | ANIMAL ID | males<br>(cont...) |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |     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     |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
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00066568 | 00376101 | 00773192 | 00066567 | 00376100 | 00773191 | 00066566 | 00376099 | 00773190 | 00066565 | 00376098 | 00773189 | 00066564 | 00376097 | 00773188 | 00066563 | 00376096 | 00773187 | 00066562 | 00376095 | 00773186 | 00066561 | 00376094 | 00773185 | 00066560 | 00376093 | 00773184 | 00066559 | 00376092 | 00773183 | 00066558 | 00376091 | 00773182 | 00066557 | 00376090 | 00773181 | 00066556 | 00376089 | 00773180 | 00066555 | 00376088 | 00773179 | 00066554 | 00376087 | 00773178 | 00066553 | 00376086 | 00773177 | 00066552 | 00376085 | 00773176 | 00066551 | 00376084 | 00773175 | 00066550 | 00376083 | 00773174 | 00066549 | 00376082 | 00773173 | 00066548 | 00376081 | 00773172 | 00066547 | 00376080 | 00773171 | 00066546 | 00376079 | 00773170 | 00066545 | 00376078 | 00773169 | 00066544 | 00376077 | 00773168 | 00066543 | 00376076 | 00773167 | 00066542 | 00376075 | 00773166 | 00066541 | 00376074 | 00773165 | 00066540 | 00376073 | 00773164 | 00066539 | 00376072 | 00773163 | 00066538 | 00376071 | 00773162 | 00066537 | 00376070 | 00773161 | 00066536 | 00376069 | 00773160 | 00066535 | 00376068 | 00773159 | 00066534 | 00376067 | 00773158 | 00066533 | 00376066 | 00773157 | 00066532 | 00376065 | 00773156 | 00066531 | 00376064 | 00773155 | 00066530 | 00376063 | 00773154 | 00066529 | 00376062 | 00773153 | 00066528 | 00376061 | 00773152 | 00066527 | 00376060 | 00773151 | 00066526 | 00376059 | 00773150 | 00066525 | 00376058 | 00773149 | 00066524 | 00376057 | 00773148 | 00066523 | 00376056 | 00773147 | 00066522 | 00376055 | 00773146 | 00066521 | 00376054 | 00773145 | 00066520 | 00376053 | 00773144 | 00066519 | 00376052 | 00773143 | 00066518 | 00376051 | 00773142 | 00066517 | 00376050 | 00773141 | 00066516 | 00376049 | 00773140 | 00066515 | 00376048 | 00773139 | 00066514 | 00376047 | 00773138 | 00066513 | 00376046 | 00773137 | 00066512 | 00376045 | 00773136 | 00066511 | 00376044 | 00773135 | 00066510 | 00376043 | 00773134 | 00066509 | 00376042 | 00773133 | 00066508 | 00376041 | 00773132 | 00066507 | 00376040 | 00773131 | 00066506 | 00376039 | 00773130 | 00066505 | 00376038 | 00773129 | 00066504 | 00376037 | 00773128 | 00066503 | 00376036 | 00773127 | 00066502 | 00376035 | 00773126 | 00066501 | 00376034 | 00773125 | 00066500 | 00376033 | 00773124 | 00066499 | 00376032 | 00773123 | 00066498 | 00376031 | 00773122 | 00066497 | 00376030 | 00773121 | 00066496 | 00376029 | 00773120 | 00066495 | 00376028 | 00773119 | 00066494 | 00376027 | 00773118 | 00066493 | 00376026 | 00773117 | 00066492 | 00376025 | 00773116 | 00066491 | 00376024 | 00773115 | 00066490 | 00376023 | 00773114 | 00066489 | 00376022 | 00773113 | 00066488 | 00376021 | 00773112 | 00066487 | 00376020 | 00773111 | 00066486 | 00376019 | 00773110 | 00066485 | 00376018 | 00773109 | 00066484 | 00376017 | 00773108 | 00066483 | 00376016 | 00773107 | 00066482 | 00376015 | 00773106 | 00066481 | 00376014 | 00773105 | 00066480 | 00376013 | 00773104 | 00066479 | 00376012 | 00773103 | 00066478 | 00376011 | 00773102 | 00066477 | 00376010 | 00773101 | 00066476 | 00376009 | 00773100 | 00066475 | 00376008 | 00773099 | 00066474 | 00376007 | 00773098 | 00066473 | 00376006 | 00773097 | 00066472 | 00376005 | 00773096 | 00066471 | 00376004 | 00773095 | 00066470 | 00376003 | 00773094 | 00066469 | 00376002 | 00773093 | 00066468 | 00376001 |

Epithelium, Hyperplasia

Seminal Vesicle

Testes

Artery, Inflammation, Chronic  
 Germ











TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |      |      |      |
|-----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|------|------|------|
|                       | 0729        | 0439 | 0606 | 0015 | 0729 | 0676 | 0777 | 0777 | 0660 | 0660 | 0660 | 0660 | 0777 | 0555 | 0555 | 0666 | 0777 | 0777 | 0555 | 0777 |           |                    | 0000 | 0000 | 0666 | 0777 |
| 0 MG/KG               | 0026        | 0007 | 0008 | 0009 | 0000 | 0001 | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0009 | 0000 | 0001 | 0002 | 0003 | 0004 | 0005 | 0006      | 0007               | 0008 | 0009 | 0000 |      |

**ALIMENTARY SYSTEM**

|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|
| Esophagus   | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | M | + | + |   |  | + | + |   |   |
| Intestine Large, Cecum Edema                      | + | + | + |  | 2 | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + |  |   | + | + |   |
| Intestine Large, Colon                            | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + |  |   | + | + |   |
| Intestine Large, Rectum Edema                     | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + |  |   | 3 | + | + |
| Intestine Small, Duodenum Epithelium, Hyperplasia | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + |  |   | + | + |   |
| Intestine Small, Ileum                            | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + |  |   | + | + |   |
| Intestine Small, Jejunum                          | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | + | + | A | + |  |   | + | + |   |
| Liver Angiectasis                                 | + | + | + |  | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + |  |   | + | + |   |
| Basophilic Focus                                  | X | X |   |  | X | X | X |   |   |   | X | X | X |   |   |   | X |   |   |   |  |   | X |   |   |
| Clear Cell Focus                                  | X |   |   |  | X | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |   | X |   |   |
| Degeneration, Cystic                              |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |
| Eosinophilic Focus                                |   |   |   |  |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |  |   |   |   |   |
| Hematopoietic Cell Proliferation                  |   |   |   |  |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |  |   |   |   |   |
| Hepatodiaphragmatic Nodule                        |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |
| Infiltration Cellular, Mixed Cell                 |   |   |   |  |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |  |   |   |   |   |
| Inflammation, Suppurative                         |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |
| Mixed Cell Focus                                  | X |   |   |  |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |  |   | X |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br><br>0 MG/KG  | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |
|---------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|
|                                       | 0729        | 0439 | 0606 | 0015 | 0729 | 0676 | 0777 | 0777 | 0622 | 0021 | 0063 | 0066 | 0077 | 0077 | 0555 | 0555 | 0666 | 0777 | 0777 | 0555 | 0777 | 0000 | 0000 | 0666 |           |                    | 0777 |
|                                       | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 000200226          |      |
| Necrosis                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Necrosis, Focal                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    | 1    |
| Thrombosis                            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Bile Duct, Hyperplasia                | 1           |      | 2    |      |      | 1    | 1    |      | 1    |      | 1    |      | 1    | 1    |      | 2    | 3    | 2    | 2    | 2    | 1    |      |      |      |           |                    |      |
| Centrilobular, Necrosis               |             |      |      |      |      |      |      |      | 2    |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Hepatocyte, Vacuolization Cytoplasmic |             |      |      |      |      | 3    | 4    |      |      |      | 3    |      | 3    |      | 4    |      | 3    |      |      |      |      |      |      | 3    |           |                    |      |
| Kupffer Cell, Pigmentation            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Oval Cell, Hyperplasia                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Mesentery                             |             | +    | +    |      |      | +    |      |      |      |      |      |      |      | +    |      | +    |      |      |      | +    |      |      |      |      |           |                    |      |
| Accessory Spleen                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Hemorrhage                            |             |      | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Fat, Necrosis                         |             | 2    |      |      |      | 2    |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      | 1    |      |      |      |           |                    |      |
| Pancreas                              | +           | +    | +    |      | +    | +    | +    | +    | +    |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      | +         | +                  |      |
| Atrophy                               |             | 2    | 2    |      |      | 2    | 1    | 3    |      |      | 4    |      | 4    |      |      |      |      |      | 2    | 1    |      | 1    |      |      | 4         | 1                  |      |
| Cyst                                  |             |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      | 3    | 3    |      |      |      |      | 3         |                    |      |
| Acinus, Cytoplasmic Alteration        |             |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3         |                    |      |
| Acinus, Hyperplasia, Focal            |             |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           | 3                  |      |
| Salivary Glands                       | +           | +    | +    |      | +    | +    | +    | +    | +    |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      | +         | +                  |      |
| Atrophy                               |             |      |      |      |      |      |      | 2    |      |      |      |      | 2    |      |      |      |      |      |      |      |      | 2    |      |      |           |                    |      |
| Stomach, Forestomach                  | +           | +    | +    |      | +    | +    | +    | +    | +    |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      | +         | +                  |      |
| Edema                                 |             |      |      |      |      |      |      |      | 4    |      | 3    |      |      |      |      |      |      | 3    |      |      |      |      |      |      |           | 2                  |      |
| Inflammation, Chronic Active          |             |      |      |      |      |      |      | 3    | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |
| Perforation                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |           |                    |      |
| Ulcer                                 |             |      |      |      |      |      |      | 4    |      |      |      |      | 4    |      |      |      |      | 4    |      |      | 4    |      |      |      |           |                    |      |
| Epithelium, Hyperplasia               |             |      |      |      |      |      |      | 4    | 4    |      | 2    |      | 4    |      |      |      |      | 3    |      |      |      |      |      |      |           |                    |      |
| Stomach, Glandular                    | +           | +    | +    |      | +    | +    | +    | +    | +    |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      | +         | +                  |      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked







TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                                  | 0729        | 0439 | 0606 | 0015 | 0729 | 0676 | 0777 | 0777 | 0660 | 0660 | 0660 | 0660 | 0777 | 0555 | 0555 | 0666 | 0777 | 0777 | 0555 | 0777 | 0000 | 0000 | 0666 | 0777 |           |                    |
|                                  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0002266   |                    |

|                                  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hemorrhage                       |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |
| Hyperplasia, Atypical            |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |
| Hyperplasia, Lymphoid            | 2 | 2 |   |  | 3 | 2 | 2 |   |   | 2 | 2 | 2 | 2 |   |   |   |   |   |   |   |   |   |   | 3 |   |   |
| Necrosis                         |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation                     |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                           | + | + | + |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Accessory Spleen                 |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Fibrosis                         |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hematopoietic Cell Proliferation |   |   | 1 |  |   |   |   |   | 2 |   |   |   |   |   | 3 | 2 |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                       |   |   | 4 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis                         |   |   | 4 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation                     |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoid Follicle, Atrophy       |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                           | + | + | M |  |   | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                               | + | + | + |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                                 | 4 | 1 |   |  | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 2 | 4 |   |   | 3 |   |   | 2 |   |   |   |   | 4 |   |   |
| Skin  | + | + | + |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ulcer                                       |   |   |   |  |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Epidermis, Hyperplasia                      |   |   |   |  |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Epidermis, Site Of Application, Hyperplasia |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Site Of Application, Hyperkeratosis         |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

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

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked





TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Fungus  
 Inflammation, Chronic  
 Respiratory Epithelium, Hyperplasia  
 Respiratory Epithelium, Metaplasia, Squamous

X  
 2  
 1 2  
 1 1  
 1

Trachea  
 Inflammation, Chronic

+ +

**SPECIAL SENSES SYSTEM**

Eye  
 Cataract  
 Inflammation, Chronic  
 Cornea, Hyperplasia  
 Retina, Degeneration

+  
 3 3  
 2  
 2  
 4 3

Harderian Gland  
 Inflammation, Chronic

+ +

Zymbal's Gland

**URINARY SYSTEM**

Kidney  
 Infarct  
 Nephropathy  
 Renal Tubule, Accumulation, Hyaline Droplet  
 Renal Tubule, Dilatation  
 Renal Tubule, Necrosis  
 Renal Tubule, Pigmentation

+  
 3 1 2 3 1 3 4 1 3 2 2 2 2 4 1 1 3 4  
 3  
 2  
 2 1

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |             |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | 48          |
| Intestine Large, Cecum<br>Edema                      | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>3 2.7 |
| Intestine Large, Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Intestine Large, Rectum<br>Edema                     | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>1 3.0 |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>8 2.5 |
| Intestine Small, Ileum                               | + | + | + | + | + | + | + | + | + | + | + | + | + | 49          |
| Intestine Small, Jejunum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | 48          |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Angiectasis  |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0       |
| Basophilic Focus                                     |   |   | X |   |   |   |   | X |   | X |   |   |   | 20          |
| Clear Cell Focus                                     |   |   |   |   | X | X |   |   |   | X |   |   |   | 11          |
| Degeneration, Cystic                                 |   |   |   |   |   | 2 |   |   |   | 1 |   | 2 |   | 4 1.5       |
| Eosinophilic Focus                                   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4           |
| Hematopoietic Cell Proliferation                     |   |   | 1 |   |   |   |   |   |   |   |   |   | 3 | 3 1.7       |
| Hepatodiaphragmatic Nodule                           |   |   |   | X |   | X | X |   |   |   |   |   |   | 5           |
| Infiltration Cellular, Mixed Cell                    |   |   |   | 1 |   |   |   |   |   |   | 1 |   |   | 5 1.4       |
| Inflammation, Suppurative                            |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0       |
| Mixed Cell Focus                                     |   |   |   |   | X | X |   | X |   |   |   | X |   | 10          |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0 MG/KG      | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                       | 0<br>9<br>1           | 0<br>7<br>8           | 0<br>7<br>4           | 0<br>6<br>9           | 0<br>7<br>3           | 0<br>7<br>2           | 0<br>7<br>3           | 0<br>6<br>9           | 0<br>7<br>3           | 0<br>6<br>9           | 0<br>0<br>1           | 0<br>6<br>4           | 0<br>7<br>3           | 0<br>6<br>6           | 0<br>7<br>2           |          |
| ANIMAL ID                             | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>5 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>5<br>8 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>6<br>5 |          |
| Necrosis                              |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.0    |
| Necrosis, Focal                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 1.5    |
| Thrombosis                            |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Bile Duct, Hyperplasia                |                       | 3                     | 3                     |                       | 3                     |                       | 1                     | 1                     | 1                     |                       | 1                     | 1                     | 1                     | 2                     |                       | 38 1.8   |
| Centrilobular, Necrosis               |                       | 3                     |                       |                       | 2                     |                       |                       | 2                     |                       |                       |                       |                       |                       | 1                     |                       | 9 1.8    |
| Hepatocyte, Vacuolization Cytoplasmic |                       |                       |                       | 3                     |                       | 2                     |                       |                       |                       | 4                     |                       | 4                     |                       |                       |                       | 17 3.2   |
| Kupffer Cell, Pigmentation            |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Oval Cell, Hyperplasia                |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| Mesentery                             |                       | +                     | +                     |                       | +                     | +                     |                       | +                     |                       |                       |                       |                       |                       | +                     |                       | 18       |
| Accessory Spleen                      |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 3        |
| Hemorrhage                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Fat, Necrosis                         |                       | 4                     | 2                     |                       | 4                     | 2                     |                       | 2                     |                       |                       |                       |                       |                       | 3                     |                       | 14 2.6   |
| Pancreas                              |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Atrophy                               |                       |                       |                       |                       | 3                     |                       | 1                     | 1                     |                       | 1                     | 2                     | 2                     | 2                     |                       |                       | 25 2.3   |
| Cyst                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     | 3                     |                       | 3                     |                       | 8 3.0    |
| Acinus, Cytoplasmic Alteration        |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.7    |
| Acinus, Hyperplasia, Focal            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.7    |
| Salivary Glands                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Atrophy                               |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       | 2                     |                       |                       |                       | 8 2.0    |
| Stomach, Forestomach                  |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Edema                                 |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 6 2.8    |
| Inflammation, Chronic Active          |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       | 3                     |                       | 3                     |                       | 5 3.0    |
| Perforation                           |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 4        |
| Ulcer                                 |                       |                       | 4                     | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9 3.9    |
| Epithelium, Hyperplasia               |                       |                       | 3                     | 3                     |                       |                       |                       |                       |                       | 4                     |                       | 4                     |                       | 3                     |                       | 15 3.3   |
| Stomach, Glandular                    |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       | 50       |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                     |   |  |   |   |   |   |  |  |  |  |  |   |  |  |  |  |  |              |
|---------------------|---|--|---|---|---|---|--|--|--|--|--|---|--|--|--|--|--|--------------|
| Edema               |   |  | 3 |   |   |   |  |  |  |  |  |   |  |  |  |  |  | <b>3 2.7</b> |
| Erosion             |   |  | 3 | 1 | 2 | 2 |  |  |  |  |  |   |  |  |  |  |  | <b>9 2.1</b> |
| Ulcer               | 3 |  |   |   |   |   |  |  |  |  |  | 2 |  |  |  |  |  | <b>4 2.8</b> |
| Glands, Hyperplasia |   |  |   |   |   |   |  |  |  |  |  |   |  |  |  |  |  | <b>2 1.5</b> |

Tongue **1**

### CARDIOVASCULAR SYSTEM

|                           |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  |  |               |
|---------------------------|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|---------------|
| Blood Vessel              |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  |  | <b>1</b>      |
| Heart                     |   | + | + | + | + | + | + | + |  | + | + | + | + | + |   |  |  | <b>50</b>     |
| Cardiomyopathy            |   | 2 |   | 3 | 3 | 3 | 2 | 3 |  | 2 | 3 | 1 | 2 | 2 |   |  |  | <b>46 2.3</b> |
| Inflammation, Suppurative |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  |  | <b>1 4.0</b>  |
| Thrombosis                | 4 | 4 |   |   |   |   |   | 3 |  |   |   |   |   |   | 3 |  |  | <b>10 3.4</b> |

### ENDOCRINE SYSTEM

|                                   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |               |
|-----------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|---------------|
| Adrenal Cortex                    |  | + | + | + | + | + | + | + |   | + | + | + | + | + |   |  |  | <b>50</b>     |
| Accessory Adrenal Cortical Nodule |  |   | 3 | 3 |   | 3 | 3 |   |   | 3 |   |   |   |   | 3 |  |  | <b>17 3.0</b> |
| Atrophy                           |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  | <b>1 3.0</b>  |
| Degeneration, Fatty               |  |   |   |   | 1 | 2 | 2 | 3 |   | 2 | 2 | 2 |   |   |   |  |  | <b>25 2.0</b> |
| Hyperplasia, Focal                |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  | <b>4 1.8</b>  |
| Hypertrophy, Focal                |  |   | 1 |   |   |   | 2 | 3 |   |   |   |   |   |   |   |  |  | <b>11 2.5</b> |
| Adrenal Medulla                   |  | + | + | + | + | I | + | + | + |   | + | + | + | + |   |  |  | <b>49</b>     |
| Hyperplasia                       |  |   | 2 |   | 2 |   | 1 | 2 |   |   |   | 1 |   |   |   |  |  | <b>22 1.6</b> |
| Islets, Pancreatic                |  | + | + | + | + | + | + | + |   | + | + | + | + | + |   |  |  | <b>50</b>     |
| Hyperplasia                       |  |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |  |  | <b>2 1.5</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                  | 0<br>9<br>1           | 0<br>7<br>8           | 0<br>7<br>4           | 0<br>6<br>9           | 0<br>7<br>3           | 0<br>7<br>2           | 0<br>7<br>3           | 0<br>6<br>9           | 0<br>7<br>3           | 0<br>6<br>9           | 0<br>0<br>1           | 0<br>6<br>4           | 0<br>7<br>3           | 0<br>6<br>6           | 0<br>7<br>9           |          |
| ANIMAL ID                        | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>5 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>7 | 0<br>0<br>0<br>5<br>8 | 0<br>0<br>0<br>5<br>9 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>6<br>5 |          |
| Parathyroid Gland                |                       | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | M                     | +                     | +                     | 45       |
| Pituitary Gland                  |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | 49       |
| Hyperplasia                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       | 1 2.0    |
| Pigmentation                     |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 3.0    |
| Pars Distalis, Angiectasis       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 3 3.3    |
| Pars Distalis, Atrophy           |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.7    |
| Pars Distalis, Cyst              |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| Pars Distalis, Hyperplasia       |                       |                       | 1                     |                       |                       |                       |                       | 3                     |                       |                       | 2                     |                       |                       |                       |                       | 10 2.4   |
| Pars Intermedia, Cyst            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Thyroid Gland                    |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | 50       |
| Ultimobranchial Cyst             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| C-cell, Hyperplasia              |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       | 6 1.7    |
| Follicle, Cyst                   |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| <b>GENERAL BODY SYSTEM</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Tissue NOS                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>GENITAL SYSTEM</b>            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Epididymis                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | 50       |
| Inflammation, Chronic            |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.0    |
| Preputial Gland                  |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | 50       |
| Inflammation, Chronic            |                       | 2                     |                       |                       | 3                     |                       | 3                     |                       |                       |                       |                       | 2                     |                       | 2                     |                       | 20 2.2   |
| Prostate                         |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | 50       |
| Inflammation, Chronic            |                       | 2                     | 4                     | 3                     | 2                     | 2                     | 2                     | 2                     | 3                     |                       | 2                     | 3                     | 3                     | 2                     | 1                     | 42 2.5   |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked





TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                       |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |        |
|-----------------------|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--------|
| Hemorrhage            |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  | 1 1.0  |
| Hyperplasia, Atypical |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  | 1 3.0  |
| Hyperplasia, Lymphoid |  |  | 3 |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  | 18 2.2 |
| Necrosis              |  |  | 3 |  |  |  |   |  |  |  |  |  |  |  |  |  |  | 1 3.0  |
| Pigmentation          |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  | 1 2.0  |

|                                  |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  |        |
|----------------------------------|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--------|
| Spleen                           |  | + | + | + | + | + | + | + | + |  | + | + | + | + | + |   |  | 50     |
| Accessory Spleen                 |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  | 1      |
| Fibrosis                         |  |   | 3 |   |   |   |   |   | 4 |  |   |   |   |   |   |   |  | 3 3.3  |
| Hematopoietic Cell Proliferation |  |   |   | 2 |   |   |   |   |   |  |   |   | 2 |   |   |   |  | 10 2.2 |
| Hemorrhage                       |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  | 1 4.0  |
| Necrosis                         |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   | 4 |  | 2 4.0  |
| Pigmentation                     |  |   |   |   |   |   |   |   |   |  | 3 |   |   |   |   |   |  | 1 3.0  |
| Lymphoid Follicle, Atrophy       |  |   |   | 3 |   |   |   |   |   |  | 3 |   |   |   |   |   |  | 2 3.0  |
| Thymus                           |  | + | + | + | + | + | + | + | + |  | + | + | + | + | + |   |  | 45     |

**INTEGUMENTARY SYSTEM**

|   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |  |        |
|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--------|
| Mammary Gland                               |  | + | + | + | + | + | + | + | + |  | + | + | + | + | + |  |  | 50     |
| Hyperplasia                                 |  | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 3 |  | 4 | 4 |   | 1 | 3 |  |  | 37 3.1 |
| Skin  |  | + | + | + | + | + | + | + | + |  | + | + | + | + | + |  |  | 50     |
| Ulcer                                       |  |   |   |   |   | 4 | 3 |   |   |  |   |   |   |   |   |  |  | 6 3.7  |
| Epidermis, Hyperplasia                      |  |   |   |   |   |   | 3 |   |   |  |   |   |   |   |   |  |  | 4 3.0  |
| Epidermis, Site Of Application, Hyperplasia |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |  | 1 1.0  |
| Site Of Application, Hyperkeratosis         |  |   |   |   |   |   |   |   | 1 |  |   |   |   |   |   |  |  | 2 1.0  |

**MUSCULOSKELETAL SYSTEM**

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

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Fibrous Osteodystrophy 1 1 1.0

Skeletal Muscle Hemorrhage 2 1 2.0

**NERVOUS SYSTEM**

Brain  
 Compression 3 4 2 3 4 3 4 1 50 25 3.3  
 Hemorrhage 4 2.5  
 Necrosis 2 2.5

Peripheral Nerve 2

Spinal Cord 2

**RESPIRATORY SYSTEM**

Lung 50  
 Edema 1 3.0  
 Hemorrhage 3 2.0  
 Infiltration Cellular, Histiocyte 1 1 1 1 1 1 3 3 20 1.4  
 Inflammation, Suppurative 1 3.0  
 Inflammation, Chronic 1 2 14 1.2  
 Pigmentation, Hemosiderin 2 1.0  
 Thrombosis 1 1.0  
 Alveolar Epithelium, Hyperplasia 3 2 3 10 1.9  
 Alveolar Epithelium, Metaplasia, Squamous 1 3.0

Nose 50  
 Foreign Body X X X X X X X X X X X 23

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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 X .. Lesion present A .. Autolysis precludes evaluation  
 I .. Insufficient tissue BLANK .. Not examined microscopically

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 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
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 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
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Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST                                  | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0      |
|--|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
|  | 9               | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 0 | 6 | 7 | 6 | 7 | 6 | 7 | 6      |
| <b>FISCHER 344 RATS MALE</b>                 | 1               | 8 | 4 | 3 | 0 | 9 | 3 | 2 | 3 | 9 | 3 | 9 | 7 | 3 | 6 | 2 | 7      |
| <b>0 MG/KG</b>                               | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0      |
| <b>ANIMAL ID</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      |
|  | 5               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6      |
|  | 1               | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |   |        |
|  | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Fungus                                       |                 |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2      |
| Inflammation, Chronic                        |                 |   | 1 | 1 |   |   |   | 2 | 3 |   | 1 | 2 | 2 | 1 | 2 |   | 20 1.5 |
| Respiratory Epithelium, Hyperplasia          |                 |   |   | 1 |   |   |   | 1 |   |   |   | 1 | 1 | 1 | 1 |   | 11 1.2 |
| Respiratory Epithelium, Metaplasia, Squamous |                 |   |   |   |   |   |   |   | 3 |   |   | 2 |   |   |   |   | 2 2.5  |
| Trachea                                      |                 | + | + | + | + | + | + | + | + |   | + | + | + | + | + |   | 50     |
| Inflammation, Chronic                        |                 |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   | 1 3.0  |
| <b>SPECIAL SENSES SYSTEM</b>                 |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Eye  |                 | + | + | + | + | + | + | + | + |   | + | + | + | + | + |   | 50     |
| Cataract                                     |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 3.0  |
| Inflammation, Chronic                        |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Cornea, Hyperplasia                          |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Retina, Degeneration                         |                 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 9 2.1  |
| Harderian Gland                              |                 | + | + | + | + | + | + | + | + |   | + | + | + | + | + |   | 50     |
| Inflammation, Chronic                        |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Zymbal's Gland                               |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| <b>URINARY SYSTEM</b>                        |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Kidney                                       |                 | + | + | + | + | + | + | + | + |   | + | + | + | + | + |   | 50     |
| Infarct                                      |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Nephropathy                                  |                 | 2 | 1 | 3 | 1 | 3 | 3 | 1 | 3 |   | 4 | 3 | 2 | 2 | 1 |   | 48 2.2 |
| Renal Tubule, Accumulation, Hyaline Droplet  |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Renal Tubule, Dilatation                     |                 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Renal Tubule, Necrosis                       |                 | 3 |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   | 5 2.0  |
| Renal Tubule, Pigmentation                   |                 |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   | 6 2.2  |

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 + .. Tissue examined microscopically  
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TDMS No. 88133 - 07  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
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 Lab: SRI

|                                      |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0            | 0 |
|--------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------|---|
| <b>FISCHER 344 RATS MALE</b>         | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0            | 0 |
|                                      |             | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 0 | 6 | 7 | 6 | 7 | 6 | 7            | 6 |
|                                      |             | 9 | 0 | 0 | 9 | 3 | 2 | 3 | 9 | 3 | 9 | 7 | 3 | 6 | 2 | 7 | 9            | 4 |
| <b>0 MG/KG</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 |
|                                      |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6            | 6 |
|                                      |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |              |   |
| <b>* TOTALS</b>                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |              |   |
| Transitional Epithelium, Hyperplasia |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b> |   |
| Urinary Bladder                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>50</b>    |   |
| Calculus Gross Observation           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>     |   |
| Inflammation, Chronic                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 3.0</b> |   |

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| FISCHER 344 RATS MALE<br>0.3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      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|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-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|                                    | 0015        | 0017 | 0019 | 0021 | 0023 | 0025 | 0027 | 0029 | 0031 | 0033 | 0035 | 0037 | 0039 | 0041 | 0043 | 0045 | 0047 | 0049 | 0051 | 0053 |           |                    | 0055 | 0057 | 0059 | 0061 | 0063 | 0065 | 0067 | 0069 | 0071 | 0073 | 0075 | 0077 | 0079 | 0081 | 0083 | 0085 | 0087 | 0089 | 0091 | 0093 | 0095 | 0097 | 0099 | 0101 | 0103 | 0105 | 0107 | 0109 | 0111 | 0113 | 0115 | 0117 | 0119 | 0121 | 0123 | 0125 | 0127 | 0129 | 0131 | 0133 | 0135 | 0137 | 0139 | 0141 | 0143 | 0145 | 0147 | 0149 | 0151 | 0153 | 0155 | 0157 | 0159 | 0161 | 0163 | 0165 | 0167 | 0169 | 0171 | 0173 | 0175 | 0177 | 0179 | 0181 | 0183 | 0185 | 0187 | 0189 | 0191 | 0193 | 0195 | 0197 | 0199 | 0201 | 0203 | 0205 | 0207 | 0209 | 0211 | 0213 | 0215 | 0217 | 0219 | 0221 | 0223 | 0225 | 0227 | 0229 | 0231 | 0233 | 0235 | 0237 | 0239 | 0241 | 0243 | 0245 | 0247 | 0249 | 0251 | 0253 | 0255 | 0257 | 0259 | 0261 | 0263 | 0265 | 0267 | 0269 | 0271 | 0273 | 0275 | 0277 | 0279 | 0281 | 0283 | 0285 | 0287 | 0289 | 0291 | 0293 | 0295 | 0297 | 0299 | 0301 | 0303 | 0305 | 0307 | 0309 | 0311 | 0313 | 0315 | 0317 | 0319 | 0321 | 0323 | 0325 | 0327 | 0329 | 0331 | 0333 | 0335 | 0337 | 0339 | 0341 | 0343 | 0345 | 0347 | 0349 | 0351 | 0353 | 0355 | 0357 | 0359 | 0361 | 0363 | 0365 | 0367 | 0369 | 0371 | 0373 | 0375 | 0377 | 0379 | 0381 | 0383 | 0385 | 0387 | 0389 | 0391 | 0393 | 0395 | 0397 | 0399 | 0401 | 0403 | 0405 | 0407 | 0409 | 0411 | 0413 | 0415 | 0417 | 0419 | 0421 | 0423 | 0425 | 0427 | 0429 | 0431 | 0433 | 0435 | 0437 | 0439 | 0441 | 0443 | 0445 | 0447 | 0449 | 0451 | 0453 | 0455 | 0457 | 0459 | 0461 | 0463 | 0465 | 0467 | 0469 | 0471 | 0473 | 0475 | 0477 | 0479 | 0481 | 0483 | 0485 | 0487 | 0489 | 0491 | 0493 | 0495 | 0497 | 0499 | 0501 | 0503 | 0505 | 0507 | 0509 | 0511 | 0513 | 0515 | 0517 | 0519 | 0521 | 0523 | 0525 | 0527 | 0529 | 0531 | 0533 | 0535 | 0537 | 0539 | 0541 | 0543 | 0545 | 0547 | 0549 | 0551 | 0553 | 0555 | 0557 | 0559 | 0561 | 0563 | 0565 | 0567 | 0569 | 0571 | 0573 | 0575 | 0577 | 0579 | 0581 | 0583 | 0585 | 0587 | 0589 | 0591 | 0593 | 0595 | 0597 | 0599 | 0601 | 0603 | 0605 | 0607 | 0609 | 0611 | 0613 | 0615 | 0617 | 0619 | 0621 | 0623 | 0625 | 0627 | 0629 | 0631 | 0633 | 0635 | 0637 | 0639 | 0641 | 0643 | 0645 | 0647 | 0649 | 0651 | 0653 | 0655 | 0657 | 0659 | 0661 | 0663 | 0665 | 0667 | 0669 | 0671 | 0673 | 0675 | 0677 | 0679 | 0681 | 0683 | 0685 | 0687 | 0689 | 0691 | 0693 | 0695 | 0697 | 0699 | 0701 | 0703 | 0705 | 0707 | 0709 | 0711 | 0713 | 0715 | 0717 | 0719 | 0721 | 0723 | 0725 | 0727 | 0729 | 0731 | 0733 | 0735 | 0737 | 0739 | 0741 | 0743 | 0745 | 0747 | 0749 | 0751 | 0753 | 0755 | 0757 | 0759 | 0761 | 0763 | 0765 | 0767 | 0769 | 0771 | 0773 | 0775 | 0777 | 0779 | 0781 | 0783 | 0785 | 0787 | 0789 | 0791 | 0793 | 0795 | 0797 | 0799 | 0801 | 0803 | 0805 | 0807 | 0809 | 0811 | 0813 | 0815 | 0817 | 0819 | 0821 | 0823 | 0825 | 0827 | 0829 | 0831 | 0833 | 0835 | 0837 | 0839 | 0841 | 0843 | 0845 | 0847 | 0849 | 0851 | 0853 | 0855 | 0857 | 0859 | 0861 | 0863 | 0865 | 0867 | 0869 | 0871 | 0873 | 0875 | 0877 | 0879 | 0881 | 0883 | 0885 | 0887 | 0889 | 0891 | 0893 | 0895 | 0897 | 0899 | 0901 | 0903 | 0905 | 0907 | 0909 | 0911 | 0913 | 0915 | 0917 | 0919 | 0921 | 0923 | 0925 | 0927 | 0929 | 0931 | 0933 | 0935 | 0937 | 0939 | 0941 | 0943 | 0945 | 0947 | 0949 | 0951 | 0953 | 0955 | 0957 | 0959 | 0961 | 0963 | 0965 | 0967 | 0969 | 0971 | 0973 | 0975 | 0977 | 0979 | 0981 | 0983 | 0985 | 0987 | 0989 | 0991 | 0993 | 0995 | 0997 | 0999 | 1001 | 1003 | 1005 | 1007 | 1009 | 1011 | 1013 | 1015 | 1017 | 1019 | 1021 | 1023 | 1025 | 1027 | 1029 | 1031 | 1033 | 1035 | 1037 | 1039 | 1041 | 1043 | 1045 | 1047 | 1049 | 1051 | 1053 | 1055 | 1057 | 1059 | 1061 | 1063 | 1065 | 1067 | 1069 | 1071 | 1073 | 1075 | 1077 | 1079 | 1081 | 1083 | 1085 | 1087 | 1089 | 1091 | 1093 | 1095 | 1097 | 1099 | 1101 | 1103 | 1105 | 1107 | 1109 | 1111 | 1113 | 1115 | 1117 | 1119 | 1121 | 1123 | 1125 | 1127 | 1129 | 1131 | 1133 | 1135 | 1137 | 1139 | 1141 | 1143 | 1145 | 1147 | 1149 | 1151 | 1153 | 1155 | 1157 | 1159 | 1161 | 1163 | 1165 | 1167 | 1169 | 1171 | 1173 | 1175 | 1177 | 1179 | 1181 | 1183 | 1185 | 1187 | 1189 | 1191 | 1193 | 1195 | 1197 | 1199 | 1201 | 1203 | 1205 | 1207 | 1209 | 1211 | 1213 | 1215 | 1217 | 1219 | 1221 | 1223 | 1225 | 1227 | 1229 | 1231 | 1233 | 1235 | 1237 | 1239 | 1241 | 1243 | 1245 | 1247 | 1249 | 1251 | 1253 | 1255 | 1257 | 1259 | 1261 | 1263 | 1265 | 1267 | 1269 | 1271 | 1273 | 1275 | 1277 | 1279 | 1281 | 1283 | 1285 | 1287 | 1289 | 1291 | 1293 | 1295 | 1297 | 1299 | 1301 | 1303 | 1305 | 1307 | 1309 | 1311 | 1313 | 1315 | 1317 | 1319 | 1321 | 1323 | 1325 | 1327 | 1329 | 1331 | 1333 | 1335 | 1337 | 1339 | 1341 | 1343 | 1345 | 1347 | 1349 | 1351 | 1353 | 1355 | 1357 | 1359 | 1361 | 1363 | 1365 | 1367 | 1369 | 1371 | 1373 | 1375 | 1377 | 1379 | 1381 | 1383 | 1385 | 1387 | 1389 | 1391 | 1393 | 1395 | 1397 | 1399 | 1401 | 1403 | 1405 | 1407 | 1409 | 1411 | 1413 | 1415 | 1417 | 1419 | 1421 | 1423 | 1425 | 1427 | 1429 | 1431 | 1433 | 1435 | 1437 | 1439 | 1441 | 1443 | 1445 | 1447 | 1449 | 1451 | 1453 | 1455 | 1457 | 1459 | 1461 | 1463 | 1465 | 1467 | 1469 | 1471 | 1473 | 1475 | 1477 | 1479 | 1481 | 1483 | 1485 | 1487 | 1489 | 1491 | 1493 | 1495 | 1497 | 1499 | 1501 | 1503 | 1505 | 1507 | 1509 | 1511 | 1513 | 1515 | 1517 | 1519 | 1521 | 1523 | 1525 | 1527 | 1529 | 1531 | 1533 | 1535 | 1537 | 1539 | 1541 | 1543 | 1545 | 1547 | 1549 | 1551 | 1553 | 1555 | 1557 | 1559 | 1561 | 1563 | 1565 | 1567 | 1569 | 1571 | 1573 | 1575 | 1577 | 1579 | 1581 | 1583 | 1585 | 1587 | 1589 | 1591 | 1593 | 1595 | 1597 | 1599 | 1601 | 1603 | 1605 | 1607 | 1609 | 1611 | 1613 | 1615 | 1617 | 1619 | 1621 | 1623 | 1625 | 1627 | 1629 | 1631 | 1633 | 1635 | 1637 | 1639 | 1641 | 1643 | 1645 | 1647 | 1649 | 1651 | 1653 | 1655 | 1657 | 1659 | 1661 | 1663 | 1665 | 1667 | 1669 | 1671 | 1673 | 1675 | 1677 | 1679 | 1681 | 1683 | 1685 | 1687 | 1689 | 1691 | 1693 | 1695 | 1697 | 1699 | 1701 | 1703 | 1705 | 1707 | 1709 | 1711 | 1713 | 1715 | 1717 | 1719 | 1721 | 1723 | 1725 | 1727 | 1729 | 1731 | 1733 | 1735 | 1737 | 1739 | 1741 | 1743 | 1745 | 1747 | 1749 | 1751 | 1753 | 1755 | 1757 | 1759 | 1761 | 1763 | 1765 | 1767 | 1769 | 1771 | 1773 | 1775 | 1777 | 1779 | 1781 | 1783 | 1785 | 1787 | 1789 | 1791 | 1793 | 1795 | 1797 | 1799 | 1801 | 1803 | 1805 | 1807 | 1809 | 1811 | 1813 | 1815 | 1817 | 1819 | 1821 | 1823 | 1825 | 1827 | 1829 | 1831 | 1833 | 1835 | 1837 | 1839 | 1841 | 1843 | 1845 | 1847 | 1849 | 1851 | 1853 | 1855 | 1857 | 1859 | 1861 | 1863 | 1865 | 1867 | 1869 | 1871 | 1873 | 1875 | 1877 | 1879 | 1881 | 1883 | 1885 | 1887 | 1889 | 1891 | 1893 | 1895 | 1897 | 1899 | 1901 | 1903 | 1905 | 1907 | 1909 | 1911 | 1913 | 1915 | 1917 | 1919 | 1921 | 1923 | 1925 | 1927 | 1929 | 1931 | 1933 | 1935 | 1937 | 1939 | 1941 | 1943 | 1945 | 1947 | 1949 | 1951 | 1953 | 1955 | 1957 | 1959 | 1961 | 1963 | 1965 | 1967 | 1969 | 1971 | 1973 | 1975 | 1977 | 1979 | 1981 | 1983 | 1985 | 1987 | 1989 | 1991 | 1993 | 1995 | 1997 | 1999 | 2001 | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 | 2017 | 2019 | 2021 | 2023 | 2025 | 2027 | 2029 | 2031 | 2033 | 2035 | 2037 | 2039 | 2041 | 2043 | 2045 | 2047 | 2049 | 2051 | 2053 | 2055 | 2057 | 2059 | 2061 | 2063 | 2065 | 2067 | 2069 | 2071 | 2073 | 2075 | 2077 | 2079 | 2081 | 2083 | 2085 | 2087 | 2089 | 2091 | 2093 | 2095 | 2097 | 2099 | 2101 | 2103 | 2105 | 2107 | 2109 | 2111 | 2113 | 2115 | 2117 | 2119 | 2121 | 2123 | 2125 | 2127 | 2129 | 2131 | 2133 | 2135 | 2137 | 2139 | 2141 | 2143 | 2145 | 2147 | 2149 | 2151 | 2153 | 2155 | 2157 | 2159 | 2161 | 2163 | 2165 | 2167 | 2169 | 2171 | 2173 | 2175 | 2177 | 2179 | 2181 | 2183 | 2185 | 2187 | 2189 | 2191 | 2193 | 2195 | 2197 | 2199 | 2201 | 2203 | 2205 | 2207 | 2209 | 2211 | 2213 | 2215 | 2217 | 2219 | 2221 | 2223 | 2225 | 2227 | 2229 | 2231 | 2233 | 2235 | 2237 | 2239 | 2241 | 2243 | 2245 | 2247 | 2249 | 2251 | 2253 | 2255 | 2257 | 2259 | 2261 | 2263 | 2265 | 2267 | 2269 | 2271 | 2273 | 2275 | 2277 | 2279 | 2281 | 2283 | 2285 | 2287 | 2289 | 2291 | 2293 | 2295 | 2297 | 2299 | 2301 | 2303 | 2305 | 2307 | 2309 | 2311 | 2313 | 2315 | 2317 | 2319 | 2321 | 2323 | 2325 | 2327 | 2329 | 2331 | 2333 | 2335 | 2337 | 2339 | 2341 | 2343 | 2345 | 2347 | 2349 | 2351 | 2353 | 2355 | 2357 | 2359 | 2361 | 2363 | 2365 | 2367 | 2369 | 2371 | 2373 | 2375 | 2377 | 2379 | 2381 | 2383 | 2385 | 2387 | 2389 | 2391 | 2393 | 2395 | 2397 | 2399 | 2401 | 2403 | 2405 | 2407 | 2409 | 2411 | 2413 | 2415 | 2417 | 2419 | 2421 | 2423 | 2425 | 2427 | 2429 | 2431 | 2433 | 2435 | 2437 | 2439 | 2441 | 2443 | 2445 | 2447 | 2449 | 2451 | 2453 | 2455 | 2457 | 2459 | 2461 | 2463 | 2465 | 2467 | 2469 | 2471 | 2473 | 2475 | 2477 | 2479 | 2481 | 2483 | 2485 | 2487 | 2489 | 2491 | 2493 | 2495 | 2497 | 2499 | 2501 | 2503 | 2505 | 2507 | 2509 | 2511 | 2513 | 2515 | 2517 | 2519 | 2521 | 2523 | 2525 | 2527 | 2529 | 2531 | 2533 | 2535 | 2537 | 2539 | 2541 | 2543 | 2545 | 2547 | 2549 | 2551 | 2553 | 2555 | 2557 | 2559 | 2561 | 2563 | 2565 | 2567 | 2569 | 2571 | 2573 | 2575 | 2577 | 2579 | 2581 | 2583 | 2585 | 2587 | 2589 | 2591 | 2593 | 2595 | 2597 | 2599 | 2601 | 2603 | 2605 | 2607 | 2609 | 2611 | 2613 | 2615 | 2617 | 2619 | 2621 | 2623 | 2625 | 2627 | 2629 | 2631 | 2633 | 2635 | 2637 | 2639 | 2641 | 2643 | 2645 | 2647 | 2649 | 2651 | 2653 | 2655 | 2657 | 2659 | 2661 | 2663 | 2665 | 2667 | 2669 | 2671 | 2673 |





TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|  |  |  |   |  |  |   |  |  |   |  |  |  |   |  |  |   |  |  |  |  |  |   |  |   |  |  |
|--|--|--|---|--|--|---|--|--|---|--|--|--|---|--|--|---|--|--|--|--|--|---|--|---|--|--|
| Nose   |  |  |   |  |  |   |  |  |   |  |  |  |   |  |  |   |  |  |  |  |  |   |  |   |  |  |
| Foreign Body                                 |  |  | X |  |  | X |  |  | X |  |  |  | X |  |  | X |  |  |  |  |  | X |  | X |  |  |
| Fungus                                       |  |  |   |  |  |   |  |  |   |  |  |  | X |  |  | X |  |  |  |  |  |   |  |   |  |  |
| Hemorrhage                                   |  |  |   |  |  |   |  |  |   |  |  |  |   |  |  | 3 |  |  |  |  |  |   |  |   |  |  |
| Inflammation, Chronic                        |  |  |   |  |  | 1 |  |  | 1 |  |  |  | 1 |  |  | 2 |  |  |  |  |  | 1 |  | 1 |  |  |
| Respiratory Epithelium, Hyperplasia          |  |  |   |  |  |   |  |  | 1 |  |  |  | 1 |  |  |   |  |  |  |  |  |   |  |   |  |  |
| Respiratory Epithelium, Metaplasia, Squamous |  |  |   |  |  |   |  |  |   |  |  |  |   |  |  | 4 |  |  |  |  |  |   |  |   |  |  |
| Trachea                                      |  |  |   |  |  |   |  |  |   |  |  |  |   |  |  |   |  |  |  |  |  |   |  |   |  |  |

**SPECIAL SENSES SYSTEM**

|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Eye                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Cataract              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Inflammation, Acute   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Inflammation, Chronic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Retina, Degeneration  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
| Harderian Gland       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Hyperplasia, Focal    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Inflammation, Chronic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Zymbal's Gland        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

**URINARY SYSTEM**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Kidney                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Nephropathy                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Renal Tubule, Accumulation, Hyaline Droplet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Renal Tubule, Dilatation                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |
|-----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|
|                       | 0529        | 0674 | 0729 | 0015 | 0375 | 0670 | 0563 | 0057 | 0001 | 0606 | 0450 | 0500 | 0707 | 0733 | 0679 | 0521 | 0770 | 0007 | 0770 | 0667 | 0744 | 0043 | 0043 |      |      |                    |
| 0.3 MG/KG             | 0091        | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0009 | 0000 | 0001 | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0009 | 0000 | 0001 | 0002 | 0003 | 0004 | 0005 |                    |

**ALIMENTARY SYSTEM**

|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
| Intestine Large, Cecum Edema                      | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
|   |   |   |   |  |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Colon                            | + | M | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
| Intestine Large, Rectum                           | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
| Intestine Small, Duodenum Epithelium, Hyperplasia | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   | 2 |
| Intestine Small, Ileum                            | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | M | + |   | + | + | + | + | + |
| Intestine Small, Jejunum                          | A | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
| Liver   | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
| Angiectasis                                       |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Basophilic Focus                                  |   |   |   |  |   | X | X |   |   |   |   |   | X | X |   | X |   | X | X |   | X | X |   | X |   |
| Clear Cell Focus                                  |   |   | X |  |   | X |   |   |   |   |   | X |   |   |   | X |   | X |   | X |   |   |   |   |   |
| Degeneration, Cystic                              |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                                |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatodiaphragmatic Nodule                        |   |   |   |  |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |
| Infiltration Cellular, Mixed Cell                 |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Mixed Cell Focus                                  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Necrosis, Focal                                   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thrombosis  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |
| Bile Duct, Hyperplasia                            |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | 1 | 3 | 1 |  |   | 1 |   | 2 |   | 1 | 1 | 3 |   | 1 |   |   |   |   |   |   |   |   | 1 | 1 |   |

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 I .. Insufficient tissue  
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 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                                    | 0529        | 0674 | 0729 | 0035 | 0375 | 0673 | 0563 | 0057 | 0001 | 0006 | 0004 | 0005 | 0000 | 0007 | 0007 | 0003 | 0007 | 0005 | 0007 | 0000 | 0007 | 0007 | 0006 | 0007 | 0004 |           |                    |
| Centrilobular, Necrosis            | 3           | 2    |      |      |      |      |      |      | 1    |      | 1    |      |      |      |      |      |      |      | 2    |      |      | 3    |      |      |      |           |                    |
| Hepatocyte, Vacuolization          |             |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      | 3    |      |      | 2    |      | 4    |      |           |                    |
| Kupffer Cell, Pigmentation         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |           |                    |
| Mesentery                          | +           | +    |      |      |      |      |      |      | +    |      |      |      |      | +    |      |      |      |      |      |      |      |      |      |      | +    |           |                    |
| Accessory Spleen                   |             |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Fat, Necrosis                      |             | 3    |      |      |      |      |      |      | 3    |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      | 3    |      |           |                    |
| Pancreas                           | +           | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    |      | +    | +    | +    |      | +    | +    | +    | +    | +    |      |           |                    |
| Atrophy                            |             | 1    | 3    |      | 3    |      | 3    |      |      | 2    | 1    |      | 3    |      |      | 3    | 2    |      |      |      | 3    |      | 2    |      |      |           |                    |
| Cyst                               |             |      | 3    |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Necrosis                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Acinus, Cytoplasmic Alteration     |             |      |      |      |      | 3    |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Acinus, Hyperplasia, Focal         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Salivary Glands                    | +           | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    |      | +    | +    | +    |      | +    | +    | +    | +    | +    |      |           |                    |
| Atrophy                            |             | 2    |      |      |      |      |      |      | 2    |      |      |      |      |      |      | 2    |      |      |      |      | 2    |      | 3    |      |      |           |                    |
| Necrosis                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |
| Stomach, Forestomach               | +           | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    |      | +    | +    | +    |      | +    | +    | +    | +    | +    |      |           |                    |
| Edema                              |             |      |      |      |      |      |      |      | 4    | 3    |      |      |      |      |      | 3    | 4    |      |      |      |      |      |      |      |      |           |                    |
| Inflammation, Chronic Active       |             |      |      |      |      |      |      |      | 4    | 3    |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |           |                    |
| Ulcer                              |             |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      | 4    |      |      |      |      |      | 4    | 1    |      |           |                    |
| Epithelium, Hyperplasia            |             |      |      |      |      |      |      |      | 4    | 2    |      |      |      |      |      | 3    | 3    |      |      |      |      |      |      | 3    |      |           |                    |
| Stomach, Glandular                 | +           | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    |      | +    | +    | +    |      | +    | +    | +    | +    | +    |      |           |                    |
| Erosion                            | 2           | 3    |      |      |      |      |      |      | 3    |      | 2    |      |      |      |      | 3    | 1    |      |      |      |      |      | 1    |      |      |           |                    |
| Glands, Hyperplasia                |             |      |      |      |      |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |           |                    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|-----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                       | 0529        | 0674 | 0729 | 0015 | 0375 | 0670 | 0563 | 0007 | 0000 | 0006 | 0004 | 0005 | 0000 | 0007 | 0007 | 0003 | 0007 | 0005 | 0007 | 0000 | 0007 | 0007 | 0006 | 0007 | 0004 |           |                    |
| 0.3 MG/KG             | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 000911    |                    |

Epithelium, Hyperplasia

Tooth  
 Malformation

**CARDIOVASCULAR SYSTEM**

Blood Vessel  
 Hypertrophy  
 Inflammation, Chronic  
 Thrombosis

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Heart                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy            | 1 | 1 | 3 | 1 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | 2 | 3 | 3 | 3 | 3 | 2 | 4 |   |   |   |   |   |
| Inflammation, Suppurative |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation, Chronic     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thrombosis                |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   | 4 |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   | 3 |   | 3 | 3 |   |   |   |   |   | 3 | 3 |   |   |   |   |   |   |   |   |   |
| Degeneration, Fatty               |   |   | 2 |   | 2 | 2 |   | 2 |   | 2 | 3 | 3 | 1 | 2 | 1 |   |   |   |   | 1 |   |   |   | 3 |   |
| Hemorrhage                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Diffuse              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hypertrophy, Focal                |   |   |   |   |   |   |   | 2 |   |   | 3 |   |   |   |   |   |   |   |   | 1 |   | 2 |   |   |   |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       | 1 | 2 |   |   | 1 | 1 |   | 3 |   |   |   | 1 |   |   | 1 | 2 |   |   |   | 1 |   | 3 |   |   |   |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |  | ANIMAL ID | males<br>(cont...) |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|-----------|--------------------|
|                                    | 0529        | 0674 | 0729 | 0015 | 0375 | 0670 | 0563 | 0057 | 0001 | 0065 | 0449 | 0502 | 0707 | 0773 | 0362 | 0729 | 0015 | 0079 | 0002 | 0073 | 0772 | 0660 | 0744 | 0043 |  |           |                    |

|  |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
|--|---|---|---|--|---|---|---|---|--|---|---|---|--|---|---|--|---|---|---|--|---|---|---|---|---|
| Islets, Pancreatic Hyperplasia             | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
| Parathyroid Gland Hyperplasia              | + | + | + |  | M | + | + | + |  | + | + | + |  | + | + |  | + | M | + |  | + | + | + | + | + |
| Pituitary Gland Pars Distalis, Angiectasis | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
| Pars Distalis, Cyst                        |   |   |   |  | 1 |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Pars Distalis, Hyperplasia                 |   |   |   |  |   | 3 |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | 3 |
| Pars Distalis, Hypertrophy, Focal          | 1 |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Pars Intermedia, Angiectasis               |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Pars Intermedia, Cyst                      |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Thyroid Gland Ultimobranchial Cyst         | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
| C-cell, Hyperplasia                        |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Follicle, Cyst                             |   |   |   |  |   | 1 |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | 3 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                       |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
|---------------------------------------|---|---|---|--|---|---|---|---|--|---|---|---|--|---|---|--|---|---|---|--|---|---|---|---|---|
| Epididymis Inflammation, Chronic      | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
| Preputial Gland Inflammation, Chronic | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
|                                       | 3 | 2 |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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TDMS No. 88133 - 07  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG   | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | males<br>(cont...) |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|
|  | 059         | 064 | 079 | 001 | 035 | 070 | 063 | 057 | 000 | 066 | 045 | 000 | 077 | 073 | 036 | 072 | 059 | 077 | 000 | 077 | 076 | 067 | 074 | 000 | 064 |           |                    |
| Prostate<br>Inflammation, Chronic<br>Epithelium, Hyperplasia   | +           | +   | +   |     | +   | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   | +   |           |                    |
|  |             | 2   | 3   |     | 1   | 3   | 3   | 2   |     | 2   | 3   | 3   |     | 3   | 2   |     | 4   | 3   | 2   |     | 4   | 2   | 2   | 2   |     |           |                    |
| Seminal Vesicle  | +           | +   | +   |     | +   | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   | +   |           |                    |
| Testes<br>Artery, Inflammation, Chronic<br>Germinal Epithelium, Atrophy<br>Interstitial Cell, Hyperplasia  | +           | +   | +   |     | +   | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   | +   |           |                    |
|  |             |     | 2   |     |     |     | 1   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
|  |             |     | 4   |     |     |     | 4   |     |     | 2   |     |     |     | 2   | 1   |     |     |     |     | 1   | 2   |     |     | 3   |     |           |                    |
|  |             |     |     |     |     |     |     |     |     |     | 1   |     |     |     |     |     |     |     |     |     | 1   |     |     |     |     |           |                    |
| <b>HEMATOPOIETIC SYSTEM</b>  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                    |
| Bone Marrow<br>Hyperplasia<br>Infiltration Cellular, Histiocyte<br>Necrosis  | +           | +   | +   |     | +   | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   | +   |           |                    |
|  | 3           |     |     |     | 3   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 4   |     | 3   |           |                    |
| Lymph Node<br>Mediastinal, Ectasia<br>Mediastinal, Hemorrhage<br>Mediastinal, Hyperplasia, Lymphoid<br>Mediastinal, Hyperplasia, Plasma Cell<br>Mediastinal, Pigmentation<br>Pancreatic, Ectasia |             | +   |     |     | +   | +   | +   |     |     | +   | +   | +   |     | +   |     | +   |     |     |     |     |     |     |     |     | +   |           |                    |
|  |             |     |     |     | 4   |     |     |     |     | 2   | 2   |     |     | 2   |     |     |     |     |     |     |     |     |     |     | 1   |           |                    |
|  |             |     |     |     |     |     | 3   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2   |     |           |                    |
|  |             |     |     |     |     |     | 2   |     |     |     |     |     |     | 3   |     |     |     |     |     | 2   |     |     |     |     |     |           |                    |
| Lymph Node, Mandibular   | M           | M   | M   |     | M   | M   | M   | M   |     | M   | M   | M   |     | M   | M   |     | M   | M   | M   |     | M   | M   | M   | M   | M   |           |                    |
| Lymph Node, Mesenteric<br>Ectasia  | +           | +   | +   |     | +   | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   |     | +   | +   | +   | +   |           |                    |
|  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1   |     |           |                    |

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 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                                    | 0529        | 0674 | 0729 | 0015 | 0375 | 0670 | 0563 | 0057 | 0001 | 0006 | 0004 | 0005 | 0007 | 0009 | 0005 | 0007 | 0003 | 0007 | 0005 | 0007 | 0000 | 0007 | 0007 | 0006 | 0007 |           |                    |
|                                    | 0           | 0    | 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           | 7    | 2    | 1    | 6    | 3    | 6    | 7    | 9    | 5    | 7    | 4    | 9    | 2    | 3    | 6    | 2    | 9    | 2    | 1    | 3    | 2    | 6    | 0    | 4    | 4         |                    |
|                                    | 9           | 4    | 9    | 5    | 5    | 0    | 3    | 7    | 1    | 5    | 2    | 3    | 1    | 9    | 0    | 6    | 9    | 1    | 9    | 5    | 0    | 0    | 7    | 6    | 4    | 3         |                    |
|                                    | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         |                    |
|                                    | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         |                    |
|                                    | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1         |                    |
|                                    | 9           | 9    | 9    | 9    | 9    | 9    | 9    | 9    | 9    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 1         |                    |
|                                    | 1           | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    |           |                    |

|  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |
|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|
| Nose   | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |  | + | + | + |   | + | + | + | + | + |
| Foreign Body                                 |   | X |   |  | X | X | X | X |   |   |   |   | X | X |   |  | X | X |   |   | X |   |   | X | X |
| Fungus                                       |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |
| Hemorrhage                                   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |
| Inflammation, Chronic                        |   |   |   |  |   |   | 3 | 2 | 2 |   |   |   |   | 3 |   |  | 1 | 3 |   | 1 | 3 |   |   |   | 1 |
| Respiratory Epithelium, Hyperplasia          |   |   |   |  |   |   | 2 | 1 | 2 |   |   |   |   | 2 |   |  |   |   | 2 |   | 1 |   |   |   | 2 |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |   |  |   |   | 2 |   |   |   |   |   |   | 3 |   |  |   |   |   |   |   |   |   |   |   |
| Trachea                                      | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |  | + | + | + |   | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                       |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
|-----------------------|---|---|---|--|---|---|---|---|--|---|---|---|--|---|---|--|---|---|---|--|---|---|---|---|---|
| Eye                   | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
| Cataract              |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Inflammation, Acute   |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Inflammation, Chronic |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   |   |
| Retina, Degeneration  |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | 3 |
| Harderian Gland       | + | + | + |  | + | + | + | + |  | + | + | + |  | + | + |  | + | + | + |  | + | + | + | + | + |
| Hyperplasia, Focal    |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | 2 |
| Inflammation, Chronic |   |   |   |  |   |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | 4 |
| Zymbal's Gland        |   |   |   |  | + |   |   |   |  |   |   |   |  |   |   |  |   |   |   |  |   |   |   |   | + |

**URINARY SYSTEM**

|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                                      | + | + | + |  | + | + | + | + |   | + | + | + |   | + | + |   | + | + | + |   | + | + | + | + | + |
| Nephropathy                                 | 1 | 2 | 2 |  | 3 | 4 | 3 |   | 3 | 1 | 1 |   | 3 | 3 |   | 3 | 1 | 3 |   | 3 | 3 | 1 | 4 | 2 |   |
| Renal Tubule, Accumulation, Hyaline Droplet |   | 2 |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal Tubule, Dilatation                    |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 Trimethylolpropane triacrylate  
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 Lab: SRI

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

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |                           |               |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------|---------------|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b>                 |               |
| Intestine Large, Cecum<br>Edema                      | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b><br><b>1 3.0</b> |               |
| Intestine Large, Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b>                 |               |
| Intestine Large, Rectum                              | + | + | I | + | + | + | + | + | + | + | + | + | + | <b>48</b>                 |               |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b><br><b>5 2.2</b> |               |
| Intestine Small, Ileum                               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b>                 |               |
| Intestine Small, Jejunum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b>                 |               |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>                 |               |
| Angiectasis  |   |   |   |   |   |   |   |   | 2 |   |   |   |   | <b>1 2.0</b>              |               |
| Basophilic Focus                                     |   | X | X |   |   | X |   | X |   |   |   |   | X | <b>19</b>                 |               |
| Clear Cell Focus                                     |   |   |   | X |   |   |   |   |   |   |   |   | X | <b>10</b>                 |               |
| Degeneration, Cystic                                 |   |   |   | 2 |   |   |   |   |   |   |   |   | 3 | <b>2 2.5</b>              |               |
| Eosinophilic Focus                                   |   |   |   | X |   |   |   |   | X |   |   |   |   | <b>4</b>                  |               |
| Hepatodiaphragmatic Nodule                           |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>5</b>                  |               |
| Infiltration Cellular, Mixed Cell                    |   |   |   |   |   | 1 | 1 |   |   |   |   | 1 |   | <b>6 1.3</b>              |               |
| Mixed Cell Focus                                     |   |   |   |   |   | X |   |   |   |   |   |   | X | <b>8</b>                  |               |
| Necrosis, Focal                                      |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3 2.3</b>              |               |
| Thrombosis   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 1.0</b>              |               |
| Bile Duct, Hyperplasia                               | 2 | 3 | 1 | 2 |   |   | 1 | 1 |   |   |   |   | 1 | 3                         | <b>27 1.5</b> |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                    | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>6<br>8<br>2      | 0<br>1<br>2<br>2      | 0<br>7<br>3<br>0      | 0<br>5<br>8<br>2      | 0<br>6<br>3<br>9      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>6<br>9<br>7      | 0<br>4<br>3<br>6      | 0<br>5<br>3<br>5      | 0<br>7<br>2<br>9      | 0<br>6<br>8<br>2      |          |
| ANIMAL ID                          | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>2<br>0 | 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>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>0 |          |
| Centrilobular, Necrosis            |                       |                       |                       |                       |                       |                       |                       | 2                     |                       | 2                     |                       |                       |                       | 1                     | 11 1.9                |          |
| Hepatocyte, Vacuolization          |                       |                       | 2                     | 4                     |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |                       | 10 3.1                |          |
| Kupffer Cell, Pigmentation         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0                 |          |
| Mesentery                          | +                     | +                     |                       |                       | +                     | +                     |                       | +                     |                       |                       |                       |                       |                       |                       | 13                    |          |
| Accessory Spleen                   | X                     |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 3                     |          |
| Fat, Necrosis                      |                       | 3                     |                       |                       | 2                     |                       |                       | 3                     |                       |                       |                       |                       |                       |                       | 10 2.8                |          |
| Pancreas                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     | +                     | 50                    |          |
| Atrophy                            |                       | 2                     | 1                     |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       | 1                     | 24 2.1                |          |
| Cyst                               |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       | 3                     |                       | 9 3.0                 |          |
| Necrosis                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |          |
| Acinus, Cytoplasmic Alteration     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       | 5 2.8                 |          |
| Acinus, Hyperplasia, Focal         |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       | 1 1.0                 |          |
| Salivary Glands                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     | +                     | 50                    |          |
| Atrophy                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7 2.1                 |          |
| Necrosis                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0                 |          |
| Stomach, Forestomach               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     | +                     | 50                    |          |
| Edema                              |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7 3.6                 |          |
| Inflammation, Chronic Active       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 3.0                 |          |
| Ulcer                              |                       |                       |                       | 4                     |                       |                       |                       |                       |                       |                       | 4                     | 4                     |                       |                       | 9 3.3                 |          |
| Epithelium, Hyperplasia            |                       | 2                     |                       | 3                     |                       |                       |                       | 1                     |                       |                       | 3                     | 3                     |                       | 1                     | 12 2.6                |          |
| Stomach, Glandular                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     | +                     | 50                    |          |
| Erosion                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       | 9 1.9                 |          |
| Glands, Hyperplasia                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 1.8                 |          |
| Tongue                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |

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 I .. Insufficient tissue  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Epithelium, Hyperplasia

1 2.0

Tooth Malformation

+  
X

1  
1

**CARDIOVASCULAR SYSTEM**

Blood Vessel Hypertrophy  
 Inflammation, Chronic  
 Thrombosis

2  
2 3.5  
1 3.0  
1 4.0

Heart Cardiomyopathy  
 Inflammation, Suppurative  
 Inflammation, Chronic  
 Thrombosis

+ + + + + + + + + + + + + +  
 2 3 2 2 3 2 2 3 3 2 3  
 3  
 2 3

50  
43 2.3  
1 4.0  
1 3.0  
8 3.0

**ENDOCRINE SYSTEM**

Adrenal Cortex Accessory Adrenal Cortical Nodule  
 Degeneration, Fatty  
 Hemorrhage  
 Hyperplasia, Focal  
 Hyperplasia, Diffuse  
 Hypertrophy, Focal

+ + + + + + + + + + + + + +  
 3 3 3 3  
 1 1 3 2 1 2  
 1 2

50  
14 3.0  
22 2.0  
1 3.0  
2 2.0  
1 3.0  
7 1.9

Adrenal Medulla Hyperplasia

+ + + + + + + + + + + + + +  
 2 3 1 2

50  
19 1.7

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TDMS No. 88133 - 07  
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Date Report Requested: 03/31/2010  
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 Lab: SRI

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

|                                   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |              |
|-----------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|
| Islets, Pancreatic<br>Hyperplasia | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b> | <b>1 2.0</b> |
|-----------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|

|                                  |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |              |
|----------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|
| Parathyroid Gland<br>Hyperplasia | + | + | + | M | M | + | + | + |  |  | + | + | + | + | + | <b>46</b> | <b>2 2.0</b> |
|----------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|

|                                   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |              |
|-----------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|
| Pituitary Gland                   | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b> |              |
| Pars Distalis, Angiectasis        |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           | <b>2 2.5</b> |
| Pars Distalis, Cyst               |   |   |   |   |   |   |   |   |  |  |   |   |   | 3 |   |           | <b>3 3.0</b> |
| Pars Distalis, Hyperplasia        |   |   |   |   |   |   | 3 |   |  |  |   |   |   | 1 |   |           | <b>5 1.8</b> |
| Pars Distalis, Hypertrophy, Focal |   | 2 |   |   |   |   |   |   |  |  |   |   |   |   |   |           | <b>2 2.0</b> |
| Pars Intermedia, Angiectasis      |   |   |   |   |   |   |   | 3 |  |  |   |   |   |   |   |           | <b>1 3.0</b> |
| Pars Intermedia, Cyst             |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           | <b>2 3.0</b> |

|                      |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |              |
|----------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|
| Thyroid Gland        | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b> |              |
| Ultimobranchial Cyst |   |   |   |   |   |   |   |   |  |  |   | 3 |   |   | 3 |           | <b>2 3.0</b> |
| C-cell, Hyperplasia  |   |   |   |   |   |   |   |   |  |  | 3 |   |   | 1 |   |           | <b>5 1.8</b> |
| Follicle, Cyst       |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           | <b>1 3.0</b> |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                     |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |              |
|-------------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|
| Epididymis<br>Inflammation, Chronic | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b> | <b>3 2.0</b> |
|-------------------------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|--------------|

|  |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |               |
|--|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|---------------|
| Preputial Gland<br>Inflammation, Chronic | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b> | <b>15 2.2</b> |
|--|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|---------------|

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 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG    | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |     |
|---------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|-----|
|                                       | 0652        | 0673 | 0673 | 0682 | 0682 | 0670 | 0675 | 0683 | 0683 | 0691 | 0691 | 0667 | 0645 | 0677 | 0666 |          |     |
| ANIMAL ID                             | 0011        | 0011 | 0011 | 0011 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0023 |          |     |
| Prostate                              | +           | +    | +    | +    | +    | +    | +    |      |      |      | +    | +    | +    | +    | +    | 50       |     |
| Inflammation, Chronic                 |             | 2    |      | 1    |      |      | 2    |      |      |      | 3    | 2    | 3    | 2    | 2    | 36       | 2.3 |
| Epithelium, Hyperplasia               |             |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      | 2        | 1.0 |
| Seminal Vesicle                       | +           | +    | +    | +    | +    | +    | +    |      |      |      | +    | +    | +    | +    | +    | 50       |     |
| Testes                                | +           | +    | +    | +    | +    | +    | +    |      |      |      | +    | +    | +    | +    | +    | 50       |     |
| Artery, Inflammation, Chronic         |             |      |      |      |      |      |      |      |      |      | 1    |      |      | 1    | 4    | 3        | 1.7 |
| Germinal Epithelium, Atrophy          |             | 2    | 4    |      |      |      |      |      |      |      |      |      |      |      |      | 21       | 2.4 |
| Interstitial Cell, Hyperplasia        |             |      |      |      |      | 1    |      |      |      |      |      |      |      |      |      | 5        | 1.2 |
| <b>HEMATOPOIETIC SYSTEM</b>           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |     |
| Bone Marrow                           | +           | +    | +    | +    | +    | +    | +    |      |      |      | +    | +    | +    | +    | +    | 50       |     |
| Hyperplasia                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 8        | 2.8 |
| Infiltration Cellular, Histiocyte     |             |      |      |      |      |      |      |      |      |      |      |      |      | 4    |      | 1        | 4.0 |
| Necrosis                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        | 4.0 |
| Lymph Node                            |             |      | +    |      |      |      | +    | +    |      |      | +    | +    |      |      | +    | 20       |     |
| Mediastinal, Ectasia                  |             |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      | 5        | 2.4 |
| Mediastinal, Hemorrhage               |             |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      | 4        | 2.0 |
| Mediastinal, Hyperplasia, Lymphoid    |             |      | 3    |      |      |      | 3    |      |      |      |      |      |      |      |      | 4        | 2.8 |
| Mediastinal, Hyperplasia, Plasma Cell |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        | 3.0 |
| Mediastinal, Pigmentation             |             |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      | 1        | 1.0 |
| Pancreatic, Ectasia                   |             |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      | 4        | 2.3 |
| Lymph Node, Mandibular                | M           | M    | M    | M    | M    | M    | M    | M    |      |      | M    | M    | M    | M    | M    | 0        |     |
| Lymph Node, Mesenteric                | +           | +    | +    | +    | +    | +    | +    | +    |      |      | +    | +    | +    | +    | +    | 50       |     |
| Ectasia                               |             |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      | 2        | 1.5 |

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Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>0.3 MG/KG  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                     | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>6<br>8<br>2 | 0<br>1<br>2<br>2 | 0<br>7<br>3<br>0 | 0<br>5<br>8<br>2 | 0<br>6<br>3<br>9 | 0<br>0<br>9<br>1 | 0<br>0<br>9<br>1 | 0<br>6<br>9<br>7 | 0<br>4<br>3<br>6 | 0<br>5<br>3<br>5 | 0<br>7<br>2<br>9 | 0<br>6<br>8<br>2 |          |
| ANIMAL ID                           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                     | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                     | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |          |
|                                     | 1                | 1                | 1                | 1                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 3                |          |
|                                     | 6                | 7                | 8                | 9                | 0                | 1                | 2                | 3                | 4                | 5                | 6                | 7                | 8                | 9                | 0                |          |
| Hemorrhage                          |                  |                  |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  | 1                |                  | 5 1.2    |
| Hyperplasia, Lymphoid               |                  | 3                | 2                |                  | 2                |                  |                  |                  |                  |                  |                  | 2                | 2                |                  |                  | 20 2.3   |
| Pigmentation                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Spleen                              | +                | +                | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                |                  | 50       |
| Hematopoietic Cell Proliferation    |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  | 9 2.6    |
| Infiltration Cellular, Mixed Cell   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0    |
| Necrosis                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0    |
| Pigmentation                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  | 2 3.0    |
| Lymphoid Follicle, Atrophy          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Lymphoid Follicle, Hyperplasia      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Thymus                              | +                | +                | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | M                |                  | 44       |
| Atrophy                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| <b>INTEGUMENTARY SYSTEM</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Mammary Gland                       | +                | +                | +                | +                | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                |                  | 49       |
| Hyperplasia                         | 3                |                  |                  | 3                |                  |                  |                  |                  |                  |                  | 3                | 3                |                  |                  |                  | 27 3.4   |
| Skin                                | +                | +                | +                | +                | +                | I                | +                | +                |                  | +                | +                | +                | +                | +                |                  | 49       |
| Edema                               |                  |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0    |
| Hemorrhage                          |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Hyperkeratosis                      |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0    |
| Inflammation, Chronic               |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Ulcer                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 4.0    |
| Control, Edema                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Epidermis, Hyperplasia              |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 3.5    |
| Site Of Application, Hyperkeratosis |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |                  | 4 1.0    |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST                  |           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS MALE</b> |           | 6 | 7 | 7 | 6 | 1 | 7 | 5 | 6 | 0 | 0 | 6 | 4 | 5 | 7 | 6 |   |
|                              |           | 5 | 3 | 3 | 8 | 2 | 3 | 8 | 3 | 9 | 9 | 3 | 3 | 2 | 8 | 8 |   |
|                              |           | 2 | 0 | 0 | 2 | 2 | 0 | 2 | 9 | 1 | 1 | 7 | 6 | 5 | 9 | 2 |   |
| <b>0.3 MG/KG</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 |   |
|                              |           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                              |           | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |   |
|                              |           | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |   |
| <b>* TOTALS</b>              |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                        |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |              |
|------------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--------------|
| Bone                   | + | + | + | + | + | + | + | + |  |  |  |  |  |  |  |  | <b>50</b>    |
| Fibrous Osteodystrophy |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  | <b>1 1.0</b> |

**NERVOUS SYSTEM**

|                    |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   |               |
|--------------------|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---------------|
| Brain              | + | + | + | + | + | + | + |  |  |   |   |   |   |   |   | <b>50</b>     |
| Compression        | 4 |   |   | 4 |   | 2 |   |  |  | 4 | 4 |   |   | 1 |   | <b>26 3.2</b> |
| Hemorrhage         |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   | <b>1 3.0</b>  |
| Necrosis           |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   | <b>1 3.0</b>  |
| Meninges, Fibrosis |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   | <b>1 3.0</b>  |
| Peripheral Nerve   |   |   |   |   |   |   |   |  |  |   |   | + |   | + |   | <b>3</b>      |
| Spinal Cord        |   |   |   |   |   |   |   |  |  |   |   |   | + |   | + | <b>3</b>      |

**RESPIRATORY SYSTEM**

|                                   |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   |               |
|-----------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|---|--|---|---------------|
| Lung                              | + | + | + | + | + | + | + |  |  |  |  |  |   |  |   | <b>50</b>     |
| Edema                             |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   | <b>1 3.0</b>  |
| Hemorrhage                        |   |   |   |   |   |   |   |  |  |  |  |  |   |  | 2 | <b>4 2.8</b>  |
| Infiltration Cellular, Histiocyte | 1 | 1 | 1 |   |   |   |   |  |  |  |  |  |   |  | 2 | <b>18 1.3</b> |
| Inflammation, Suppurative         |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   | <b>1 3.0</b>  |
| Inflammation, Chronic             |   |   | 1 |   |   |   |   |  |  |  |  |  | 1 |  |   | <b>12 1.6</b> |
| Metaplasia, Osseous               |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   | <b>2 1.0</b>  |
| Pigmentation, Hemosiderin         |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   | <b>2 2.0</b>  |
| Thrombosis                        |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   | <b>1 2.0</b>  |
| Alveolar Epithelium, Hyperplasia  |   |   |   |   |   | 1 |   |  |  |  |  |  |   |  | 2 | <b>9 2.0</b>  |
| Pleura, Fibrosis                  |   |   |   |   |   |   |   |  |  |  |  |  |   |  |   | <b>1 2.0</b>  |

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

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 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|  |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |               |
|--|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---------------|
| Nose   | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b>     |
| Foreign Body                                 |   | X | X | X |   | X | X |   |  |  | X |   | X |   |   | <b>27</b>     |
| Fungus                                       |   |   |   | X |   |   | X |   |  |  |   |   |   |   |   | <b>4</b>      |
| Hemorrhage                                   |   |   |   |   | 4 |   |   |   |  |  |   |   |   |   |   | <b>2 3.5</b>  |
| Inflammation, Chronic                        |   |   |   | 4 |   | 1 | 4 |   |  |  | 1 |   |   |   |   | <b>19 1.9</b> |
| Respiratory Epithelium, Hyperplasia          |   |   |   | 3 |   |   | 3 |   |  |  |   |   |   |   |   | <b>11 1.8</b> |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |   | 4 |   |   | 4 |   |  |  |   |   |   |   |   | <b>5 3.4</b>  |

|         |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |           |
|---------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|
| Trachea | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b> |
|---------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-----------|

### SPECIAL SENSES SYSTEM

|                       |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |              |
|-----------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|--------------|
| Eye                   | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b>    |
| Cataract              |   |   |   |   |   |   |   |   |  |  |   |   |   |   | 2 | <b>2 2.5</b> |
| Inflammation, Acute   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   | <b>1 2.0</b> |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   | <b>1 2.0</b> |
| Retina, Degeneration  |   |   |   |   |   |   |   |   |  |  |   |   |   | 3 |   | <b>2 3.5</b> |

|                       |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |              |
|-----------------------|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|--------------|
| Harderian Gland       | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b>    |
| Hyperplasia, Focal    |   |   |   |   |   |   |   |   |  |  | 1 |   |   |   |   | <b>2 1.5</b> |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   | <b>1 4.0</b> |

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Zymbal's Gland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>2</b> |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

### URINARY SYSTEM

|   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |               |
|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---------------|
| Kidney                                      | + | + | + | + | + | + | + | + |  |  | + | + | + | + | + | <b>50</b>     |
| Nephropathy                                 | 2 | 1 | 2 | 2 |   | 3 | 1 | 1 |  |  | 3 | 3 | 1 | 2 | 2 | <b>44 2.2</b> |
| Renal Tubule, Accumulation, Hyaline Droplet |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   | <b>1 2.0</b>  |
| Renal Tubule, Dilatation                    |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   | <b>2 2.5</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0         | 0 |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|-----------|---|
| <b>FISCHER 344 RATS MALE</b> | DAY ON TEST | 6 | 7 | 7 | 6 | 1 | 7 | 5 | 6 | 0 | 0 | 6 | 4 | 5 | 7 | 6 |                 |           |   |
|                              |             | 5 | 3 | 3 | 8 | 2 | 3 | 8 | 3 | 9 | 9 | 9 | 3 | 3 | 2 | 8 |                 |           |   |
|                              |             | 2 | 0 | 0 | 2 | 2 | 0 | 2 | 9 | 1 | 1 | 7 | 6 | 5 | 9 | 2 |                 |           |   |
| <b>0.3 MG/KG</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         |   |
|                              |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1         |   |
|                              |             | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3               | 3         |   |
|                              |             | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |                 |           |   |
|                              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |           |   |
| Renal Tubule, Necrosis       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3 3.0</b>    |           |   |
| Renal Tubule, Pigmentation   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3 2.3</b>    |           |   |
| Urinary Bladder              |             | + | + | + | + | + | + | + |   |   | + | + | + | + | + |   |                 | <b>50</b> |   |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                      |
|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------------------------|
| Esophagus   | + | M | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                                      |
| Intestine Large, Cecum<br>Edema<br>Inflammation, Suppurative  | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 2                                    |
| Intestine Large, Colon  | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                                      |
| Intestine Large, Rectum<br>Edema  | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 2                                    |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia  | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 3                                    |
| Intestine Small, Ileum  | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + |                                      |
| Intestine Small, Jejunum<br>Ulcer<br>Epithelium, Hyperplasia  | + | + | + | A |  |  | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |                                      |
| Liver<br>Angiectasis<br>Basophilic Focus<br>Clear Cell Focus<br>Degeneration, Cystic<br>Eosinophilic Focus<br>Fibrosis, Focal<br>Hemorrhage | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 1<br>2<br>X<br>X<br>X<br>X<br>X<br>3 |

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                  |                       |                  |  |   |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|-----------------------|------------------|--|---|
|                                    | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>5<br>3<br>8 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>4<br>6<br>5 | 0<br>7<br>4<br>5 | 0<br>4<br>3<br>5 | 0<br>7<br>6<br>3 | 0<br>7<br>9<br>2 | 0<br>0<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>0<br>1<br>9 | 0<br>7<br>0<br>5 | 0<br>3<br>6<br>6 | 0<br>6<br>4<br>6 | 0<br>4<br>1<br>8 |           |                    | 0<br>5<br>9<br>8 | 0<br>3<br>6<br>6      | 0<br>7<br>2<br>9 |  |   |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0<br>0<br>1<br>3<br>1 |                  |  |   |
| Pars Distalis, Cyst                |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Pars Distalis, Hyperplasia         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Pars Intermedia, Angiectasis       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 2 |
| Thyroid Gland                      | +                | +                | +                | +                |                  |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  | +         | +                  |                  |                       |                  |  |   |
| C-cell, Hyperplasia                | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 2                  |                  |                       |                  |  |   |
| Follicle, Cyst                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Follicular Cell, Hyperplasia       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| <b>GENERAL BODY SYSTEM</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Tissue NOS                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | + |
| <b>GENITAL SYSTEM</b>              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Epididymis                         | +                | +                | +                | +                |                  |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  | +         | +                  |                  |                       |                  |  |   |
| Fibrosis                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Inflammation, Chronic              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 3 |
| Preputial Gland                    | +                | +                | +                | +                |                  |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  |                  | +         | +                  |                  |                       |                  |  |   |
| Cyst                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 3 |
| Hyperplasia                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 2 |
| Inflammation, Chronic              |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 2 |
| Prostate                           | +                | +                | +                | +                |                  |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  | +         | +                  |                  |                       |                  |  |   |
| Fibrosis                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  |   |
| Inflammation, Chronic              | 2                |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 1 |
| Epithelium, Hyperplasia            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                       |                  |  | 2 |
| Seminal Vesicle                    | +                | +                | +                | +                |                  |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  |                  |                  | +         | +                  |                  |                       |                  |  |   |

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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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| FISCHER 344 RATS MALE<br>1.0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                  |                       |                  |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|-----------------------|------------------|
|                                    | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>5<br>3<br>8 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>4<br>6<br>5 | 0<br>7<br>4<br>5 | 0<br>4<br>8<br>5 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>3 | 0<br>7<br>2<br>9 | 0<br>0<br>1<br>9 | 0<br>7<br>0<br>1 | 0<br>0<br>7<br>5 | 0<br>3<br>6<br>6 | 0<br>6<br>2<br>6 | 0<br>4<br>1<br>6 |           |                    | 0<br>5<br>9<br>8 | 0<br>3<br>6<br>6      | 0<br>7<br>2<br>9 |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                  | 0                | 0<br>0<br>1<br>3<br>1 |                  |

|                                |   |   |  |  |  |  |   |   |  |  |  |  |   |  |   |  |   |  |  |  |  |   |  |  |
|--------------------------------|---|---|--|--|--|--|---|---|--|--|--|--|---|--|---|--|---|--|--|--|--|---|--|--|
| Testes                         | + |   |  |  |  |  |   |   |  |  |  |  |   |  |   |  |   |  |  |  |  |   |  |  |
| Germinal Epithelium, Atrophy   | 2 | 3 |  |  |  |  | 1 | 4 |  |  |  |  | 4 |  | 1 |  | 1 |  |  |  |  | 1 |  |  |
| Interstitial Cell, Hyperplasia |   |   |  |  |  |  | 1 |   |  |  |  |  |   |  |   |  |   |  |  |  |  |   |  |  |

**HEMATOPOIETIC SYSTEM**

|                                      |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
|--------------------------------------|---|---|---|---|--|--|---|---|---|---|---|---|---|---|--|---|---|--|--|---|---|---|---|--|
| Bone Marrow                          | + |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Angiectasis                          |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Depletion Cellular                   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Hyperplasia                          |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   | 3 |   | 3 |  |
| Necrosis                             |   |   |   |   |  |  |   |   |   |   |   |   | 4 |   |  |   |   |  |  |   |   |   |   |  |
| Lymph Node                           |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Deep Cervical, Hemorrhage            |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Deep Cervical, Hyperplasia, Lymphoid |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Mediastinal, Ectasia                 |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   | 4 |   | 2 |  |
| Mediastinal, Hemorrhage              |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   | 2 |  |
| Mediastinal, Hyperplasia, Lymphoid   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   | 3 |   |   |  |
| Pancreatic, Ectasia                  |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Pancreatic, Hemorrhage               |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   | 2 |  |
| Pancreatic, Hyperplasia, Lymphoid    |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   | 3 |  |
| Lymph Node, Mandibular               | M | M | M | M |  |  | M | M | M | M | M | M | M | M |  | M | M |  |  | M | M | M | M |  |
| Lymph Node, Mesenteric               |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Ectasia                              |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Hemorrhage                           | 1 |   |   |   |  |  |   |   |   |   |   | 2 |   |   |  |   |   |  |  |   |   |   |   |  |
| Hyperplasia, Lymphoid                |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |
| Spleen                               |   |   |   |   |  |  |   |   |   |   |   |   |   |   |  |   |   |  |  |   |   |   |   |  |

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|      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      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|      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-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|                                    | 0730        | 0733 | 0732 | 0733 | 0739 | 0701 | 0702 | 0703 | 0706 | 0707 | 0708 | 0709 | 0710 | 0711 | 0712 | 0713 | 0714 | 0715 | 0716 | 0717 |           |                    | 0718 | 0719 | 0720 | 0721 | 0722 | 0723 | 0724 | 0725 | 0726 | 0727 | 0728 | 0729 | 0730 | 0731 | 0732 | 0733 | 0734 | 0735 | 0736 | 0737 | 0738 | 0739 | 0740 | 0741 | 0742 | 0743 | 0744 | 0745 | 0746 | 0747 | 0748 | 0749 | 0750 | 0751 | 0752 | 0753 | 0754 | 0755 | 0756 | 0757 | 0758 | 0759 | 0760 | 0761 | 0762 | 0763 | 0764 | 0765 | 0766 | 0767 | 0768 | 0769 | 0770 | 0771 | 0772 | 0773 | 0774 | 0775 | 0776 | 0777 | 0778 | 0779 | 0780 | 0781 | 0782 | 0783 | 0784 | 0785 | 0786 | 0787 | 0788 | 0789 | 0790 | 0791 | 0792 | 0793 | 0794 | 0795 | 0796 | 0797 | 0798 | 0799 | 0800 | 0801 | 0802 | 0803 | 0804 | 0805 | 0806 | 0807 | 0808 | 0809 | 0810 | 0811 | 0812 | 0813 | 0814 | 0815 | 0816 | 0817 | 0818 | 0819 | 0820 | 0821 | 0822 | 0823 | 0824 | 0825 | 0826 | 0827 | 0828 | 0829 | 0830 | 0831 | 0832 | 0833 | 0834 | 0835 | 0836 | 0837 | 0838 | 0839 | 0840 | 0841 | 0842 | 0843 | 0844 | 0845 | 0846 | 0847 | 0848 | 0849 | 0850 | 0851 | 0852 | 0853 | 0854 | 0855 | 0856 | 0857 | 0858 | 0859 | 0860 | 0861 | 0862 | 0863 | 0864 | 0865 | 0866 | 0867 | 0868 | 0869 | 0870 | 0871 | 0872 | 0873 | 0874 | 0875 | 0876 | 0877 | 0878 | 0879 | 0880 | 0881 | 0882 | 0883 | 0884 | 0885 | 0886 | 0887 | 0888 | 0889 | 0890 | 0891 | 0892 | 0893 | 0894 | 0895 | 0896 | 0897 | 0898 | 0899 | 0900 | 0901 | 0902 | 0903 | 0904 | 0905 | 0906 | 0907 | 0908 | 0909 | 0910 | 0911 | 0912 | 0913 | 0914 | 0915 | 0916 | 0917 | 0918 | 0919 | 0920 | 0921 | 0922 | 0923 | 0924 | 0925 | 0926 | 0927 | 0928 | 0929 | 0930 | 0931 | 0932 | 0933 | 0934 | 0935 | 0936 | 0937 | 0938 | 0939 | 0940 | 0941 | 0942 | 0943 | 0944 | 0945 | 0946 | 0947 | 0948 | 0949 | 0950 | 0951 | 0952 | 0953 | 0954 | 0955 | 0956 | 0957 | 0958 | 0959 | 0960 | 0961 | 0962 | 0963 | 0964 | 0965 | 0966 | 0967 | 0968 | 0969 | 0970 | 0971 | 0972 | 0973 | 0974 | 0975 | 0976 | 0977 | 0978 | 0979 | 0980 | 0981 | 0982 | 0983 | 0984 | 0985 | 0986 | 0987 | 0988 | 0989 | 0990 | 0991 | 0992 | 0993 | 0994 | 0995 | 0996 | 0997 | 0998 | 0999 | 1000 | 1001 | 1002 | 1003 | 1004 | 1005 | 1006 | 1007 | 1008 | 1009 | 1010 | 1011 | 1012 | 1013 | 1014 | 1015 | 1016 | 1017 | 1018 | 1019 | 1020 | 1021 | 1022 | 1023 | 1024 | 1025 | 1026 | 1027 | 1028 | 1029 | 1030 | 1031 | 1032 | 1033 | 1034 | 1035 | 1036 | 1037 | 1038 | 1039 | 1040 | 1041 | 1042 | 1043 | 1044 | 1045 | 1046 | 1047 | 1048 | 1049 | 1050 | 1051 | 1052 | 1053 | 1054 | 1055 | 1056 | 1057 | 1058 | 1059 | 1060 | 1061 | 1062 | 1063 | 1064 | 1065 | 1066 | 1067 | 1068 | 1069 | 1070 | 1071 | 1072 | 1073 | 1074 | 1075 | 1076 | 1077 | 1078 | 1079 | 1080 | 1081 | 1082 | 1083 | 1084 | 1085 | 1086 | 1087 | 1088 | 1089 | 1090 | 1091 | 1092 | 1093 | 1094 | 1095 | 1096 | 1097 | 1098 | 1099 | 1100 | 1101 | 1102 | 1103 | 1104 | 1105 | 1106 | 1107 | 1108 | 1109 | 1110 | 1111 | 1112 | 1113 | 1114 | 1115 | 1116 | 1117 | 1118 | 1119 | 1120 | 1121 | 1122 | 1123 | 1124 | 1125 | 1126 | 1127 | 1128 | 1129 | 1130 | 1131 | 1132 | 1133 | 1134 | 1135 | 1136 | 1137 | 1138 | 1139 | 1140 | 1141 | 1142 | 1143 | 1144 | 1145 | 1146 | 1147 | 1148 | 1149 | 1150 | 1151 | 1152 | 1153 | 1154 | 1155 | 1156 | 1157 | 1158 | 1159 | 1160 | 1161 | 1162 | 1163 | 1164 | 1165 | 1166 | 1167 | 1168 | 1169 | 1170 | 1171 | 1172 | 1173 | 1174 | 1175 | 1176 | 1177 | 1178 | 1179 | 1180 | 1181 | 1182 | 1183 | 1184 | 1185 | 1186 | 1187 | 1188 | 1189 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1200 | 1201 | 1202 | 1203 | 1204 | 1205 | 1206 | 1207 | 1208 | 1209 | 1210 | 1211 | 1212 | 1213 | 1214 | 1215 | 1216 | 1217 | 1218 | 1219 | 1220 | 1221 | 1222 | 1223 | 1224 | 1225 | 1226 | 1227 | 1228 | 1229 | 1230 | 1231 | 1232 | 1233 | 1234 | 1235 | 1236 | 1237 | 1238 | 1239 | 1240 | 1241 | 1242 | 1243 | 1244 | 1245 | 1246 | 1247 | 1248 | 1249 | 1250 | 1251 | 1252 | 1253 | 1254 | 1255 | 1256 | 1257 | 1258 | 1259 | 1260 | 1261 | 1262 | 1263 | 1264 | 1265 | 1266 | 1267 | 1268 | 1269 | 1270 | 1271 | 1272 | 1273 | 1274 | 1275 | 1276 | 1277 | 1278 | 1279 | 1280 | 1281 | 1282 | 1283 | 1284 | 1285 | 1286 | 1287 | 1288 | 1289 | 1290 | 1291 | 1292 | 1293 | 1294 | 1295 | 1296 | 1297 | 1298 | 1299 | 1300 | 1301 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | 1323 | 1324 | 1325 | 1326 | 1327 | 1328 | 1329 | 1330 | 1331 | 1332 | 1333 | 1334 | 1335 | 1336 | 1337 | 1338 | 1339 | 1340 | 1341 | 1342 | 1343 | 1344 | 1345 | 1346 | 1347 | 1348 | 1349 | 1350 | 1351 | 1352 | 1353 | 1354 | 1355 | 1356 | 1357 | 1358 | 1359 | 1360 | 1361 | 1362 | 1363 | 1364 | 1365 | 1366 | 1367 | 1368 | 1369 | 1370 | 1371 | 1372 | 1373 | 1374 | 1375 | 1376 | 1377 | 1378 | 1379 | 1380 | 1381 | 1382 | 1383 | 1384 | 1385 | 1386 | 1387 | 1388 | 1389 | 1390 | 1391 | 1392 | 1393 | 1394 | 1395 | 1396 | 1397 | 1398 | 1399 | 1400 | 1401 | 1402 | 1403 | 1404 | 1405 | 1406 | 1407 | 1408 | 1409 | 1410 | 1411 | 1412 | 1413 | 1414 | 1415 | 1416 | 1417 | 1418 | 1419 | 1420 | 1421 | 1422 | 1423 | 1424 | 1425 | 1426 | 1427 | 1428 | 1429 | 1430 | 1431 | 1432 | 1433 | 1434 | 1435 | 1436 | 1437 | 1438 | 1439 | 1440 | 1441 | 1442 | 1443 | 1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 | 1465 | 1466 | 1467 | 1468 | 1469 | 1470 | 1471 | 1472 | 1473 | 1474 | 1475 | 1476 | 1477 | 1478 | 1479 | 1480 | 1481 | 1482 | 1483 | 1484 | 1485 | 1486 | 1487 | 1488 | 1489 | 1490 | 1491 | 1492 | 1493 | 1494 | 1495 | 1496 | 1497 | 1498 | 1499 | 1500 | 1501 | 1502 | 1503 | 1504 | 1505 | 1506 | 1507 | 1508 | 1509 | 1510 | 1511 | 1512 | 1513 | 1514 | 1515 | 1516 | 1517 | 1518 | 1519 | 1520 | 1521 | 1522 | 1523 | 1524 | 1525 | 1526 | 1527 | 1528 | 1529 | 1530 | 1531 | 1532 | 1533 | 1534 | 1535 | 1536 | 1537 | 1538 | 1539 | 1540 | 1541 | 1542 | 1543 | 1544 | 1545 | 1546 | 1547 | 1548 | 1549 | 1550 | 1551 | 1552 | 1553 | 1554 | 1555 | 1556 | 1557 | 1558 | 1559 | 1560 | 1561 | 1562 | 1563 | 1564 | 1565 | 1566 | 1567 | 1568 | 1569 | 1570 | 1571 | 1572 | 1573 | 1574 | 1575 | 1576 | 1577 | 1578 | 1579 | 1580 | 1581 | 1582 | 1583 | 1584 | 1585 | 1586 | 1587 | 1588 | 1589 | 1590 | 1591 | 1592 | 1593 | 1594 | 1595 | 1596 | 1597 | 1598 | 1599 | 1600 | 1601 | 1602 | 1603 | 1604 | 1605 | 1606 | 1607 | 1608 | 1609 | 1610 | 1611 | 1612 | 1613 | 1614 | 1615 | 1616 | 1617 | 1618 | 1619 | 1620 | 1621 | 1622 | 1623 | 1624 | 1625 | 1626 | 1627 | 1628 | 1629 | 1630 | 1631 | 1632 | 1633 | 1634 | 1635 | 1636 | 1637 | 1638 | 1639 | 1640 | 1641 | 1642 | 1643 | 1644 | 1645 | 1646 | 1647 | 1648 | 1649 | 1650 | 1651 | 1652 | 1653 | 1654 | 1655 | 1656 | 1657 | 1658 | 1659 | 1660 | 1661 | 1662 | 1663 | 1664 | 1665 | 1666 | 1667 | 1668 | 1669 | 1670 | 1671 | 1672 | 1673 | 1674 | 1675 | 1676 | 1677 | 1678 | 1679 | 1680 | 1681 | 1682 | 1683 | 1684 | 1685 | 1686 | 1687 | 1688 | 1689 | 1690 | 1691 | 1692 | 1693 | 1694 | 1695 | 1696 | 1697 | 1698 | 1699 | 1700 | 1701 | 1702 | 1703 | 1704 | 1705 | 1706 | 1707 | 1708 | 1709 | 1710 | 1711 | 1712 | 1713 | 1714 | 1715 | 1716 | 1717 | 1718 | 1719 | 1720 | 1721 | 1722 | 1723 | 1724 | 1725 | 1726 | 1727 | 1728 | 1729 | 1730 | 1731 | 1732 | 1733 | 1734 | 1735 | 1736 | 1737 | 1738 | 1739 | 1740 | 1741 | 1742 | 1743 | 1744 | 1745 | 1746 | 1747 | 1748 | 1749 | 1750 | 1751 | 1752 | 1753 | 1754 | 1755 | 1756 | 1757 | 1758 | 1759 | 1760 | 1761 | 1762 | 1763 | 1764 | 1765 | 1766 | 1767 | 1768 | 1769 | 1770 | 1771 | 1772 | 1773 | 1774 | 1775 | 1776 | 1777 | 1778 | 1779 | 1780 | 1781 | 1782 | 1783 | 1784 | 1785 | 1786 | 1787 | 1788 | 1789 | 1790 | 1791 | 1792 | 1793 | 1794 | 1795 | 1796 | 1797 | 1798 | 1799 | 1800 | 1801 | 1802 | 1803 | 1804 | 1805 | 1806 | 1807 | 1808 | 1809 | 1810 | 1811 | 1812 | 1813 | 1814 | 1815 | 1816 | 1817 | 1818 | 1819 | 1820 | 1821 | 1822 | 1823 | 1824 | 1825 | 1826 | 1827 | 1828 | 1829 | 1830 | 1831 | 1832 | 1833 | 1834 | 1835 | 1836 | 1837 | 1838 | 1839 | 1840 | 1841 | 1842 | 1843 | 1844 | 1845 | 1846 | 1847 | 1848 | 1849 | 1850 | 1851 | 1852 | 1853 | 1854 | 1855 | 1856 | 1857 | 1858 | 1859 | 1860 | 1861 | 1862 | 1863 | 1864 | 1865 | 1866 | 1867 | 1868 | 1869 | 1870 | 1871 | 1872 | 1873 | 1874 | 1875 | 1876 | 1877 | 1878 | 1879 | 1880 | 1881 | 1882 | 1883 | 1884 | 1885 | 1886 | 1887 | 1888 | 1889 | 1890 | 1891 | 1892 | 1893 | 1894 | 1895 | 1896 | 1897 | 1898 | 1899 | 1900 | 1901 | 1902 | 1903 | 1904 | 1905 | 1906 | 1907 | 1908 | 1909 | 1910 | 1911 | 1912 | 1913 | 1914 | 1915 | 1916 | 1917 | 1918 | 1919 | 1920 | 1921 | 1922 | 1923 | 1924 | 1925 | 1926 | 1927 | 1928 | 1929 | 1930 | 1931 | 1932 | 1933 | 1934 | 1935 | 1936 | 1937 | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 | 1970 | 1971 | 1972 | 1973 | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 |

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                       | ANIMAL ID | males<br>(cont...) |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------------------|-----------|--------------------|
|                                    | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>5<br>3<br>8 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>4<br>6<br>5 | 0<br>7<br>0<br>5 | 0<br>4<br>8<br>5 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>3 | 0<br>7<br>2<br>9 | 0<br>0<br>1<br>9 | 0<br>7<br>0<br>1 | 0<br>0<br>7<br>5 | 0<br>3<br>6<br>6 | 0<br>6<br>2<br>6 | 0<br>4<br>1<br>6 | 0<br>5<br>9<br>8 | 0<br>3<br>6<br>6 | 0<br>7<br>2<br>9 |   |                       |           |                    |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 0<br>0<br>1<br>3<br>1 |           |                    |
| Brain                              | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                |                  |                  |   |                       |           |                    |
| Compression                        | 2                | 3                |                  | 4                |                  |                  |                  |                  | 4                |                  |                  |                  |                  | 2                |                  | 4                |                  |                  |                  |                  |                  | 3                | 3                | 2 |                       |           |                    |
| Hemorrhage                         |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                       |           |                    |
| Necrosis                           |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                       |           |                    |
| Peripheral Nerve                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                       | +         |                    |
| Spinal Cord                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                       | +         |                    |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  |   |  |  |
|--|---|---|---|---|--|--|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|--|---|--|--|
| Lung   | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + |  |  | + | + | + | + |  |   |  |  |
| Edema  |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  |   |  |  |
| Foreign Body                                 |   |   |   |   |  |  |   |   |   |   |   | X |   |   |   |  |  |   |   |   |   |  |   |  |  |
| Hemorrhage                                   |   |   |   | 2 |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  |   |  |  |
| Infiltration Cellular, Histiocyte            |   |   | 1 | 1 |  |  |   |   |   |   |   |   |   |   |   |  |  |   | 1 |   |   |  |   |  |  |
| Inflammation, Chronic                        |   |   |   |   |  |  |   |   |   |   | 1 |   | 1 |   | 1 |  |  |   |   |   | 2 |  |   |  |  |
| Metaplasia, Osseous                          |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  |   |  |  |
| Thrombosis                                   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  |   |  |  |
| Alveolar Epithelium, Hyperplasia             |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  | 3 |  |  |
| Alveolar Epithelium, Metaplasia, Squamous    |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  | 3 |  |  |
| Bronchiole, Hyperplasia                      |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |  |   |  |  |
| Nose   | + | + | + | + |  |  | + | + | + | + | + | + | + | + | + |  |  | + | + | + | + |  |   |  |  |
| Foreign Body                                 |   | X |   |   |  |  | X |   |   | X |   | X | X |   |   |  |  |   |   | X |   |  | X |  |  |
| Fungus                                       |   |   |   |   |  |  |   |   | X |   |   |   | X |   |   |  |  |   |   |   |   |  |   |  |  |
| Inflammation, Chronic                        |   |   | 1 |   |  |  | 1 |   |   | 3 |   | 1 | 3 |   |   |  |  |   |   | 1 |   |  | 1 |  |  |
| Respiratory Epithelium, Hyperplasia          |   |   | 1 |   |  |  | 1 |   |   | 2 |   |   | 3 |   |   |  |  |   |   |   |   |  |   |  |  |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |   |   |  |  |   |   |   | 3 |   |   | 2 |   |   |  |  |   |   |   |   |  |   |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG          | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | males<br>(cont...) |                  |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|--------------------|------------------|------------------|
|   | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>5<br>3<br>8 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>4<br>6<br>5 | 0<br>7<br>0<br>5 | 0<br>4<br>8<br>5 | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>3 | 0<br>7<br>2<br>9 | 0<br>0<br>9<br>1 | 0<br>7<br>0<br>9 | 0<br>0<br>7<br>5 | 0<br>3<br>6<br>6 | 0<br>6<br>2<br>6 | 0<br>4<br>1<br>6 |           |                    | 0<br>5<br>9<br>8 | 0<br>3<br>6<br>6 |
| Trachea                                     | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                  | +                | +                |
| <b>SPECIAL SENSES SYSTEM</b>                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Eye   | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                  | +                | +                |
| Cataract                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  | 1                |
| Inflammation, Suppurative                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Inflammation, Acute                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           | 1                  |                  |                  |
| Retina, Degeneration                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  | 3                |
| Harderian Gland                             | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                  | +                | +                |
| Hyperplasia, Focal                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Zymbal's Gland                              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  | +                |
| <b>URINARY SYSTEM</b>                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Kidney                                      | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                  | +                | +                |
| Inflammation, Chronic                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Nephropathy                                 | 2                | 2                | 3                | 1                |                  |                  | 3                | 1                | 1                | 3                | 1                | 2                | 1                | 2                |                  |                  | 3                |                  | 3                |                  |           | 2                  | 3                | 2                |
| Renal Tubule, Accumulation, Hyaline Droplet |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  | 3                |
| Renal Tubule, Dilatation                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Renal Tubule, Necrosis                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Renal Tubule, Pigmentation                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Transitional Epithelium, Hyperplasia        |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                    |                  |                  |
| Urinary Bladder                             | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                  | +                | +                |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
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 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Esophagus   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intestine Large, Cecum<br>Edema<br>Inflammation, Suppurative  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intestine Large, Colon  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intestine Large, Rectum<br>Edema  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intestine Small, Ileum  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intestine Small, Jejunum<br>Ulcer<br>Epithelium, Hyperplasia  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Liver<br>Angiectasis<br>Basophilic Focus<br>Clear Cell Focus<br>Degeneration, Cystic<br>Eosinophilic Focus<br>Fibrosis, Focal<br>Hemorrhage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG    | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  | ANIMAL ID | males<br>(cont...) |
|---------------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|--|-----------|--------------------|
|                                       | 0<br>9<br>1 | 0<br>3<br>6<br>6 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>6<br>6<br>9 | 0<br>7<br>3<br>0 | 0<br>3<br>6<br>6 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>9 | 0<br>0<br>1<br>1 | 0<br>4<br>4<br>3 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>0<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>0 | 0<br>3<br>6<br>6 | 0<br>5<br>7<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>1<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>4<br>3 |   |  |           |                    |
| Hepatodiaphragmatic Nodule            |             |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |   |  |           |                    |
| Infiltration Cellular, Mixed Cell     |             |                  | 1                |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |                  |                  |   |  |           |                    |
| Mixed Cell Focus                      |             | X                |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  | X                |                  |                  |                  | X                |                  |   |  |           |                    |
| Thrombosis                            |             |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Bile Duct, Hyperplasia                |             |                  |                  | 1                |                  |                  | 3                | 1                |                  |                  |                  |                  | 1                |                  |                  | 2                | 2                |                  |                  | 1                |                  |                  |   |  |           |                    |
| Centrilobular, Necrosis               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  | 1                |                  |                  |                  |   |  |           |                    |
| Hepatocyte, Vacuolization Cytoplasmic |             |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  | 2                |                  |                  |                  |                  |                  |                  | 3                |                  | 4                |                  |   |  |           |                    |
| Mesentery                             |             |                  |                  |                  |                  |                  | +                | +                | +                |                  |                  |                  | +                | +                | +                |                  |                  | +                |                  |                  |                  |                  |   |  |           |                    |
| Accessory Spleen                      |             |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Fat, Necrosis                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                | 3                | 4                |                  |                  |                  | 2                |                  |                  |                  |   |  |           |                    |
| Oral Mucosa                           |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Cyst                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Pancreas                              |             |                  | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |  |           |                    |
| Atrophy                               |             |                  | 2                |                  | 3                | 2                |                  | 3                |                  |                  |                  |                  | 3                |                  |                  |                  | 3                | 3                |                  | 3                |                  | 2                | 2 |  |           |                    |
| Cyst                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Acinus, Cytoplasmic Alteration        |             |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Acinus, Hyperplasia, Focal            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Salivary Glands                       |             |                  | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |  |           |                    |
| Atrophy                               |             |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                | 3                | 2                |   |  |           |                    |
| Stomach, Forestomach                  |             |                  | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |  |           |                    |
| Edema                                 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |   |  |           |                    |
| Inflammation, Chronic Active          |             |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |  |           |                    |
| Ulcer                                 |             |                  |                  |                  | 4                |                  | 4                |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  | 4                |                  |   |  |           |                    |
| Epithelium, Hyperplasia               |             |                  |                  |                  | 4                |                  |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  | 4                |                  |   |  |           |                    |
| Stomach, Glandular                    |             |                  | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |  |           |                    |

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X .. Lesion present

I .. Insufficient tissue

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Pars Distalis, Cyst 3  
 Pars Distalis, Hyperplasia 2 3 2  
 Pars Intermedia, Angiectasis

Thyroid Gland + + + + + + + + + + + A + + + + + +  
 C-cell, Hyperplasia 2 1  
 Follicle, Cyst 3 3  
 Follicular Cell, Hyperplasia 2

**GENERAL BODY SYSTEM**

Tissue NOS +

**GENITAL SYSTEM**

Epididymis +  
 Fibrosis  
 Inflammation, Chronic 2

Preputial Gland +  
 Cyst  
 Hyperplasia  
 Inflammation, Chronic 2 2 2 2 3 4 2 2 2

Prostate +  
 Fibrosis 3  
 Inflammation, Chronic 2 3 2 2 2 3 1 2 3 2 2 3 4 2 2 3  
 Epithelium, Hyperplasia 1 3 2 2 2 3 1 2 3 2 2 3 4 2 2 3 2

Seminal Vesicle +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Fibrosis  
 Hematopoietic Cell Proliferation  
 Necrosis  
 Pigmentation  
 Lymphoid Follicle, Atrophy

2  
 3  
 3  
 2

Thymus +

**INTEGUMENTARY SYSTEM**

Mammary Gland  
 Hyperplasia  
 Inflammation, Chronic Active  
 Skin  
 Cyst Epithelial Inclusion  
 Ulcer  
 Control, Cyst Epithelial Inclusion  
 Epidermis, Hyperplasia  
 Epidermis, Site Of Application, Hyperplasia  
 Site Of Application, Hyperkeratosis  
 Site Of Application, Inflammation, Chronic

+  
 2 3 4 3 3 2 2 4 3 3 4 4 3 4 4 4 3 4 4 4 3 4  
 +  
 X  
 4 4 4  
 4  
 1 1 1 1 1 1 1 1 1 1 1 1  
 2

**MUSCULOSKELETAL SYSTEM**

Bone  
 Femur, Osteopetrosis  
 Skeletal Muscle

+  
 +

**NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 Lab: SRI

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

|                  |  |  |   |   |   |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------|--|--|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain            |  |  | + | + | + | + |  | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Compression      |  |  |   | 2 | 4 |   |  |   | 2 |  | 4 |   | 3 |   |   | 2 | 3 | 2 | 2 |   | 3 | 3 | 4 | 4 |  |
| Hemorrhage       |  |  |   |   |   |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis         |  |  |   |   |   |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Peripheral Nerve |  |  |   |   |   |   |  |   | + |  |   |   |   |   |   |   | + |   |   |   |   | + |   |   |  |
| Spinal Cord      |  |  |   |   |   |   |  |   | + |  |   |   |   |   |   |   | + |   |   |   |   | + |   |   |  |

**RESPIRATORY SYSTEM**

|  |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|--|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung   |  |  | + | + | + | + |   | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Edema  |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foreign Body                                 |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemorrhage                                   |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Histiocyte            |  |  |   |   |   | 1 |   | 3 | 2 |  |   |   |   |   |   |   | 1 |   |   |   | 1 | 1 |   |  |
| Inflammation, Chronic                        |  |  |   |   |   |   |   |   | 1 |  |   | 1 |   | 1 |   | 1 | 1 |   |   |   | 1 |   | 3 |  |
| Metaplasia, Osseous                          |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Thrombosis                                   |  |  |   |   |   |   |   | 1 |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Alveolar Epithelium, Hyperplasia             |  |  |   |   |   | 1 |   | 3 | 2 |  |   |   |   |   |   | 2 |   |   |   |   | 1 |   |   |  |
| Alveolar Epithelium, Metaplasia, Squamous    |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bronchiole, Hyperplasia                      |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   | 2 |  |
| Nose   |  |  | + | + | + | + |   | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Foreign Body                                 |  |  |   | X |   | X |   | X |   |  | X |   | X | X |   | X |   | X |   | X | X | X | X |  |
| Fungus                                       |  |  |   |   |   |   | X |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   | X |  |
| Inflammation, Chronic                        |  |  | 1 | 3 |   | 1 |   | 3 |   |  |   | 1 | 1 |   |   |   | 3 |   | 1 | 2 |   | 3 |   |  |
| Respiratory Epithelium, Hyperplasia          |  |  |   | 2 |   |   |   | 2 |   |  |   |   |   |   |   | 3 |   | 1 | 2 |   | 1 |   | 1 |  |
| Respiratory Epithelium, Metaplasia, Squamous |  |  |   |   |   |   |   | 1 |   |  |   |   |   |   |   |   |   | 1 |   |   |   |   | 2 |  |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   |       |
|---------------------------|---|---|---|---|--|---|---|---|--|---|---|---|---|---|---|-------|
| Esophagus                 | + | + | M | + |  | + | + | + |  | + | + | + |   | + | + | 48    |
| Intestine Large, Cecum    | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 49    |
| Edema                     | 3 |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 3 2.7 |
| Inflammation, Suppurative | 3 |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 1 3.0 |
| Intestine Large, Colon    | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 49    |
| Intestine Large, Rectum   | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 50    |
| Edema                     |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 1 2.0 |
| Intestine Small, Duodenum | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 50    |
| Epithelium, Hyperplasia   |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 3 2.7 |
| Intestine Small, Ileum    | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 48    |
| Intestine Small, Jejunum  | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 48    |
| Ulcer                     |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 1 3.0 |
| Epithelium, Hyperplasia   | 2 |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 1 2.0 |
| Liver                     | + | + | + | + |  | + | + | + |  | + | + | + |   | + | + | 50    |
| Angiectasis               |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 4 1.5 |
| Basophilic Focus          |   |   |   | X |  | X | X | X |  | X | X | X |   | X |   | 29    |
| Clear Cell Focus          |   |   |   | X |  |   | X |   |  | X |   |   |   |   |   | 14    |
| Degeneration, Cystic      |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 1 2.0 |
| Eosinophilic Focus        |   |   |   |   |  | X |   |   |  | X |   |   | X |   |   | 6     |
| Fibrosis, Focal           |   |   |   |   |  |   |   |   |  | 3 |   |   |   |   |   | 1 3.0 |
| Hemorrhage                |   |   |   |   |  |   |   |   |  |   |   |   |   |   |   | 1 3.0 |

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 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG    | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |     |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|-----|
|                                       | 0<br>5<br>4<br>3      | 0<br>5<br>3<br>5      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>5      | 0<br>7<br>2<br>3      | 0<br>0<br>1<br>5      | 0<br>5<br>1<br>5      | 0<br>6<br>3<br>2      |          |     |
| ANIMAL ID                             | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 |          |     |
| Hepatodiaphragmatic Nodule            |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | 6        |     |
| Infiltration Cellular, Mixed Cell     | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5        | 1.6 |
| Mixed Cell Focus                      |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       | X                     |                       | 11       |     |
| Thrombosis                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 3.0 |
| Bile Duct, Hyperplasia                | 1                     |                       | 1                     |                       |                       | 2                     | 1                     | 1                     |                       | 3                     | 1                     |                       |                       |                       |                       | 21       | 1.4 |
| Centrilobular, Necrosis               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        | 2.0 |
| Hepatocyte, Vacuolization Cytoplasmic |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       | 2                     |                       |                       |                       |                       | 12       | 2.6 |
| Mesentery                             |                       |                       |                       | +                     |                       |                       | +                     |                       |                       |                       | +                     |                       |                       |                       |                       | 16       |     |
| Accessory Spleen                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| Fat, Necrosis                         |                       |                       | 3                     |                       |                       | 2                     |                       |                       |                       |                       | 2                     |                       |                       |                       |                       | 11       | 3.0 |
| Oral Mucosa                           |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| Cyst                                  |                       |                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 4.0 |
| Pancreas                              | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50       |     |
| Atrophy                               | 3                     |                       | 1                     | 1                     |                       | 2                     |                       |                       |                       |                       | 1                     |                       |                       |                       |                       | 24       | 2.0 |
| Cyst                                  |                       |                       |                       | 3                     |                       |                       |                       | 3                     |                       |                       | 3                     |                       |                       |                       |                       | 6        | 3.0 |
| Acinus, Cytoplasmic Alteration        | 3                     |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5        | 3.2 |
| Acinus, Hyperplasia, Focal            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |
| Salivary Glands                       | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50       |     |
| Atrophy                               |                       |                       | 3                     |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 2                     |                       | 10       | 2.3 |
| Stomach, Forestomach                  | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50       |     |
| Edema                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        | 3.7 |
| Inflammation, Chronic Active          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 4.0 |
| Ulcer                                 | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       | 3.6 |
| Epithelium, Hyperplasia               |                       | 3                     | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       | 2.9 |
| Stomach, Glandular                    | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50       |     |

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 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        | * TOTALS |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|----------|
|                                    | 0<br>5<br>4<br>3      | 0<br>5<br>3<br>5      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>5      | 0<br>7<br>2<br>3      | 0<br>7<br>1<br>5      | 0<br>5<br>3<br>5      | 0<br>6<br>6<br>2      |        |          |
| ANIMAL ID                          | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 |        |          |
| Pars Distalis, Cyst                |                       |                       |                       | 3                     |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       | 5 3.0  |          |
| Pars Distalis, Hyperplasia         |                       |                       |                       | 3                     |                       | 3                     |                       |                       |                       | 3                     |                       |                       |                       |                       |                       | 7 2.7  |          |
| Pars Intermedia, Angiectasis       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0  |          |
| Thyroid Gland                      | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 49     |          |
| C-cell, Hyperplasia                |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       | 5 1.6  |          |
| Follicle, Cyst                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0  |          |
| Follicular Cell, Hyperplasia       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0  |          |
| <b>GENERAL BODY SYSTEM</b>         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |          |
| Tissue NOS                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2      |          |
| <b>GENITAL SYSTEM</b>              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |          |
| Epididymis                         | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50     |          |
| Fibrosis                           |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0  |          |
| Inflammation, Chronic              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.5  |          |
| Preputial Gland                    | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50     |          |
| Cyst                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0  |          |
| Hyperplasia                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0  |          |
| Inflammation, Chronic              |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     | 2                     |                       |                       |                       | 3                     | 16 2.4 |          |
| Prostate                           | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50     |          |
| Fibrosis                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0  |          |
| Inflammation, Chronic              | 2                     | 2                     | 3                     | 1                     |                       | 3                     |                       | 1                     |                       |                       |                       | 3                     |                       | 3                     |                       | 35 2.2 |          |
| Epithelium, Hyperplasia            |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 1.3  |          |
| Seminal Vesicle                    | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50     |          |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                                |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|--------|
| Testes                         | + | + | + | + | + | + | + | + | + | + | + | + | 50 |        |
| Germinal Epithelium, Atrophy   | 1 | 4 |   | 4 | 1 |   |   |   |   |   |   |   |    | 25 2.2 |
| Interstitial Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 1.5  |

### HEMATOPOIETIC SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Bone Marrow        | + | + | + | + | + | + | + | + | + | + | + | + | 49 |       |
| Angiectasis        |   |   |   |   |   |   |   |   |   |   |   | 3 |    | 1 3.0 |
| Depletion Cellular | 3 |   |   |   |   |   |   |   |   |   |   |   |    | 1 3.0 |
| Hyperplasia        |   |   |   |   |   |   |   | 2 |   |   |   | 3 |    | 6 2.7 |
| Necrosis           |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 4.0 |

|                                      |   |   |  |  |   |   |   |  |  |  |  |  |    |       |
|--------------------------------------|---|---|--|--|---|---|---|--|--|--|--|--|----|-------|
| Lymph Node                           | + | + |  |  | + | + |   |  |  |  |  |  | 17 |       |
| Deep Cervical, Hemorrhage            |   |   |  |  |   |   |   |  |  |  |  |  |    | 1 3.0 |
| Deep Cervical, Hyperplasia, Lymphoid |   |   |  |  |   |   |   |  |  |  |  |  |    | 1 2.0 |
| Mediastinal, Ectasia                 |   |   |  |  |   |   |   |  |  |  |  |  |    | 4 3.0 |
| Mediastinal, Hemorrhage              |   |   |  |  |   |   |   |  |  |  |  |  |    | 3 1.7 |
| Mediastinal, Hyperplasia, Lymphoid   |   |   |  |  |   |   | 2 |  |  |  |  |  |    | 4 2.5 |
| Pancreatic, Ectasia                  |   |   |  |  |   |   |   |  |  |  |  |  |    | 3 3.7 |
| Pancreatic, Hemorrhage               | 2 |   |  |  |   |   |   |  |  |  |  |  |    | 2 2.0 |
| Pancreatic, Hyperplasia, Lymphoid    | 1 |   |  |  |   |   |   |  |  |  |  |  |    | 3 2.3 |

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | M | M | 0 |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|

|                        |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|--------|
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | 50 |        |
| Ectasia                |   |   |   |   | 3 |   |   |   | 2 |   |   |   |    | 5 2.2  |
| Hemorrhage             | 2 |   | 2 |   |   |   |   |   |   |   |   |   |    | 5 1.6  |
| Hyperplasia, Lymphoid  | 2 |   |   |   |   | 2 |   |   | 2 | 2 |   | 2 |    | 18 2.2 |

|        |   |   |   |   |   |   |   |   |   |   |   |   |    |  |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|----|--|
| Spleen | + | + | + | + | + | + | + | + | + | + | + | + | 49 |  |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|----|--|

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG          | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|-----|
|   | 0<br>5<br>4<br>3      | 0<br>5<br>3<br>5      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>0      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>5      | 0<br>7<br>2<br>3      | 0<br>0<br>1<br>5      | 0<br>5<br>3<br>5      | 0<br>6<br>6<br>2      |          |     |
| ANIMAL ID                                   | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 |          |     |
| Fibrosis                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        | 3.0 |
| Hematopoietic Cell Proliferation            |                       |                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9        | 2.4 |
| Necrosis                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        | 3.5 |
| Pigmentation                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 3.0 |
| Lymphoid Follicle, Atrophy                  |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        | 2.0 |
| Thymus                                      | +                     | +                     | +                     | M                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 49       |     |
| <b>INTEGUMENTARY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |
| Mammary Gland                               | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 49       |     |
| Hyperplasia                                 |                       |                       | 4                     | 3                     |                       | 2                     | 2                     | 2                     |                       | 2                     |                       | 3                     |                       | 3                     |                       | 35       | 3.1 |
| Inflammation, Chronic Active                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        | 3.0 |
| Skin  | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50       |     |
| Cyst Epithelial Inclusion                   |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |     |
| Ulcer                                       |                       |                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       | 10       | 4.0 |
| Control, Cyst Epithelial Inclusion          |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 1        |     |
| Epidermis, Hyperplasia                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5        | 3.4 |
| Epidermis, Site Of Application, Hyperplasia | 1                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 1                     | 1                     |                       |                       | 1                     | 12       | 1.0 |
| Site Of Application, Hyperkeratosis         |                       | 1                     | 1                     |                       |                       | 1                     | 1                     |                       |                       | 1                     | 1                     | 1                     |                       |                       | 1                     | 1        | 1   |
| Site Of Application, Inflammation, Chronic  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |
| <b>MUSCULOSKELETAL SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |
| Bone  | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     |                       | +                     | +                     | 50       |     |
| Femur, Osteopetrosis                        |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 1        | 3.0 |
| Skeletal Muscle                             |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       | 3        |     |
| <b>NERVOUS SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST      | FISCHER 344 RATS MALE |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|------------------|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                  | 0543                  | 0552  | 0670  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  | 0773  |          |
| ANIMAL ID        | 00181                 | 00182 | 00183 | 00184 | 00185 | 00186 | 00187 | 00188 | 00189 | 00190 | 00191 | 00192 | 00193 | 00194 | 00195 |          |
| Brain            | +                     | +     | +     | +     |       | +     | +     | +     |       | +     | +     | +     |       | +     | +     | 50       |
| Compression      |                       |       | 3     |       |       |       | 2     |       |       |       |       | 3     |       | 2     |       | 26 2.9   |
| Hemorrhage       |                       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1 2.0    |
| Necrosis         |                       | 1     |       |       |       |       |       |       |       |       |       |       |       |       |       | 2 1.5    |
| Peripheral Nerve |                       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 5        |
| Spinal Cord      |                       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 5        |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Lung   | + | + | + | + |   | + | + | + |   | + | + | + |   | + | + | 50     |
| Edema  | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Foreign Body                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Hemorrhage                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Infiltration Cellular, Histiocyte            | 2 |   |   |   |   |   | 1 |   | 2 | 1 |   |   |   |   | 1 | 14 1.4 |
| Inflammation, Chronic                        | 2 |   | 1 |   |   |   | 1 |   |   |   |   |   |   |   | 1 | 15 1.3 |
| Metaplasia, Osseous                          |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   | 1 1.0  |
| Thrombosis                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |
| Alveolar Epithelium, Hyperplasia             |   |   | 2 |   |   | 1 |   |   |   |   |   |   |   |   |   | 8 1.9  |
| Alveolar Epithelium, Metaplasia, Squamous    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Bronchiole, Hyperplasia                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Nose   | + | + | + | + |   | + | + | + |   | + | + | + |   | + | + | 50     |
| Foreign Body                                 | X |   |   | X |   | X | X |   | X |   | X |   |   |   | X | 26     |
| Fungus                                       |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 6      |
| Inflammation, Chronic                        | 2 |   | 3 |   | 3 | 1 |   |   | 2 |   | 1 |   |   |   |   | 23 1.8 |
| Respiratory Epithelium, Hyperplasia          | 1 |   | 3 |   | 2 |   |   |   | 1 |   |   |   |   |   |   | 14 1.8 |
| Respiratory Epithelium, Metaplasia, Squamous | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6 1.8  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>1.0 MG/KG          | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|   | 0<br>5<br>4<br>3 | 0<br>5<br>3<br>5 | 0<br>6<br>5<br>2 | 0<br>7<br>3<br>0 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>6<br>5<br>5 | 0<br>7<br>2<br>3 | 0<br>0<br>1<br>5 | 0<br>5<br>3<br>5 | 0<br>6<br>6<br>2 |          |
| ANIMAL ID                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|   | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |          |
|   | 8                | 8                | 8                | 8                | 8                | 8                | 8                | 8                | 8                | 9                | 9                | 9                | 9                | 9                | 9                |          |
| Trachea                                     | +                | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | 50       |
| <b>SPECIAL SENSES SYSTEM</b>                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Eye   | +                | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | 50       |
| Cataract                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0    |
| Inflammation, Suppurative                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Inflammation, Acute                         |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 1.7    |
| Retina, Degeneration                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 2.7    |
| Harderian Gland                             | +                | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | 50       |
| Hyperplasia, Focal                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |
| Zymbal's Gland                              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| <b>URINARY SYSTEM</b>                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Kidney                                      | +                | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | 50       |
| Inflammation, Chronic                       | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Nephropathy                                 | 1                | 1                | 3                | 3                |                  | 1                | 3                | 1                |                  | 3                |                  | 3                |                  | 2                |                  | 47 2.3   |
| Renal Tubule, Accumulation, Hyaline Droplet |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.5    |
| Renal Tubule, Dilatation                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0    |
| Renal Tubule, Necrosis                      | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0    |
| Renal Tubule, Pigmentation                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Transitional Epithelium, Hyperplasia        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Urinary Bladder                             | +                | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | +                |                  | +                | +                | 50       |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |      |      |
|-----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|------|------|
|                       | 0730        | 0366 | 0731 | 0539 | 0376 | 0772 | 0573 | 0773 | 0575 | 0776 | 0666 | 0666 | 0333 | 0771 | 0777 | 0777 | 0777 | 0666 | 0772 | 0441 | 0445 | 0009 | 0007 | 0552 |           |                    | 0558 | 0772 | 0552 |
| 3.0 MG/KG             | 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               | 0000 | 0000 |      |
|                       | 1196        | 1197 | 1198 | 1199 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1190      | 1191               | 1192 | 1193 | 1194 |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Edema                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basophilic Focus                                     | X | X |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Clear Cell Focus                                     | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Degeneration, Cystic                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hematopoietic Cell Proliferation                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatodiaphragmatic Nodule                           | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Mixed Cell                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation, Suppurative                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation, Chronic                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mixed Cell Focus                                     | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis, Focal                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>3.0 MG/KG    | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |      |      |
|---------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|------|------|
|                                       | 0730        | 0366 | 0731 | 0539 | 0366 | 0772 | 0773 | 0571 | 0778 | 0669 | 0666 | 0663 | 0377 | 0777 | 0773 | 0070 | 0676 | 0772 | 0041 | 0040 |           |                    | 0777 | 0575 |
| Bile Duct, Hyperplasia                | 1           |      | 1    | 2    |      | 2    | 1    | 1    | 1    |      | 1    |      |      | 1    |      |      | 1    | 1    | 2    |      |           | 1                  | 1    |      |
| Centrilobular, Necrosis               |             |      |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      |      |      |      |           |                    |      |      |
| Hepatocyte, Vacuolization Cytoplasmic |             |      |      | 3    |      |      |      |      |      | 4    | 2    | 3    |      |      | 2    |      |      |      |      |      |           | 3                  | 4    |      |
| Oval Cell, Hyperplasia                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    | 2    |      |
| Mesentery                             |             |      |      | +    |      |      |      |      |      |      | +    | +    |      |      |      |      |      | +    | +    |      |           |                    |      |      |
| Accessory Spleen                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Fat, Necrosis                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    | 2    |      |
| Oral Mucosa                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Pancreas                              | +           |      | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    | +    | +    | +    | +    |      | +         | +                  | +    |      |
| Atrophy                               |             |      |      |      |      |      |      |      | 3    | 3    | 1    |      |      |      |      | 2    | 2    | 2    |      |      |           |                    | 1    |      |
| Cyst                                  |             |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      | 3         | 3                  |      |      |
| Acinus, Cytoplasmic Alteration        |             |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |           |                    | 3    |      |
| Acinus, Hyperplasia, Focal            | 2           |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Salivary Glands                       | +           |      | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    | +    | +    | +    | +    |      | +         | +                  | +    |      |
| Atrophy                               |             |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |      |           |                    | 2    |      |
| Stomach, Forestomach                  | +           |      | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    | +    | +    | +    | +    |      | +         | +                  | +    |      |
| Edema                                 |             |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Foreign Body                          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Inflammation, Chronic Active          |             |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Perforation                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |
| Ulcer                                 |             |      |      | 1    |      |      |      |      |      |      |      | 4    |      |      |      |      |      |      |      | 3    |           | 4                  |      |      |
| Epithelium, Hyperplasia               | 1           |      | 3    |      |      |      | 1    |      | 2    | 2    | 3    |      |      |      |      |      |      |      | 3    |      |           | 3                  |      |      |
| Stomach, Glandular                    | +           |      | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    | +    | +    | +    | +    | +    |      | +         | +                  | +    |      |
| Erosion                               |             |      |      |      |      |      |      |      | 3    |      | 2    |      |      |      |      |      |      |      | 3    |      |           |                    |      |      |
| Ulcer                                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |           |                    |      |      |

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 + .. Tissue examined microscopically  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | ANIMAL ID | males<br>(cont...) |       |       |       |       |       |       |       |       |       |
|-----------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                       | 0730        | 0366  | 0731  | 0539  | 0376  | 0772  | 0579  | 0770  | 0578  | 0760  | 0666  | 0663  | 0377  | 0777  | 0773  | 0070  | 0767  | 0272  | 0175  | 0404  | 0000  | 0749  | 0591  | 0799  |           |                    | 0582  | 0757  | 0528  | 0729  |       |       |       |       |       |
| 3.0 MG/KG             | 00196       | 00077 | 00088 | 00099 | 00000 | 00011 | 00022 | 00033 | 00044 | 00055 | 00066 | 00077 | 00088 | 00099 | 00000 | 00011 | 00022 | 00033 | 00044 | 00055 | 00066 | 00077 | 00088 | 00099 | 00000     | 00011              | 00022 | 00033 | 00044 | 00055 | 00066 | 00077 | 00088 | 00099 | 00000 |

Glands, Hyperplasia

2

1

### CARDIOVASCULAR SYSTEM

|                       |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Heart                 | + | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + | + | + | + |   |   |  |
| Cardiomyopathy        | 1 |   | 3 |  |   | 3 | 3 | 2 | 3 | 2 | 3 |   |   | 2 | 2 |   | 3 | 2 | 3 |   |   | 3 | 3 | 3 |  |
| Inflammation, Chronic |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineralization        |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Thrombosis            |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

### ENDOCRINE SYSTEM

|                                   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                    | + | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + | + | + | + |   |   |
| Accessory Adrenal Cortical Nodule | 3 |   |   |  | 3 | 3 |   | 3 |   | 3 |   |   | 3 |   |   | 3 |   |   |   |   |   |   | 3 |   |
| Atrophy                           |   |   |   |  | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Degeneration, Fatty               | 1 |   | 3 |  | 1 | 2 |   |   | 3 | 2 | 2 |   | 3 | 4 |   | 2 |   | 1 |   |   |   | 3 | 2 | 2 |
| Hematopoietic Cell Proliferation  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Diffuse              |   |   |   |  |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |
| Hypertrophy, Focal                |   |   |   |  |   | 2 |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   | 3 |   |   |
| Adrenal Medulla                   | + | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + | + | + | + |   |   |
| Hyperplasia                       | 1 |   | 2 |  | 2 | 1 |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   | 2 | 1 | 1 |
| Islets, Pancreatic                | + | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + | + | + | + |   |   |
| Hyperplasia                       |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland                 | + | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + | + | + | + |   |   |
| Pituitary Gland                   | + | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + | + | + | + |   |   |
| Pars Distalis, Angiectasis        |   |   |   |  |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

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 Lab: SRI

| FISCHER 344 RATS MALE<br>3.0 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                                    | 0730        | 0366 | 0731 | 0539 | 0366 | 0772 | 0773 | 0578 | 0778 | 0666 | 0666 | 0363 | 0771 | 0773 | 0774 | 0670 | 0772 | 0451 | 0455 | 0099 | 0772 | 0582 | 0758 | 0759 |           |                    |
|                                    | 00          | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 0001 |           |                    |
|                                    | 00          | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 0002 |           |                    |
|                                    | 01          | 01   | 01   | 01   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 02   | 0003 |           |                    |
|                                    | 09          | 09   | 09   | 09   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 00   | 01   | 01   | 01   | 01   | 01   | 01   | 01   | 01   | 01   | 01   | 0004 |           |                    |
|                                    | 06          | 07   | 08   | 09   | 00   | 01   | 02   | 03   | 04   | 05   | 06   | 07   | 08   | 09   | 00   | 01   | 02   | 03   | 04   | 05   | 06   | 07   | 08   | 0005 |           |                    |

Necrosis

3 2

Peripheral Nerve

+ M

Spinal Cord

+ +

### RESPIRATORY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Lung   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemorrhage                                   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Histiocyte            |   |   |   | 1 | 2 |   | 1 |   | 1 | 1 |   |   | 1 |   |   |   |   |   |   | 1 |   | 2 |  |
| Inflammation, Chronic                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   | 1 |   |   |   |   |   |  |
| Metaplasia, Osseous                          |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |  |
| Pigmentation, Hemosiderin                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |  |
| Alveolar Epithelium, Hyperplasia             |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |  |
| Nose   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Foreign Body                                 |   | X |   | X | X |   | X | X | X | X |   | X | X | X |   | X |   |   |   | X |   | X |  |
| Fungus                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Chronic                        |   |   |   | 1 | 1 |   | 2 |   | 1 |   |   |   | 1 |   |   | 1 |   |   |   | 1 |   | 1 |  |
| Respiratory Epithelium, Hyperplasia          |   |   |   | 1 | 1 |   | 1 |   | 1 |   |   |   |   |   |   | 1 |   |   |   | 1 |   | 1 |  |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Trachea                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

### SPECIAL SENSES SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Eye                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Cataract             |   |   |   |   |   |   |   |   | 3 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |  |
| Retina, Degeneration |   |   |   |   |   |   | 2 |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

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

**URINARY SYSTEM**

|                            |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |
|----------------------------|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|
| Kidney                     | + |  | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + |  | + | + | + | + |
| Hydronephrosis             |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | 3 |
| Nephropathy                | 1 |  | 2 | 2 |  |   | 3 | 1 | 3 | 2 | 3 | 1 |   | 1 | 4 | 3 | 1 | 1 | 2 |   |  |   | 3 | 1 | 3 |
| Papilla, Necrosis          |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | 3 |
| Renal Tubule, Necrosis     |   |  |   |   |  |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |  |   |   |   | 1 |
| Renal Tubule, Pigmentation |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | 3 |
| Urethra                    |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | + |
| Urinary Bladder            | + |  | + | + |  | + | + | + | + | + | + |   | + | + | + | + | + | + |   | + |  | + | + | + |   |
| Inflammation, Chronic      |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | 3 |
| Necrosis                   |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | 3 |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
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 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|-----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|                       | 0730        | 0693 | 0615 | 0666 | 0728 | 0581 | 0036 | 0376 | 0002 | 0037 | 0070 | 0066 | 0066 | 0066 | 0001 | 0067 | 0072 | 0000 | 0003 | 0037 | 0073 | 0073 | 0029 | 0079 | 0006 |           |                    |
| 3.0 MG/KG             | 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        |                    |
|                       | 22          | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22        |                    |
|                       | 22          | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22   | 22        |                    |
|                       | 12          | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 25   | 26   | 27   | 28   | 29   | 30   | 31   | 32   | 33   | 34   | 35   | 36        |                    |

Glands, Hyperplasia

2

### CARDIOVASCULAR SYSTEM

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Heart                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy        | 3 | 2 |   | 3 | 3 | 1 | 4 | 3 | 1 | 2 | 2 | 3 | 3 |   | 3 | 3 | 2 | 2 |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |
| Mineralization        |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |
| Thrombosis            | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### ENDOCRINE SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Accessory Adrenal Cortical Nodule |   | 3 |   |   | 3 |   |   | 3 | 3 |   |   | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Atrophy                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Degeneration, Fatty               |   |   |   | 4 |   |   |   |   |   |   |   | 2 |   |   |   |   | 1 | 2 |
| Hematopoietic Cell Proliferation  |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Diffuse              |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hypertrophy, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       | 1 |   |   | 1 |   |   |   | 1 |   |   |   | 1 |   |   |   |   |   |   |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland                 | + | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Angiectasis        |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   | 3 |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
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Date Report Requested: 03/31/2010  
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 Lab: SRI

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

Pars Distalis, Cyst  
 Pars Distalis, Hyperplasia  
 Pars Distalis, Hypertrophy, Focal  
 Pars Intermedia, Angiectasis  
 Pars Intermedia, Cyst

|  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |   |  |
|--|---|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|---|--|
|  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |   |  |
|  |   | 2 |  |  |  |  |  |  |  |  |  | 3 |  |  |  |  |  |  |  |  |  | 2 | 2 |  |
|  | 2 | 2 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  | 2 |   |  |

Thyroid Gland  
 C-cell, Hyperplasia  
 Follicle, Cyst

|  |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |
|--|---|---|---|---|---|---|--|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|
|  | + | + | + | + | + | + |  | + |  | + | + | + | + | + |   | + | + |  | + | + | + | + | + |  |
|  | 1 |   |   |   | 1 |   |  |   |  |   |   |   | 1 |   | 2 |   |   |  |   |   |   | 3 |   |  |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis  
 Fibrosis  
 Granuloma Sperm  
 Inflammation, Chronic

|  |   |   |   |   |   |   |  |   |  |   |   |   |   |   |  |   |   |  |   |   |   |   |   |  |
|--|---|---|---|---|---|---|--|---|--|---|---|---|---|---|--|---|---|--|---|---|---|---|---|--|
|  | + | + | + | + | + | + |  | + |  | + | + | + | + | + |  | + | + |  | + | + | + | + | + |  |
|  |   |   |   |   |   | 2 |  |   |  |   |   |   |   |   |  |   |   |  |   |   |   |   | 2 |  |

Preputial Gland  
 Hyperplasia  
 Inflammation, Chronic

|  |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |
|--|---|---|---|---|---|---|--|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|
|  | + | + | + | + | + | + |  | + |  | + | + | + | + | + |   | + | + |  | + | + | + | + | + |  |
|  |   |   |   |   |   |   |  |   |  | 2 |   |   |   |   |   |   |   |  |   |   | 2 |   |   |  |
|  |   | 2 |   |   |   |   |  |   |  | 2 |   | 2 |   |   | 2 |   |   |  |   |   | 3 |   |   |  |

Prostate  
 Inflammation, Chronic  
 Epithelium, Hyperplasia

|  |   |   |   |   |   |   |  |   |  |   |   |   |   |   |  |   |   |  |   |   |   |   |   |  |
|--|---|---|---|---|---|---|--|---|--|---|---|---|---|---|--|---|---|--|---|---|---|---|---|--|
|  | + | + | + | + | + | + |  | + |  | + | + | + | + | + |  | + | + |  | + | + | + | + | + |  |
|  | 3 | 2 |   | 4 |   | 2 |  | 2 |  | 3 | 2 | 3 |   | 1 |  | 4 | 1 |  |   | 1 | 1 |   | 2 |  |
|  |   |   |   |   |   |   |  |   |  |   |   | 1 |   |   |  |   |   |  |   | 1 |   | 1 |   |  |

Seminal Vesicle  
 Inflammation, Chronic

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

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TDMS No. 88133 - 07  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
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| FISCHER 344 RATS MALE<br>3.0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                            | ANIMAL ID | males<br>(cont...) |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------------|-----------|--------------------|
|                                    | 0<br>7<br>3<br>0 | 0<br>6<br>9<br>3 | 0<br>1<br>5<br>7 | 0<br>6<br>6<br>2 | 0<br>7<br>2<br>9 | 0<br>5<br>8<br>8 | 0<br>0<br>1<br>5 | 0<br>3<br>6<br>6 | 0<br>7<br>2<br>2 | 0<br>0<br>9<br>1 | 0<br>7<br>1<br>1 | 0<br>6<br>5<br>4 | 0<br>6<br>7<br>6 | 0<br>0<br>1<br>1 | 0<br>6<br>2<br>9 | 0<br>7<br>1<br>5 | 0<br>0<br>2<br>1 | 0<br>0<br>9<br>3 | 0<br>3<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>2 | 0<br>7<br>9<br>1 | 0<br>0<br>3<br>2 | 0<br>6<br>6<br>9 |                            |           |                    |
|                                    | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>2<br>2<br>2<br>1 |           |                    |

|                  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|------------------|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| Necrosis         | 3 |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |
| Peripheral Nerve |   |  |  |  |  |  |  |  |  |  | + |  |  |  |  |  |  |  |  |  |
| Spinal Cord      |   |  |  |  |  |  |  |  |  |  | + |  |  |  |  |  |  |  |  |  |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemorrhage                                   |   |   |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Infiltration Cellular, Histiocyte            |   | 1 |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |
| Inflammation, Chronic                        | 1 | 1 |   |   |   |   |   |   |   | 1 |   |   | 1 |   |   |   |   |   |   |   |   |   |   |
| Metaplasia, Osseous                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation, Hemosiderin                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar Epithelium, Hyperplasia             |   | 1 |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Nose   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Foreign Body                                 |   | X |   |   | X |   |   | X |   | X |   |   | X |   |   |   |   |   |   |   |   | X | X |
| Fungus                                       |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |
| Inflammation, Chronic                        |   |   |   | 3 |   |   |   | 1 | 4 | 1 |   |   | 1 |   |   |   |   |   |   |   | 3 | 3 |   |
| Respiratory Epithelium, Hyperplasia          |   |   |   | 3 |   |   |   |   | 3 | 1 |   |   | 1 |   |   |   |   |   |   |   | 1 | 3 |   |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 2 |   |
| Trachea                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cataract             |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Retina, Degeneration |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

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

**URINARY SYSTEM**

|                            |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
|----------------------------|---|---|---|---|---|---|--|--|---|--|---|---|---|---|--|---|---|--|--|---|---|---|---|--|---|--|
| Kidney                     | + | + | + | + | + | + |  |  | + |  | + | + | + | + |  | + | + |  |  | + | + | + | + |  | + |  |
| Hydronephrosis             |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
| Nephropathy                | 3 | 3 |   | 4 | 3 |   |  |  | 4 |  | 1 | 2 | 3 | 2 |  | 3 | 3 |  |  | 3 | 1 | 3 |   |  | 4 |  |
| Papilla, Necrosis          |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
| Renal Tubule, Necrosis     |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
| Renal Tubule, Pigmentation |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
| Urethra                    |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
| Urinary Bladder            | + | + | + | + | + | + |  |  | + |  | + | + | + | + |  | + | + |  |  | + | + | + | + |  | + |  |
| Inflammation, Chronic      |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |
| Necrosis                   |   |   |   |   |   |   |  |  |   |  |   |   |   |   |  |   |   |  |  |   |   |   |   |  |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|-----------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                       | 0731        | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 |          |
| 3.0 MG/KG             | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |          |
| ANIMAL ID             | 0046        | 0047 | 0048 | 0049 | 0050 | 0051 | 0052 | 0053 | 0054 | 0055 | 0056 | 0057 | 0058 | 0059 | 0060 |          |

**ALIMENTARY SYSTEM**

|   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |             |
|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|-------------|
| Esophagus   | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Intestine Large, Cecum Edema                      | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 2.0 |
| Intestine Large, Colon                            | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Intestine Large, Rectum                           | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Intestine Small, Duodenum Epithelium, Hyperplasia | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>3 2.3 |
| Intestine Small, Ileum                            | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 48          |
| Intestine Small, Jejunum                          | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 49          |
| Liver   | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Basophilic Focus                                  | X | X |  |   | X |   |   |   | X | X | X | X |   |   |   | 23          |
| Clear Cell Focus                                  |   | X |  | X |   |   |   |   |   |   | X |   |   | X |   | 16          |
| Degeneration, Cystic                              |   |   |  | 2 |   |   |   |   |   |   |   |   | 1 |   |   | 3 1.3       |
| Eosinophilic Focus                                |   | X |  | X |   |   |   |   |   |   |   |   |   |   |   | 4           |
| Hematopoietic Cell Proliferation                  |   |   |  |   |   |   |   |   | 1 |   |   |   |   |   |   | 3 1.7       |
| Hepatodiaphragmatic Nodule                        |   | X |  |   |   | X |   |   |   |   |   | X |   |   |   | 11          |
| Infiltration Cellular, Mixed Cell                 | 1 |   |  | 1 |   |   |   |   |   |   |   |   |   | 2 |   | 4 1.3       |
| Inflammation, Suppurative                         |   |   |  |   |   |   |   |   | 4 |   |   |   |   |   |   | 1 4.0       |
| Inflammation, Chronic                             |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   | 3 1.7       |
| Mixed Cell Focus                                  |   |   |  |   |   | X |   |   |   |   |   |   |   | X |   | 11          |
| Necrosis, Focal                                   |   |   |  |   |   |   |   |   | 4 |   |   |   |   |   |   | 1 4.0       |

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 + .. Tissue examined microscopically  
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 Trimethylolpropane triacrylate  
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Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>3.0 MG/KG    | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                       | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>3<br>6<br>6      | 0<br>0<br>9<br>1      | 0<br>7<br>3<br>0      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>7<br>1<br>5      | 0<br>6<br>6<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>3<br>0      | 0<br>6<br>2<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |          |
| ANIMAL ID                             | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>4<br>8 | 0<br>0<br>2<br>4<br>9 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 |          |
| Bile Duct, Hyperplasia                | 1                     | 1                     |                       |                       | 1                     |                       | 1                     | 3                     |                       | 1                     |                       |                       | 1                     | 2                     |                       | 30                    | 1.2      |
| Centrilobular, Necrosis               |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       | 3                     | 2.0      |
| Hepatocyte, Vacuolization Cytoplasmic | 3                     | 2                     |                       |                       |                       |                       |                       |                       |                       | 4                     | 3                     |                       |                       |                       | 2                     | 19                    | 2.8      |
| Oval Cell, Hyperplasia                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 2.0      |
| Mesentery                             |                       |                       |                       |                       |                       |                       | +                     | +                     |                       |                       |                       |                       |                       | +                     | +                     | 16                    |          |
| Accessory Spleen                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Fat, Necrosis                         |                       |                       |                       |                       |                       |                       | 2                     | 2                     |                       |                       |                       |                       | 3                     | 2                     |                       | 11                    | 2.5      |
| Oral Mucosa                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Pancreas                              | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Atrophy                               | 4                     | 1                     |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       | 20                    | 2.1      |
| Cyst                                  | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 8                     | 3.0      |
| Acinus, Cytoplasmic Alteration        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |                       |                       |                       | 5                     | 3.2      |
| Acinus, Hyperplasia, Focal            |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       | 6                     | 2.2      |
| Salivary Glands                       | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Atrophy                               |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 2                     |                       |                       |                       |                       |                       | 6                     | 2.3      |
| Stomach, Forestomach                  | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Edema                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 2.0      |
| Foreign Body                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 1                     |          |
| Inflammation, Chronic Active          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       | 2                     | 2.0      |
| Perforation                           |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 3                     |          |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5                     | 3.0      |
| Epithelium, Hyperplasia               |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     | 3                     |                       |                       |                       |                       | 14                    | 2.6      |
| Stomach, Glandular                    | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Erosion                               |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 1                     |                       |                       |                       |                       |                       | 7                     | 2.3      |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 2                     | 2.5      |

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Glands, Hyperplasia

3 1.7

**CARDIOVASCULAR SYSTEM**

|                       |   |   |  |   |   |   |   |   |   |   |   |   |   |        |    |
|-----------------------|---|---|--|---|---|---|---|---|---|---|---|---|---|--------|----|
| Heart                 | + | + |  | + | + | + | + | + | + | + | + | + | + | +      | 50 |
| Cardiomyopathy        | 3 | 3 |  | 3 | 3 | 3 |   | 2 | 3 | 3 | 2 | 3 |   | 43 2.6 |    |
| Inflammation, Chronic |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 1.0  |    |
| Mineralization        |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 3.0  |    |
| Thrombosis            |   |   |  |   |   |   | 3 |   |   |   |   |   |   | 2 3.0  |    |

**ENDOCRINE SYSTEM**

|                                   |   |   |  |   |   |   |   |   |   |   |   |   |   |        |
|-----------------------------------|---|---|--|---|---|---|---|---|---|---|---|---|---|--------|
| Adrenal Cortex                    | + | + |  | + | + | + | + | + | + | + | + | + | + | 50     |
| Accessory Adrenal Cortical Nodule |   | 3 |  |   |   | 3 |   |   | 3 |   | 3 |   | 3 | 23 3.0 |
| Atrophy                           |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Degeneration, Fatty               | 1 | 1 |  |   |   |   |   |   | 2 |   | 1 |   |   | 22 2.0 |
| Hematopoietic Cell Proliferation  |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Hyperplasia, Focal                |   |   |  |   |   |   |   |   | 1 |   |   | 1 |   | 3 1.3  |
| Hyperplasia, Diffuse              |   |   |  |   |   |   |   |   |   |   |   |   |   | 2 3.0  |
| Hypertrophy, Focal                | 2 |   |  |   |   | 1 | 1 |   |   |   |   |   | 1 | 7 1.7  |
| Adrenal Medulla                   | + | + |  | + | + | + | + | + | + | + | + | + | + | 50     |
| Hyperplasia                       |   |   |  |   |   | 2 | 1 |   | 3 | 2 | 1 | 1 | 1 | 19 1.5 |
| Islets, Pancreatic                | + | + |  | + | + | + | + | + | + | + | + | + | + | 50     |
| Hyperplasia                       |   |   |  |   |   |   |   |   |   |   |   |   | 3 | 1 3.0  |
| Parathyroid Gland                 | M | + |  | + | + | + | + | + | + | + | + | + | + | 47     |
| Pituitary Gland                   | + | + |  | + | + | + | + | + | + | + | + | + | + | 50     |
| Pars Distalis, Angiectasis        |   |   |  |   |   | 2 |   |   |   |   | 3 |   |   | 6 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>3.0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                    | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>3<br>6<br>6      | 0<br>0<br>9<br>1      | 0<br>7<br>3<br>0      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>7<br>1<br>5      | 0<br>6<br>6<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>3<br>0      | 0<br>6<br>7<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |          |
| ANIMAL ID                          | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>4<br>8 | 0<br>0<br>2<br>4<br>9 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 |          |
| Pars Distalis, Cyst                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 3 3                 |          |
| Pars Distalis, Hyperplasia         |                       |                       |                       |                       | 2                     |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 2 3 1                 |          |
| Pars Distalis, Hypertrophy, Focal  |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |          |
| Pars Intermedia, Angiectasis       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Pars Intermedia, Cyst              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |          |
| Thyroid Gland                      |                       | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| C-cell, Hyperplasia                |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6 1.3                 |          |
| Follicle, Cyst                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0                 |          |
| <b>GENERAL BODY SYSTEM</b>         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| NONE                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| <b>GENITAL SYSTEM</b>              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Epididymis                         |                       | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Fibrosis                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0                 |          |
| Granuloma Sperm                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0                 |          |
| Inflammation, Chronic              |                       |                       | 2                     |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       | 7 2.0                 |          |
| Preputial Gland                    |                       | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Hyperplasia                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.0                 |          |
| Inflammation, Chronic              |                       | 2                     |                       |                       | 2                     |                       | 3                     |                       | 3                     | 3                     |                       |                       |                       |                       | 18 2.2                |          |
| Prostate                           |                       | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Inflammation, Chronic              |                       | 3                     | 2                     |                       | 2                     | 2                     | 2                     | 2                     | 3                     | 1                     | 3                     |                       | 2                     | 1                     | 41 2.2                |          |
| Epithelium, Hyperplasia            |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       | 6 1.2                 |          |
| Seminal Vesicle                    |                       | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Inflammation, Chronic              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0                 |          |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                                |   |   |  |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--------|
| Testes                         | + | + |  | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Germinal Epithelium, Atrophy   | 1 | 4 |  | 1 |   | 3 |   |   | 4 |   |   |   |   |   | 23 2.7 |
| Interstitial Cell, Hyperplasia |   | 2 |  |   |   |   |   |   |   |   |   |   | 1 |   | 6 1.3  |

### HEMATOPOIETIC SYSTEM

|                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|--|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow                          | + | + |  | + | + | + | + | + | + | + | + | + | + | 50     |
| Hyperplasia                          |   |   |  |   |   |   |   |   | 3 |   |   |   |   | 6 2.7  |
| Lymph Node                           |   |   |  |   |   |   | + | + | + | + |   | + |   | 18     |
| Ectasia                              |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Deep Cervical, Hyperplasia, Lymphoid |   |   |  |   |   |   |   |   | 3 |   |   |   |   | 1 3.0  |
| Mediastinal, Ectasia                 |   |   |  |   |   |   |   | 3 |   | 2 |   |   |   | 5 3.2  |
| Mediastinal, Hemorrhage              |   |   |  |   |   |   |   |   |   | 1 |   |   |   | 2 1.5  |
| Mediastinal, Hyperplasia, Lymphoid   |   |   |  |   |   |   |   |   |   | 3 |   | 3 |   | 5 2.4  |
| Pancreatic, Ectasia                  |   |   |  |   |   | 4 |   |   |   |   |   |   |   | 2 4.0  |
| Lymph Node, Mandibular               | M | M |  | M | M | M | M | M | M | M | M | M | M | 1      |
| Lymph Node, Mesenteric               | + | + |  | + | + | + | + | + | + | + | + | + | + | 49     |
| Angiectasis                          |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Ectasia                              |   | 2 |  |   |   |   |   |   |   |   | 2 |   |   | 6 2.2  |
| Hemorrhage                           |   |   |  |   |   |   |   |   |   |   |   |   |   | 3 1.7  |
| Hyperplasia, Lymphoid                | 2 |   |  | 2 |   |   |   | 2 |   | 2 | 2 |   |   | 19 2.2 |
| Spleen                               | + | + |  | + | + | + | + | + | + | + | + | + | + | 49     |
| Accessory Spleen                     |   |   |  |   |   |   |   |   |   |   |   |   |   | 1      |
| Fibrosis                             |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Hematopoietic Cell Proliferation     |   |   |  |   |   |   |   |   | 1 | 2 |   |   |   | 9 2.2  |
| Necrosis                             |   |   |  |   |   |   |   |   |   |   |   |   |   | 1 1.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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 BLANK .. Not examined microscopically

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 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS MALE<br>3.0 MG/KG          | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |     |     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|-----|-----|
|   | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>3<br>6<br>6      | 0<br>0<br>9<br>1      | 0<br>7<br>3<br>0      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>1      | 0<br>7<br>1<br>5      | 0<br>6<br>6<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>3<br>0      | 0<br>6<br>7<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |          |     |     |
| ANIMAL ID                                   | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>4<br>7 | 0<br>0<br>2<br>4<br>8 | 0<br>0<br>2<br>4<br>9 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 |          |     |     |
| Pigmentation                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 3.0 |     |
| Lymphoid Follicle, Atrophy                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        | 3.0 |     |
| Thymus                                      | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 46       |     |     |
| <b>INTEGUMENTARY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |     |
| Mammary Gland                               |                       | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 48       |     |     |
| Hyperplasia                                 | 4                     |                       |                       |                       |                       |                       | 1                     | 2                     | 4                     | 3                     |                       |                       | 3                     | 2                     |                       | 28       | 3.1 |     |
| Skin  | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |     |     |
| Hyperkeratosis                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 4.0 |     |
| Inflammation, Chronic                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 4.0 |     |
| Ulcer                                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7        | 4.0 |     |
| Epidermis, Hyperplasia                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5        | 3.6 |     |
| Epidermis, Site Of Application, Hyperplasia | 1                     | 1                     |                       |                       |                       |                       |                       | 2                     |                       |                       |                       | 1                     | 1                     | 1                     |                       | 28       | 1.1 |     |
| Site Of Application, Hyperkeratosis         | 1                     | 1                     |                       |                       | 1                     |                       | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     |                       | 49       | 1.0 |     |
| <b>MUSCULOSKELETAL SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |     |
| Bone  | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |     |     |
| Fibrous Osteodystrophy                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2   | 1.0 |
| Fracture                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1   |     |
| Skeletal Muscle                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1   |     |
| <b>NERVOUS SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |     |
| Brain                                       | +                     | +                     |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |     |     |
| Compression                                 |                       |                       |                       |                       |                       |                       |                       | 4                     | 2                     |                       |                       | 2                     |                       |                       |                       |          | 16  | 3.0 |
| Hemorrhage                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2   | 2.0 |

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 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Necrosis 4 2.3

Peripheral Nerve 2

Spinal Cord 3

**RESPIRATORY SYSTEM**

|                                   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------------|---|---|--|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung                              | + | + |  |   | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Hemorrhage                        |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 4 2.0     |
| Infiltration Cellular, Histiocyte |   | 1 |  |   |   |   | 1 | 1 |   | 1 | 1 |   | 1 |   | 18 1.2    |
| Inflammation, Chronic             | 1 |   |  | 1 |   | 1 |   |   |   | 3 |   |   |   |   | 10 1.2    |
| Metaplasia, Osseous               |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 1 1.0     |
| Pigmentation, Hemosiderin         |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 1 3.0     |
| Alveolar Epithelium, Hyperplasia  |   |   |  |   |   |   |   | 2 |   | 1 |   | 1 |   |   | 8 1.6     |

|  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |           |
|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Nose   | + | + |  |   | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Foreign Body                                 | X | X |  |   | X | X | X |   | X | X | X |   |   |   | 27        |
| Fungus                                       |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 3         |
| Inflammation, Chronic                        | 2 |   |  | 1 |   | 3 | 1 |   | 1 | 2 |   |   |   |   | 21 1.7    |
| Respiratory Epithelium, Hyperplasia          | 1 |   |  | 1 |   | 1 | 1 |   |   | 2 |   |   |   |   | 17 1.4    |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |  |   |   | 2 |   |   | 1 |   |   |   |   |   | 4 1.8     |

Trachea 50

**SPECIAL SENSES SYSTEM**

|                      |   |   |  |  |   |   |   |   |   |   |   |   |   |   |           |
|----------------------|---|---|--|--|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye                  | + | + |  |  | + | + | + | + | + | + | + | + | + | + | <b>50</b> |
| Cataract             |   |   |  |  |   |   |   |   |   |   |   |   |   |   | 3 2.0     |
| Retina, Degeneration |   |   |  |  |   |   |   |   |   |   |   |   |   |   | 3 3.0     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
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 Lab: SRI

| FISCHER 344 RATS MALE<br>3.0 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                    | 0731        | 0730 | 0736 | 0739 | 0731 | 0735 | 0731 | 0735 | 0736 | 0739 | 0736 | 0737 | 0736 | 0737 | 0737 |          |
| ANIMAL ID                          | 0046        | 0007 | 0008 | 0009 | 0000 | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | 0009 | 0010 | 0011 | 0012     |
| Harderian Gland                    | +           | +    |      |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |
| Zymbal's Gland                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      | +    | 3        |
| <b>URINARY SYSTEM</b>              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney                             | +           | +    |      |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |
| Hydronephrosis                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 3.0    |
| Nephropathy                        | 2           | 1    |      |      | 1    |      | 2    |      | 2    | 4    | 4    | 2    | 1    | 2    | 2    | 44 2.3   |
| Papilla, Necrosis                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2 2.0    |
| Renal Tubule, Necrosis             |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 4.0    |
| Renal Tubule, Pigmentation         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 3.0    |
| Urethra                            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |
| Urinary Bladder                    | +           | +    |      |      | +    |      | +    | +    | +    | +    | +    | +    | +    | +    | +    | 50       |
| Inflammation, Chronic              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 3.0    |
| Necrosis                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 3.0    |

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

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + |   |  |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Edema   | + |   | + | + | + |  |  |  |   | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon            | + |   | + | + | + |  |  |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum           | + |   | + | + | + |  |  |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum         | + |   | + | + | + |  |  |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum            | + |   | + | + | + |  |  |  |   | + | A | A | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Small, Jejunum          | + |   | + | + | + |  |  |  |   | + | A | + | + | + | A | + | + | + | A | + | + | + | + | A |
| Liver                             | + |   | + | + | + |  |  |  |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                       |   |   |   |   |   |  |  |  |   | 1 |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |
| Basophilic Focus                  | X |   | X | X |   |  |  |  |   | X | X | X | X | X | X | X | X | X | X | X |   |   | X | X |
| Clear Cell Focus                  |   |   |   | X |   |  |  |  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Cyst                              |   |   |   |   |   |  |  |  |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                | X |   |   | X |   |  |  |  |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Fatty Change                      |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   | 3 |
| Hematopoietic Cell Proliferation  |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatodiaphragmatic Nodule        |   |   |   | X |   |  |  |  |   | X |   |   |   |   | X |   |   |   |   | X | X |   |   |   |
| Infiltration Cellular, Mixed Cell |   |   |   | 1 |   |  |  |  |   |   |   |   |   |   | 3 |   | 3 |   |   |   |   |   |   | 1 |
| Mixed Cell Focus                  |   |   |   | X |   |  |  |  |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis, Focal                   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |
| Centrilobular, Necrosis           |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG    | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |   |  |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|---|--|
|                                       | 0<br>7<br>3<br>2      | 0<br>3<br>6<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>4<br>9<br>7      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>6<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>6<br>9<br>8      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>0<br>6      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>5      | 0<br>5<br>6<br>0      | 0<br>6<br>4<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>2<br>5      | 0<br>6<br>2<br>6      | 0<br>6<br>6<br>1      | 0<br>5<br>8<br>5      | 0<br>0<br>1<br>5      |                      |   |  |
| ANIMAL ID                             | 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>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>6<br>0 | 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>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>6<br>0 | 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>6<br>5 |                      |   |  |
| Hepatocyte, Vacuolization Cytoplasmic |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                    |   |  |
| Mesentery                             | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       |                       |                      |   |  |
| Accessory Spleen                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Fibrosis                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Fat, Necrosis                         | 4                     |                       | 2                     |                       | 2                     |                       | 3                     |                       |                       |                       |                       |                       | 3                     |                       | 1                     |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                      |   |  |
| Pancreas                              | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                      | + |  |
| Atrophy                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       | 1                     |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Cyst                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Acinus, Cytoplasmic Alteration        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                      |   |  |
| Acinus, Hyperplasia, Focal            |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Salivary Glands                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                      | + |  |
| Atrophy                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                      |   |  |
| Necrosis                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Stomach, Forestomach                  | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                      | + |  |
| Edema                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |                       |                      |   |  |
| Inflammation, Chronic Active          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                      |   |  |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       | 2                     |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |                       |                      |   |  |
| Epithelium, Hyperplasia               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                      |   |  |
| Stomach, Glandular                    | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                       | +                     |                      | + |  |
| Erosion                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Tongue                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |  |
| Epithelium, Hyperplasia               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      | 1 |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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 Lab: SRI

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

**CARDIOVASCULAR SYSTEM**

|                |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|--|--|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Heart          | + | + | + | + |  |  |  | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy | 1 | 1 | 3 |   |  |  |  | 2 | 2 | 2 |  | 1 | 2 |   |   | 1 | 3 | 2 | 1 |   | 3 | 1 |   |   |   |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|--|--|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                    | + | + | + | + |  |  |  | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Accessory Adrenal Cortical Nodule |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   | 3 |   |   | 3 |   |
| Atrophy                           |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Degeneration, Fatty               | 3 |   | 3 |   |  |  |  | 2 |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 1 | 2 |   |
| Hyperplasia                       |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Focal                | 3 |   | 1 |   |  |  |  |   |   |   |  |   |   | 1 |   |   |   | 3 |   |   |   | 1 |   |   |   |
| Hypertrophy, Focal                |   |   |   |   |  |  |  | 2 |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Necrosis                          |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |
| Adrenal Medulla                   | + | + | + | + |  |  |  | + | I | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |
| Necrosis                          |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                | + | + | + | + |  |  |  | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland                 | M | + | M | + |  |  |  | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                       |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pituitary Gland                   | + | + | + | + |  |  |  | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pars Distalis, Angiectasis        |   |   |   |   |  |  |  |   |   |   |  |   |   |   |   | 3 |   |   |   |   | 3 | 4 |   |   |   |
| Pars Distalis, Cyst               | 3 |   | 3 |   |  |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |
| Pars Distalis, Hyperplasia        | 3 |   |   |   |  |  |  |   |   |   |  |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Pars Intermedia, Angiectasis 3  
 Pars Intermedia, Cyst  
 Pars Intermedia, Hyperplasia

Thyroid Gland +  
 C-cell, Hyperplasia  
 Follicular Cell, Hyperplasia 1

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland +  
 Cyst  
 Hyperplasia 2 1 2 2  
 Inflammation, Chronic 3  
 Ovary +  
 Cyst 3 3 3 3  
 Uterus +  
 Hyperplasia, Cystic 2 2 1 3  
 Vagina + + + +

**HEMATOPOIETIC SYSTEM**

Bone Marrow +  
 Hyperplasia

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue 1-4 .. Lesion qualified as:  
 X .. Lesion present A .. Autolysis precludes evaluation 1) Minimal 3) Moderate  
 I .. Insufficient tissue BLANK .. Not examined microscopically 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Myelofibrosis

Lymph Node

Bronchial, Hyperplasia

Bronchial, Pigmentation

Mediastinal, Ectasia

Mediastinal, Hemorrhage

Mediastinal, Hyperplasia, Lymphoid

Mediastinal, Pigmentation

Pancreatic, Hemorrhage

Pancreatic, Pigmentation

Lymph Node, Mandibular

Ectasia

Lymph Node, Mesenteric

Hemorrhage

Hyperplasia, Lymphoid

Pigmentation

Spleen

Fibrosis

Hematopoietic Cell Proliferation

Pigmentation

Thymus

Cyst

## INTEGUMENTARY SYSTEM

Mammary Gland

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Hyperplasia 2 2 2 2 2 3 3 4 3 3 4 4 3 2 3 2 3 4 3

Skin +  
 Cyst Epithelial Inclusion X  
 Ulcer  
 Epidermis, Hyperplasia

MUSCULOSKELETAL SYSTEM

Bone +

NERVOUS SYSTEM

Brain +  
 Compression 2 4 2 4 4 2 4 2 4 3 3 3 4 2  
 Hemorrhage 3 3  
 Necrosis 1  
 Peripheral Nerve + +  
 Spinal Cord + +

RESPIRATORY SYSTEM

Lung +  
 Edema  
 Hemorrhage 2 2  
 Infiltration Cellular, Histiocyte 1 1 1 1 1 1 1 1 1  
 Inflammation, Chronic 1 1 2  
 Pigmentation, Hemosiderin 1 1 1 3 1 1  
 Alveolar Epithelium, Hyperplasia 1

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG           | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>7<br>3<br>2      | 0<br>3<br>6<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>4<br>9<br>7      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>6<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>6<br>9<br>8      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>0<br>6      | 0<br>6<br>9<br>0      | 0<br>7<br>3<br>5      | 0<br>6<br>6<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>9      | 0<br>6<br>2<br>1      | 0<br>6<br>2<br>6      | 0<br>6<br>6<br>1      | 0<br>5<br>8<br>5      | 0<br>0<br>1<br>5      |                       |                      |
| ANIMAL ID                                    | 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>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>6<br>0 | 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>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>6<br>0 | 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>6<br>5 |                      |
| Nose   | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                      |
| Foreign Body                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                      |
| Inflammation, Chronic                        |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       | 1                     |                       |                       |                       |                      |
| Respiratory Epithelium, Hyperplasia          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                      |
| Respiratory Epithelium, Metaplasia, Squamous |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Trachea                                      | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |                      |
| <b>SPECIAL SENSES SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Eye  | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |                      |
| Cataract                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                      |
| Inflammation, Acute                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                      |
| Cornea, Hyperplasia                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                      |
| Retina, Degeneration                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       | 4                     |                       |                       |                       | 3                     |                       | 2                     |                       |                       |                       |                      |
| Harderian Gland                              | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |                      |
| Inflammation, Chronic                        |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| <b>URINARY SYSTEM</b>                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Kidney                                       | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |                      |
| Cyst   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Infarct                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                      |
| Nephropathy                                  |                       |                       | 1                     | 1                     |                       |                       | 1                     |                       |                       |                       | 2                     | 1                     |                       | 3                     | 2                     | 2                     | 1                     | 1                     |                       | 1                     | 2                     | 3                     | 1                     |                       |                       |                      |
| Renal Tubule, Accumulation, Hyaline Droplet  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Renal Tubule, Dilatation                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Renal Tubule, Pigmentation                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Urinary Bladder                              | +                     | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |                      |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Edema

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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|                                |  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                              |                  |                  |                  |
|--------------------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------------------|------------------|------------------|------------------|
|                                |  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                              |                  |                  |                  |
|                                |  | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>2 | 0<br>3<br>6<br>6 | 0<br>5<br>4<br>3 | 0<br>7<br>1<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>2 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>2 | 0<br>3<br>6<br>3 | 0<br>6<br>5<br>6 | 0<br>3<br>6<br>2 | 0<br>7<br>9<br>1 | 0<br>0<br>3<br>5 | 0<br>3<br>6<br>0 | 0<br>7<br>3<br>6 | 0<br>5<br>6<br>6 | 0<br>3<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>0<br>6<br>9 | 0<br>0<br>3<br>0 | 0<br>0<br>6<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>1<br>0 | 0<br>0<br>1<br>0 | <b>females<br/>(cont...)</b> |                  |                  |                  |
| <b>FISCHER 344 RATS FEMALE</b> |  | 0<br>2<br>8<br>6 | 0<br>0<br>8<br>7 | 0<br>0<br>8<br>8 | 0<br>0<br>8<br>8 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>1<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |                              | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |                  |
| <b>0 MG/KG</b>                 |  | 0<br>2<br>8<br>6 | 0<br>0<br>8<br>7 | 0<br>0<br>8<br>8 | 0<br>0<br>8<br>8 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>1<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |                              | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |                  |
|                                |  | 0<br>2<br>8<br>6 | 0<br>0<br>8<br>7 | 0<br>0<br>8<br>8 | 0<br>0<br>8<br>8 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>1<br>0 | 0<br>0<br>3<br>0 |                              | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |
|                                |  | 0<br>2<br>8<br>6 | 0<br>0<br>8<br>7 | 0<br>0<br>8<br>8 | 0<br>0<br>8<br>8 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>9 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>1<br>0 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |                              | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>0 |                  |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Intestine Large, Cecum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Edema                             |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Colon            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Intestine Large, Rectum           | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Ileum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Jejunum          | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Liver                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Angiectasis                       |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Basophilic Focus                  | X |   |   | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Clear Cell Focus                  | X |   |   |   |   |   |   |   |   |   | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Cyst                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                |   |   |   | X |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fatty Change                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |
| Hematopoietic Cell Proliferation  | 1 |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatodiaphragmatic Nodule        |   |   |   |   |   | X |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Mixed Cell |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mixed Cell Focus                  |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Necrosis, Focal                   |   |   |   |   | X | X |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Centrilobular, Necrosis           |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Hepatocyte, Vacuolization Cytoplasmic

|                  |   |  |  |  |   |  |  |  |   |   |   |   |  |   |  |  |  |   |  |   |   |  |  |  |
|------------------|---|--|--|--|---|--|--|--|---|---|---|---|--|---|--|--|--|---|--|---|---|--|--|--|
| Mesentery        | + |  |  |  | + |  |  |  | + | + | + | + |  |   |  |  |  | + |  | + | + |  |  |  |
| Accessory Spleen |   |  |  |  |   |  |  |  |   |   |   |   |  |   |  |  |  |   |  |   |   |  |  |  |
| Fibrosis         |   |  |  |  |   |  |  |  |   |   |   |   |  |   |  |  |  |   |  |   |   |  |  |  |
| Fat, Necrosis    | 4 |  |  |  | 4 |  |  |  | 3 | 3 | 4 |   |  | 4 |  |  |  | 3 |  | 4 | 3 |  |  |  |

|                                |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |
|--------------------------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|--|--|---|--|---|---|--|---|
| Pancreas                       | + | + |  | + | + | + | + |  | + | + | + | + | + | + |  |  |  | + |  | + | + |  | + |
| Atrophy                        |   |   |  |   |   |   |   |  | 1 |   | 3 | 1 | 1 | 3 |  |  |  |   |  |   |   |  |   |
| Cyst                           |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |
| Acinus, Cytoplasmic Alteration | 3 |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |
| Acinus, Hyperplasia, Focal     |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |

|                 |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |   |   |
|-----------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|--|--|---|--|---|---|---|---|
| Salivary Glands | + | + |  | + | + | + | + |  | + | + | + | + | + | + |  |  |  | + |  | + | + |   | + |
| Atrophy         |   |   |  |   |   | 2 |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   | 3 |   |
| Necrosis        |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |   |   |

|                              |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |   |   |
|------------------------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|--|--|---|--|---|---|---|---|
| Stomach, Forestomach         | + | + |  | + | + | + | + |  | + | + | + | + | + | + |  |  |  | + |  | + | + |   | + |
| Edema                        |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   | 3 |   |
| Inflammation, Chronic Active |   |   |  | 3 |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   | 3 |   |
| Ulcer                        |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   | 4 |   |
| Epithelium, Hyperplasia      |   |   |  | 3 |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   | 3 |   |

|                    |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |
|--------------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|--|--|---|--|---|---|--|---|
| Stomach, Glandular | + | + |  | + | + | + | + |  | + | + | + | + | + | + |  |  |  | + |  | + | + |  | + |
| Erosion            |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |
| Ulcer              |   |   |  | 3 |   |   |   |  |   |   |   |   |   |   |  |  |  |   |  |   |   |  |   |

Tongue  
 Epithelium, Hyperplasia

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 Lab: SRI

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

CARDIOVASCULAR SYSTEM

|                |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |
|----------------|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|--|---|---|---|---|---|
| Heart          | + | + |  | + | + | + | + |   | + | + | + | + | + | + |  | + |  | + | + |   | + |   |
| Cardiomyopathy | 1 | 3 |  | 2 | 3 | 2 |   | 1 | 3 | 1 | 3 | 1 |   | 1 |  | 3 |  | 3 | 3 | 1 |   | 3 |

ENDOCRINE SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Adrenal Cortex                    | + | + |   | + | + | + | + |   | + | + | + | + | + | + |   | + |   | + | + |   | + |   |   |  |
| Accessory Adrenal Cortical Nodule | 3 |   |   |   |   |   |   |   |   |   | 3 |   | 3 |   |   |   |   |   |   |   |   | 3 |   |  |
| Atrophy                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Degeneration, Fatty               | 3 |   |   |   |   |   | 1 |   |   |   | 2 | 1 |   | 3 | 2 |   |   |   | 2 |   |   |   | 1 |  |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |  |
| Hyperplasia, Focal                |   | 1 |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hypertrophy, Focal                | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   | 3 |   |   |   |   |  |
| Necrosis                          |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Adrenal Medulla                   | + | + |   | + | + | + | + |   | + | + | + | + | + | + | + |   | + |   | + | + |   | + |   |  |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis                          |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Islets, Pancreatic                | + | + |   | + | + | + | + |   | + | + | + | + | + | + | + |   | + |   | + | + |   | + |   |  |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   | 1 |   |   |   |   |  |
| Parathyroid Gland                 | + | + |   | + | + | + | + |   | + | + | + | + | + | + | + |   | + |   | M | M |   | + |   |  |
| Hyperplasia                       |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pituitary Gland                   | + | + |   | + | + | + | + |   | + | + | + | + | + | + | + |   | + |   | + | + |   | + |   |  |
| Pars Distalis, Angiectasis        | 3 |   |   |   | 4 | 4 |   |   |   |   | 3 |   |   |   |   |   |   |   |   | 3 |   |   |   |  |
| Pars Distalis, Cyst               |   |   | 3 |   |   |   |   | 3 |   |   |   | 3 | 3 |   |   |   |   | 3 |   | 3 |   |   |   |  |
| Pars Distalis, Hyperplasia        | 3 | 2 |   |   |   | 3 |   |   |   |   | 2 |   |   |   |   |   |   |   |   | 2 |   |   |   |  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
Test Type: CHRONIC  
Route: SKIN APPLICATION  
Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
Trimethylolpropane triacrylate  
CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
Time Report Requested: 13:41:41  
First Dose M/F: 01/18/05 / 01/18/05  
Lab: SRI

| DAY ON TEST | FISCHER 344 RATS FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|             | 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                       | 3 | 5 | 7 | 7 | 7 | 0 | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 3 | 6 | 3 | 7 | 0 | 7 | 5 | 3 | 7 | 0 |
| 2           | 3                       | 6 | 4 | 1 | 2 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 6 | 5 | 6 | 3 | 9 | 3 | 6 | 6 | 3 | 1 |
| 2           | 2                       | 6 | 3 | 2 | 2 | 2 | 2 | 5 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 6 | 3 | 6 | 2 | 1 | 5 | 0 | 6 | 1 | 5 |
| ANIMAL ID   | 0                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0           | 0                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2           | 2                       | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 8           | 8                       | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 6           | 7                       | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 |

females (cont...)

Pars Intermedia, Angiectasis  
Pars Intermedia, Cyst  
Pars Intermedia, Hyperplasia  
Thyroid Gland  
C-cell, Hyperplasia  
Follicular Cell, Hyperplasia

3  
  
3  
  
3  
  
+ + + + + + + + + + + + + + + + +  
  
2  
2  
  
1 1  
1

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland  
Cyst  
Hyperplasia  
Inflammation, Chronic  
Ovary  
Cyst  
Uterus  
Hyperplasia, Cystic  
Vagina

+ + + + + + + + + + + + + + + + + + +  
3  
2 4 3 2  
  
+ + + + + + + + + + + + + + + + +  
  
+ + + + + + + + + + + + + + + + +  
  
+ + + + + + + + + + + + + + + + +  
2 1 3 2  
  
+ +

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
Hyperplasia

+ + + + + + + + + + + + + + + + +  
4 3 3

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically M .. Missing tissue  
X .. Lesion present A .. Autolysis precludes evaluation  
I .. Insufficient tissue BLANK .. Not examined microscopically  
1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

TDMS No. 88133 - 07  
Test Type: CHRONIC  
Route: SKIN APPLICATION  
Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Trimethylolpropane triacrylate

CAS Number: 15625-89-5

Date Report Requested: 03/31/2010

Time Report Requested: 13:41:41

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

Lab: SRI

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

Myelofibrosis

Lymph Node

Bronchial, Hyperplasia

Bronchial, Pigmentation

Mediastinal, Ectasia

Mediastinal, Hemorrhage

Mediastinal, Hyperplasia, Lymphoid

Mediastinal, Pigmentation

Pancreatic, Hemorrhage

Pancreatic, Pigmentation

Lymph Node, Mandibular

Ectasia

Lymph Node, Mesenteric

Hemorrhage

Hyperplasia, Lymphoid

Pigmentation

Spleen

Fibrosis

Hematopoietic Cell Proliferation

Pigmentation

Thymus

Cyst

**INTEGUMENTARY SYSTEM**

Mammary Gland

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID                | females<br>(cont...) |
|------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------------|----------------------|
|                                    | 0722        | 0732 | 0736 | 0754 | 0777 | 0777 | 0777 | 0700 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0663 | 0636 | 0636 | 0637 | 0700 | 0707 | 0755 | 0733 | 0777 | 0700 |                          |                      |
|                                    | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 000000000000000000000000 |                      |
|                                    | 2           | 3    | 6    | 4    | 1    | 2    | 3    | 1    | 3    | 3    | 3    | 3    | 3    | 3    | 5    | 6    | 5    | 6    | 3    | 9    | 3    | 6    | 6    | 3    | 000000000000000000000000 |                      |
|                                    | 2           | 2    | 6    | 3    | 2    | 2    | 2    | 2    | 5    | 2    | 1    | 2    | 1    | 2    | 1    | 2    | 3    | 6    | 3    | 6    | 2    | 1    | 5    | 0    | 888899999999999999999999 |                      |
|                                    | 6           | 7    | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 678901234567890          |                      |
| Hyperplasia                        | 3           | 2    |      | 4    | 2    | 3    | 3    |      | 2    | 4    | 4    | 2    | 2    | 3    | 3    |      | 3    |      | 3    |      | 3    | 2    |      | 3    |                          |                      |
| Skin                               | +           | +    |      | +    | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | +    |      | +    |      | +    | +    |      | +    |      | +    |                          |                      |
| Cyst Epithelial Inclusion          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                          |                      |
| Ulcer                              |             |      |      |      |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      |      |      |      |      |      |                          |                      |
| Epidermis, Hyperplasia             |             |      |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |      |                          |                      |

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

|                  |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |  |   |   |  |   |  |   |
|------------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|--|---|--|---|
| Brain            | + | + |  | + | + | + | + |  | + | + | + | + | + | + | + |   | + |  | + | + |  | + |  | + |
| Compression      | 2 |   |  | 4 | 3 | 1 |   |  | 2 |   | 2 |   | 1 | 4 |   | 4 |   |  |   |   |  | 4 |  | 2 |
| Hemorrhage       |   |   |  | 3 |   |   |   |  |   |   |   |   |   |   |   |   |   |  |   |   |  |   |  |   |
| Necrosis         |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |  |   |   |  |   |  |   |
| Peripheral Nerve |   |   |  | + |   |   |   |  |   |   |   |   |   | + |   |   |   |  |   |   |  |   |  |   |
| Spinal Cord      |   |   |  | + |   |   |   |  |   |   |   |   |   | + |   |   |   |  |   |   |  |   |  |   |

RESPIRATORY SYSTEM

|                                   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                              | + | + |  | + | + | + | + |  | + | + | + | + | + | + | + |   | + |   | + | + |   | + |   | + |
| Edema                             |   |   |  |   |   | 2 |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                        |   |   |  |   |   |   |   |  |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Histiocyte | 1 |   |  | 1 |   |   | 1 |  | 1 |   |   |   | 1 |   |   | 1 |   | 1 |   | 1 | 1 |   | 1 |   |
| Inflammation, Chronic             |   |   |  |   | 1 | 1 |   |  | 1 |   |   |   | 1 |   |   | 1 |   | 1 |   | 1 |   |   |   |   |
| Pigmentation, Hemosiderin         |   |   |  | 1 |   |   |   |  |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar Epithelium, Hyperplasia  |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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1-4 .. Lesion qualified as:  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
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 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG           | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID             | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>2 | 0<br>3<br>6<br>6 | 0<br>5<br>4<br>3 | 0<br>7<br>1<br>2 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>2 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>2 | 0<br>3<br>6<br>6 | 0<br>6<br>5<br>3 | 0<br>3<br>6<br>2 | 0<br>7<br>0<br>1 | 0<br>5<br>3<br>5 | 0<br>3<br>6<br>6 | 0<br>7<br>3<br>1 | 0<br>5<br>6<br>6 | 0<br>0<br>3<br>0 |                       |                       |                      |
| Nose   | +                | +                |                  | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                |                  | +                |                  | 0<br>0<br>2<br>8<br>6 |                       |                      |
| Foreign Body                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | X                    |
| Inflammation, Chronic                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | 1                    |
| Respiratory Epithelium, Hyperplasia          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | 2                    |
| Respiratory Epithelium, Metaplasia, Squamous |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | 2                    |
| Trachea                                      | +                | +                |                  | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                |                  | +                |                  | 0<br>0<br>2<br>8<br>6 |                       |                      |
| <b>SPECIAL SENSES SYSTEM</b>                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                       |                      |
| Eye  | +                | +                |                  | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                |                  | +                |                  | 0<br>0<br>2<br>8<br>6 |                       |                      |
| Cataract                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| Inflammation, Acute                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | 3                    |
| Cornea, Hyperplasia                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| Retina, Degeneration                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| Harderian Gland                              | +                | +                |                  | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                |                  | +                |                  | 0<br>0<br>2<br>8<br>6 |                       |                      |
| Inflammation, Chronic                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| <b>URINARY SYSTEM</b>                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       |                       |                      |
| Kidney                                       | +                | +                |                  | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                |                  | +                |                  | 0<br>0<br>2<br>8<br>6 |                       |                      |
| Cyst   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| Infarct                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| Nephropathy                                  |                  |                  |                  | 3                | 2                | 3                | 1                |                  | 1                | 3                | 1                | 1                | 1                | 1                | 2                |                  |                  |                  |                  |                  |                  | 1                | 3                | 0<br>0<br>2<br>8<br>6 |                       |                      |
| Renal Tubule, Accumulation, Hyaline Droplet  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | 2                    |
| Renal Tubule, Dilatation                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 | 2                    |
| Renal Tubule, Pigmentation                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | 0<br>0<br>2<br>8<br>6 |                      |
| Urinary Bladder                              | +                | +                |                  | +                | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  | +                | +                |                  | +                | +                |                  | +                |                  | 0<br>0<br>2<br>8<br>6 |                       |                      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

|                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
|-------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
| FISCHER 344 RATS FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|                         | 0722        | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 | 0722 |                      |
|                         | 0086        | 0087 | 0088 | 0089 | 0090 | 0091 | 0092 | 0093 | 0094 | 0095 | 0096 | 0097 | 0098 | 0099 | 0100 | 0101 | 0102 | 0103 | 0104 | 0105 | 0106 | 0107 | 0108 | 0109 | 0110 |                      |
| 0 MG/KG                 | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |

Edema

3

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TDMS No. 88133 - 07  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
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 Lab: SRI

| FISCHER 344 RATS FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|-------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                         | 0731        | 0648 | 0597 | 0099 | 0091 | 0702 | 0772 | 0775 | 0071 | 0752 | 0778 | 0772 | 0771 | 0772 | 0771 |          |
| 0 MG/KG                 | 0011        | 0012 | 0013 | 0014 | 0015 | 0016 | 0017 | 0018 | 0019 | 0020 | 0021 | 0022 | 0023 | 0024 | 0025 |          |
| ANIMAL ID               | 0031        | 0032 | 0033 | 0034 | 0035 | 0036 | 0037 | 0038 | 0039 | 0040 | 0041 | 0042 | 0043 | 0044 | 0045 |          |

**ALIMENTARY SYSTEM**

|                                   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |             |
|-----------------------------------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|-------------|
| Esophagus                         | + | M | + |  |   | + | + | + |   | + | + | + | + | + | + | 49          |
| Intestine Large, Cecum<br>Edema   | + | + | + |  |   | + | + | + |   | + | + | + | + | + | + | 49<br>1 2.0 |
| Intestine Large, Colon            | + | + | + |  |   | + | + | + |   | + | + | + | + | + | + | 49          |
| Intestine Large, Rectum           | + | + | I |  |   | + | + | + |   | + | + | + | + | + | + | 48          |
| Intestine Small, Duodenum         | + | + | + |  |   | + | + | + |   | + | + | + | + | + | + | 50          |
| Intestine Small, Ileum            | + | + | + |  |   | + | + | + |   | + | A | + | + | + | + | 45          |
| Intestine Small, Jejunum          | + | + | + |  |   | + | + | + |   | + | + | + | + | + | + | 44          |
| Liver                             | + | + | + |  |   | + | + | + |   | + | + | + | + | + | + | 50          |
| Angiectasis                       |   |   | 2 |  |   |   |   |   |   |   |   |   |   |   |   | 4 2.0       |
| Basophilic Focus                  | X | X | X |  |   |   | X |   | X | X | X | X | X | X | X | 43          |
| Clear Cell Focus                  |   |   |   |  |   | X |   |   |   |   | X | X |   |   |   | 9           |
| Cyst                              |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 1 3.0       |
| Eosinophilic Focus                |   |   | X |  |   |   |   |   |   |   |   |   |   | X |   | 8           |
| Fatty Change                      |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 4 2.8       |
| Hematopoietic Cell Proliferation  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 2 1.5       |
| Hepatodiaphragmatic Nodule        |   |   |   |  |   |   |   |   |   |   | X | X | X |   |   | 11          |
| Infiltration Cellular, Mixed Cell |   |   |   |  |   |   |   |   |   | 2 | 3 |   |   |   |   | 7 2.0       |
| Mixed Cell Focus                  |   |   |   |  |   |   |   |   |   |   |   |   |   | X |   | 9           |
| Necrosis, Focal                   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   | 2 1.5       |
| Centrilobular, Necrosis           |   |   |   |  | 2 |   | 1 |   |   |   |   |   |   |   |   | 2 1.5       |

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG    | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                       | 0<br>7<br>3<br>1      | 0<br>6<br>4<br>8      | 0<br>5<br>9<br>7      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>5<br>9<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |          |
| ANIMAL ID                             | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>2<br>1 | 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>4 | 0<br>0<br>3<br>2<br>5 |          |
| Hepatocyte, Vacuolization Cytoplasmic |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.7    |
| Mesentery                             |                       | +                     | +                     |                       |                       |                       |                       |                       |                       | +                     |                       | +                     | +                     | +                     | +                     | 26       |
| Accessory Spleen                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 4        |
| Fibrosis                              |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Fat, Necrosis                         |                       |                       | 3                     | 2                     |                       |                       |                       |                       |                       | 3                     |                       | 4                     |                       | 3                     | 2                     | 22 3.0   |
| Pancreas                              | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Atrophy                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       | 3                     | 10 1.6   |
| Cyst                                  |                       |                       |                       | 3                     |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 3.0    |
| Acinus, Cytoplasmic Alteration        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 2.8    |
| Acinus, Hyperplasia, Focal            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Salivary Glands                       | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Atrophy                               |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5 2.2    |
| Necrosis                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Stomach, Forestomach                  | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Edema                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 3.7    |
| Inflammation, Chronic Active          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4 3.0    |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |                       |                       |                       |                       | 5 3.2    |
| Epithelium, Hyperplasia               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       | 6 3.2    |
| Stomach, Glandular                    | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Erosion                               |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Tongue                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Epithelium, Hyperplasia               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |

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 + .. Tissue examined microscopically  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**CARDIOVASCULAR SYSTEM**

|                |   |   |   |  |   |   |   |  |   |  |   |   |   |  |  |  |               |
|----------------|---|---|---|--|---|---|---|--|---|--|---|---|---|--|--|--|---------------|
| Heart          | + | + | + |  |   |   |   |  |   |  |   |   |   |  |  |  | <b>50</b>     |
| Cardiomyopathy | 1 |   |   |  | 1 | 1 | 1 |  | 2 |  | 3 | 3 | 2 |  |  |  | <b>38 1.9</b> |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |  |   |   |   |  |   |  |   |   |   |   |   |   |               |
|-----------------------------------|---|---|---|--|---|---|---|--|---|--|---|---|---|---|---|---|---------------|
| Adrenal Cortex                    | + | + | + |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>50</b>     |
| Accessory Adrenal Cortical Nodule |   |   |   |  |   |   |   |  |   |  |   |   |   |   |   | 3 | <b>7 3.0</b>  |
| Atrophy                           |   |   |   |  |   | 3 |   |  |   |  |   |   |   |   |   |   | <b>1 3.0</b>  |
| Degeneration, Fatty               |   | 2 | 1 |  | 1 |   |   |  |   |  |   |   |   | 1 | 2 |   | <b>18 1.8</b> |
| Hyperplasia                       |   |   |   |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>1 3.0</b>  |
| Hyperplasia, Focal                |   |   |   |  |   |   |   |  | 2 |  |   |   |   |   |   |   | <b>8 1.6</b>  |
| Hypertrophy, Focal                |   |   |   |  |   |   | 1 |  |   |  |   |   |   |   |   | 3 | <b>7 2.3</b>  |
| Necrosis                          |   |   |   |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>2 3.5</b>  |
| Adrenal Medulla                   | + | + | + |  |   |   |   |  |   |  |   |   |   |   | M |   | <b>48</b>     |
| Hyperplasia                       |   |   |   |  | 2 |   |   |  | 2 |  |   |   |   | 1 |   |   | <b>5 1.4</b>  |
| Necrosis                          |   |   |   |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>1 4.0</b>  |
| Islets, Pancreatic                | + | + | + |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>50</b>     |
| Hyperplasia                       |   |   |   |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>2 1.5</b>  |
| Parathyroid Gland                 | + | + | + |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>45</b>     |
| Hyperplasia                       |   |   |   |  |   |   |   |  |   |  |   | M |   |   |   |   | <b>1 2.0</b>  |
| Pituitary Gland                   | + | + | + |  |   |   |   |  |   |  |   |   |   |   |   |   | <b>50</b>     |
| Pars Distalis, Angiectasis        |   |   |   |  |   | 2 |   |  |   |  |   |   |   |   |   |   | <b>9 3.2</b>  |
| Pars Distalis, Cyst               |   |   |   |  |   | 3 |   |  |   |  | 3 |   | 3 | 3 |   |   | <b>14 3.0</b> |
| Pars Distalis, Hyperplasia        |   |   |   |  |   |   |   |  | 3 |  |   | 2 |   |   |   |   | <b>9 2.3</b>  |

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 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |       |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|-------|
|                                    | 0<br>7<br>3<br>1      | 0<br>6<br>4<br>8      | 0<br>5<br>9<br>7      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>5<br>9<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |          |       |
| ANIMAL ID                          | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>2<br>1 | 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>4 | 0<br>0<br>3<br>2<br>5 |          |       |
| Myelofibrosis                      |                       |                       |                       |                       |                       | 1                     | 1                     |                       |                       |                       |                       |                       |                       |                       |                       | 2        | 1.0   |
| Lymph Node                         |                       |                       | +                     |                       |                       | +                     | +                     | +                     |                       | +                     |                       |                       |                       |                       |                       | 12       |       |
| Bronchial, Hyperplasia             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0   |
| Bronchial, Pigmentation            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0   |
| Mediastinal, Ectasia               |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        | 2.7   |
| Mediastinal, Hemorrhage            |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        | 2.8   |
| Mediastinal, Hyperplasia, Lymphoid |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        | 2.7   |
| Mediastinal, Pigmentation          |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 5        | 2.2   |
| Pancreatic, Hemorrhage             |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 1        | 3.0   |
| Pancreatic, Pigmentation           |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0   |
| Lymph Node, Mandibular Ectasia     | M                     | M                     | M                     |                       |                       | M                     | M                     | M                     |                       | M                     | M                     | M                     | M                     | M                     | M                     | 4        | 1 4.0 |
| Lymph Node, Mesenteric Hemorrhage  | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       | 1 1.0 |
| Hyperplasia, Lymphoid Pigmentation |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       | 2                     | 4                     | 2                     |                       |                       | 26       | 2.3   |
| Pigmentation                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 3.0   |
| Spleen Fibrosis                    | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       | 1 3.0 |
| Hematopoietic Cell Proliferation   |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       | 2.2   |
| Pigmentation                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       | 8        | 3.0   |
| Thymus Cyst                        | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 47       | 1 3.0 |
| Cyst                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       | 1        | 3.0   |
| <b>INTEGUMENTARY SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |       |
| Mammary Gland                      | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | 50       |       |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                 |            |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|------------|
|                                    | 0<br>7<br>3<br>1      | 0<br>6<br>4<br>8      | 0<br>5<br>9<br>7      | 0<br>0<br>9<br>1      | 0<br>0<br>9<br>1      | 0<br>7<br>0<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>5<br>9<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                 |            |
| ANIMAL ID                          | 0<br>0<br>3<br>1<br>1 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>2<br>1 | 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>4 | 0<br>0<br>3<br>2<br>5 | <b>* TOTALS</b> |            |
| Hyperplasia                        | 2                     | 3                     | 4                     |                       |                       | 4                     | 3                     | 3                     |                       | 2                     | 4                     | 2                     | 3                     | 2                     |                       |                 |            |
| Skin                               | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | <b>50</b>       |            |
| Cyst Epithelial Inclusion          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>1</b>        | <b>1</b>   |
| Ulcer                              |                       |                       |                       |                       |                       | 4                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>2</b>        | <b>2.5</b> |
| Epidermis, Hyperplasia             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>1</b>        | <b>3.0</b> |
| <b>MUSCULOSKELETAL SYSTEM</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                 |            |
| Bone                               | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | <b>50</b>       |            |
| <b>NERVOUS SYSTEM</b>              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                 |            |
| Brain                              | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | <b>50</b>       |            |
| Compression                        |                       |                       | 2                     | 4                     |                       | 3                     | 2                     | 3                     |                       | 3                     |                       |                       |                       |                       |                       | <b>31</b>       | <b>2.9</b> |
| Hemorrhage                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>3</b>        | <b>3.0</b> |
| Necrosis                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>1</b>        | <b>1.0</b> |
| Peripheral Nerve                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>4</b>        |            |
| Spinal Cord                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>4</b>        |            |
| <b>RESPIRATORY SYSTEM</b>          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                 |            |
| Lung                               | +                     | +                     | +                     |                       |                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | <b>50</b>       |            |
| Edema                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>1</b>        | <b>2.0</b> |
| Hemorrhage                         |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       | <b>4</b>        | <b>2.3</b> |
| Infiltration Cellular, Histiocyte  |                       |                       |                       |                       |                       | 1                     | 1                     | 3                     |                       | 1                     |                       |                       |                       |                       |                       | <b>23</b>       | <b>1.1</b> |
| Inflammation, Chronic              | 1                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       | 2                     | 2                     |                       | <b>14</b>       | <b>1.2</b> |
| Pigmentation, Hemosiderin          | 2                     |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       | 1                     | <b>11</b>       | <b>1.4</b> |
| Alveolar Epithelium, Hyperplasia   |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       | 1                     |                       |                       |                       | <b>3</b>        | <b>1.3</b> |

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 I .. Insufficient tissue  
 M .. Missing tissue  
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 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0 MG/KG           | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|  | 0731        | 0648 | 0599 | 0099 | 0099 | 0703 | 0703 | 0703 | 0001 | 0001 | 0001 | 0001 | 0001 | 0001 | 0001 |          |
| ANIMAL ID                                    | 0031        | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 |          |
| Nose   | +           | +    | +    |      |      | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | 50       |
| Foreign Body                                 |             |      |      |      |      |      |      |      |      |      |      |      |      | X    |      | 5        |
| Inflammation, Chronic                        |             |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      | 8 1.4    |
| Respiratory Epithelium, Hyperplasia          |             |      |      |      |      |      |      |      |      |      |      |      |      | 1    |      | 2 1.0    |
| Respiratory Epithelium, Metaplasia, Squamous |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2 2.0    |
| Trachea                                      | +           | +    | +    |      |      | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | 50       |
| <b>SPECIAL SENSES SYSTEM</b>                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Eye  | +           | +    | +    |      |      | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | 50       |
| Cataract                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2 3.0    |
| Inflammation, Acute                          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2 2.0    |
| Cornea, Hyperplasia                          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 2.0    |
| Retina, Degeneration                         |             |      |      |      |      | 1    |      | 1    |      |      |      |      |      |      |      | 6 2.2    |
| Harderian Gland                              | +           | +    | +    |      |      | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | 50       |
| Inflammation, Chronic                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 2.0    |
| <b>URINARY SYSTEM</b>                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney                                       | +           | +    | +    |      |      | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | 50       |
| Cyst   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 3.0    |
| Infarct                                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1 1.0    |
| Nephropathy                                  | 1           | 1    | 2    |      |      | 2    | 2    | 2    |      | 3    | 1    | 1    | 1    |      | 1    | 38 1.6   |
| Renal Tubule, Accumulation, Hyaline Droplet  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2 2.0    |
| Renal Tubule, Dilatation                     |             |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      | 2 2.0    |
| Renal Tubule, Pigmentation                   |             |      |      |      |      | 3    |      | 2    |      |      |      |      |      |      |      | 2 2.5    |
| Urinary Bladder                              | +           | +    | +    |      |      | +    | +    | +    |      | +    | +    | +    | +    | +    | +    | 50       |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
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 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS FEMALE</b> | DAY ON TEST | 7 | 6 | 5 | 0 | 0 | 7 | 7 | 7 | 0 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                |             | 3 | 4 | 9 | 9 | 9 | 0 | 3 | 3 | 1 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 1 | 8 | 7 | 1 | 1 | 2 | 2 | 5 | 5 | 2 | 8 | 2 | 1 | 2 | 2 | 1 | 1 |
| <b>0 MG/KG</b>                 |             | 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 |
|                                |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |   |   |   |
| <b>* TOTALS</b>                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Edema                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>1 3.0</b>                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST   | FISCHER 344 RATS FEMALE |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | ANIMAL ID | females<br>(cont...) |     |
|---|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|----------------------|-----|
|   | 062                     | 065 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 | 067 |           |                      | 067 |
| 0.3 MG.KG   | 0                       | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0         | 00032266             |     |
| Hepatocyte, Vacuolization Cytoplasmic<br>Kupffer Cell, Pigmentation   | 3                       |     | 2   |     |     |     |     | 3   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                      |     |
| Mesentery<br>Hemorrhage<br>Fat, Necrosis  |                         |     |     | +   | +   |     |     |     | +   |     |     |     |     |     | +   | +   |     |     |     |     |     | +   |     |     | +         |                      |     |
| Pancreas<br>Atrophy<br>Cyst<br>Metaplasia, Hepatocyte<br>Acinus, Cytoplasmic Alteration<br>Acinus, Hyperplasia, Focal | +                       | +   | +   | +   | +   | +   | +   | +   | +   | +   |     | +   | +   | +   | +   | +   | +   | +   | +   |     |     |     | +   | +   |           |                      |     |
| Salivary Glands<br>Atrophy  | +                       | +   | +   | +   | +   | +   | +   | +   | +   | +   |     | +   | +   | +   | +   | +   | +   | +   | +   |     |     |     | +   | +   |           |                      |     |
| Stomach, Forestomach<br>Edema<br>Erosion<br>Inflammation, Chronic Active<br>Ulcer<br>Epithelium, Hyperplasia          | +                       | +   | +   | +   | +   | +   | +   | +   | +   | +   |     | +   | +   | +   | +   | +   | +   | +   | +   |     |     |     | +   | +   |           |                      |     |
| Stomach, Glandular<br>Erosion<br>Glands, Hyperplasia  | +                       | +   | +   | +   | +   | +   | +   | +   | +   | +   |     | +   | +   | +   | +   | +   | +   | +   | +   |     |     |     | +   | +   |           |                      |     |
| Tongue  |                         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |           |                      |     |

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0.3 MG.KG  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |  |  |  |  |   |  |  |  |  |  |  |  |
|---------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|--|--|--|--|---|--|--|--|--|--|--|--|
|                                       | 0<br>7<br>0<br>4 | 0<br>7<br>3<br>5 | 0<br>7<br>1<br>5 | 0<br>7<br>3<br>5 | 0<br>7<br>9<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>1<br>4 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>6<br>6 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>6<br>6 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>5 | 0<br>6<br>2<br>2 | 0<br>7<br>3<br>1 | 0<br>6<br>8<br>0 | 0<br>3<br>9<br>9 | 0<br>0<br>9<br>1 |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Hepatocyte, Vacuolization Cytoplasmic | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Kupffer Cell, Pigmentation            | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Mesentery                             | +                |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Hemorrhage                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Fat, Necrosis                         | 2                |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Pancreas                              | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Atrophy                               | 1                |                  | 1                |                  |                  |                  |                  |                  |                  |                  | 1                |                  | 1                |                  | 1                |                  |                  |                  |                  |                  |                  |                  | 1                |                  | 2         |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Cyst                                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Metaplasia, Hepatocyte                |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Acinus, Cytoplasmic Alteration        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Acinus, Hyperplasia, Focal            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Salivary Glands                       | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Atrophy                               | 2                |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Stomach, Forestomach                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Edema                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Erosion                               | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Inflammation, Chronic Active          | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Ulcer                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Epithelium, Hyperplasia               | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Stomach, Glandular                    | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |
| Erosion                               |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2         |                      |  |  |  |  | 1 |  |  |  |  |  |  |  |
| Glands, Hyperplasia                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |  |  |  |   |  |  |  |  |  |  |  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+

Heart

+ +

Cardiomyopathy

1 1 2 1 1 1 2 1 2 3 2 1 1 2 2 2

Thrombosis

3

**ENDOCRINE SYSTEM**

Adrenal Cortex

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

Accessory Adrenal Cortical Nodule

3

Atrophy

3

Degeneration, Fatty

2 1 1 1 3 3 4

Hemorrhage

Hyperplasia, Focal

1 2 2

Hypertrophy, Focal

2 1 2 1 2 3

Necrosis

Adrenal Medulla

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

Hyperplasia

Islets, Pancreatic

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

Hyperplasia

1

Parathyroid Gland

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

Pituitary Gland

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

Pars Distalis, Angiectasis

3 4 2 3 2 4 1

Pars Distalis, Cyst

3 3 3 3 3 3 3

Pars Distalis, Hyperplasia

3 3 3 3 2 2 2

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

1-4 .. Lesion qualified as:

X .. Lesion present

A .. Autolysis precludes evaluation

1) Minimal 3) Moderate

I .. Insufficient tissue

BLANK .. Not examined microscopically

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST                     | FISCHER 344 RATS FEMALE |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
|---------------------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|---|
|                                 | 0<br>7<br>0<br>4        | 0<br>7<br>3<br>5      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>5      | 0<br>7<br>9<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>1<br>4      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>9<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>5      |                       |                       | 0<br>6<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>6<br>8<br>1      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>9      | 0<br>3<br>9<br>9      | 0<br>0<br>9<br>1      |                       |                       |                       |                       |                       |                       |   |   |
| 0.3 MG.KG                       | 0<br>0<br>3<br>5<br>1   | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>5<br>3 | 0<br>0<br>3<br>5<br>4 | 0<br>0<br>3<br>5<br>5 | 0<br>0<br>3<br>5<br>6 | 0<br>0<br>3<br>5<br>7 | 0<br>0<br>3<br>5<br>8 | 0<br>0<br>3<br>5<br>9 | 0<br>0<br>3<br>6<br>0 | 0<br>0<br>3<br>6<br>1 | 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>3<br>6<br>5 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>6<br>7 | 0<br>0<br>3<br>6<br>8 | 0<br>0<br>3<br>6<br>9 | 0<br>0<br>3<br>6<br>0 | 0<br>0<br>3<br>6<br>1 | 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>3<br>6<br>5 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>6<br>7 | 0<br>0<br>3<br>6<br>8 | 0<br>0<br>3<br>6<br>9 | 0<br>0<br>3<br>6<br>0 | 0<br>0<br>3<br>6<br>1 | 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>3<br>6<br>5 |   |   |
| Pars Intermedia, Angiectasis    | 3                       |                       |                       | 3                     |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Pars Intermedia, Cyst           |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Thyroid Gland                   | +                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     |                       | +                     | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |
| Ultimobranchial Cyst            |                         |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| C-cell, Hyperplasia             |                         |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Follicle, Cyst                  |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| <b>GENERAL BODY SYSTEM</b>      |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Tissue NOS                      | +                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| <b>GENITAL SYSTEM</b>           |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Clitoral Gland                  | +                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     |                       | +                     | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |   |
| Cyst                            |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Hyperplasia                     |                         |                       |                       | 2                     |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Inflammation, Chronic           | 4                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Ovary                           | +                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     |                       | +                     | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |   |
| Cyst                            |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Uterus                          | +                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     |                       | +                     | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |   |
| Hyperplasia, Cystic             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Cervix, Myometrium, Hypertrophy |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |   |   |
| Vagina                          |                         |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| <b>HEMATOPOIETIC SYSTEM</b>     |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |
| Bone Marrow                     | +                       | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     |                       | +                     | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |   |

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**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
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 CAS Number: 15625-89-5

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 Lab: SRI

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

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hyperplasia                        | 3 |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |
| Myelofibrosis                      | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                         | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Ectasia               | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Hemorrhage            |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Hyperplasia, Lymphoid | 2 |   |   |   | 3 |   |   |   | 1 |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Pigmentation          | 2 |   |   |   |   |   |   |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular             | 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 | M | M | M |
| Lymph Node, Mesenteric             | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                         | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hyperplasia, Lymphoid              | 2 |   |   |   |   |   |   |   | 2 |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation                       |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                             | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |
| Hematopoietic Cell Proliferation   | 3 |   |   | 2 |   |   | 2 |   |   |   |   |   | 2 |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |
| Pigmentation                       |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoid Follicle, Atrophy         | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                             | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |

**INTEGUMENTARY SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| Mammary Gland         | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |  |  |  |  |
| Hyperplasia           | 3 | 2 | 3 | 2 | 3 | 4 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 |  |  |  |  |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |  |  |  |  |
| Skin                  | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |  |  |  |  |
| Edema                 | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   | + |   |   |   |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Pigmentation, Hemosiderin 2 1 1 1 1 1  
 Alveolar Epithelium, Hyperplasia 2 1 1 1

Nose + + + + + + + + + + + + + + + + + +  
 Foreign Body X X  
 Inflammation, Chronic 3 2 1  
 Respiratory Epithelium, Hyperplasia 1  
 Respiratory Epithelium, Metaplasia, Squamous 1

Trachea + + + + + + + + + + + + + + + + + +

**SPECIAL SENSES SYSTEM**

Eye + + + + + + + + + + + + + + + + + +  
 Cataract 3 1 2  
 Inflammation, Acute  
 Retina, Degeneration 4 3 3 3 2  
 Harderian Gland + + + + + + + + + + + + + + + + + +  
 Inflammation, Chronic 3

Zymbal's Gland

**URINARY SYSTEM**

Kidney + + + + + + + + + + + + + + + + + +  
 Infarct  
 Nephropathy 1 2 1 1 1 2 2 1 1 1 2 2 1 3 1 1  
 Renal Tubule, Accumulation, Hyaline Droplet 3  
 Renal Tubule, Necrosis 4  
 Renal Tubule, Pigmentation

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
| FISCHER 344 RATS FEMALE<br><br>0.3 MG.KG | DAY ON TEST | 0704  | 0705  | 0705  | 0705  | 0701  | 0701  | 0704  | 0705  | 0702  | 0706  | 0702  | 0705  | 0701  | 0705  | 0702  | 0706  | 0701  | 0702  | 0705  | 0702  | 0701  | 0700  | 0703  | 0704  | 0705  | 0709  | 0701  | females<br>(cont...) |
|  | ANIMAL ID   | 00351 | 00352 | 00353 | 00354 | 00355 | 00356 | 00357 | 00358 | 00359 | 00360 | 00361 | 00362 | 00363 | 00364 | 00365 | 00366 | 00367 | 00368 | 00369 | 00370 | 00371 | 00372 | 00373 | 00374 | 00375 | 00376 | 00377 |                      |
|  |             | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |                      |

Transitional Epithelium, Hyperplasia

Urinary Bladder

+ +

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |             |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49          |
| Intestine Large, Cecum                               | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 49          |
| Intestine Large, Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Intestine Large, Rectum                              | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 49          |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 2.0 |
| Intestine Small, Ileum                               | + | + | + | + | + | + | A | + | + | + | + | + | + | + | 49          |
| Intestine Small, Jejunum                             | + | + | + | + | + | + | A | A | + | + | + | + | + | + | 47          |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50          |
| Angiectasis  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5       |
| Basophilic Focus                                     | X | X | X | X | X | X |   |   | X | X | X |   |   |   | 45          |
| Clear Cell Focus                                     | X |   | X |   |   |   |   |   | X |   |   |   |   |   | 5           |
| Eosinophilic Focus                                   |   |   | X |   |   |   | X |   |   |   |   |   |   |   | 9           |
| Fatty Change   |   |   | 3 |   |   |   | 3 |   |   |   |   |   |   |   | 7 2.9       |
| Hematopoietic Cell Proliferation                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.0       |
| Hepatodiaphragmatic Nodule                           |   |   |   |   |   |   |   |   | X |   |   |   | X |   | 9           |
| Infiltration Cellular, Mixed Cell                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7 1.3       |
| Mixed Cell Focus                                     |   |   |   |   |   | X |   |   |   |   |   | X | X |   | 9           |
| Necrosis, Focal                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5 1.0       |
| Bile Duct, Hyperplasia                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.0       |
| Centrilobular, Necrosis                              |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   | 3 2.7       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0.3 MG.KG  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                       | 0<br>7<br>3<br>1      | 0<br>3<br>6<br>6      | 0<br>6<br>3<br>9      | 0<br>3<br>6<br>6      | 0<br>7<br>3<br>2      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>8      | 0<br>5<br>7<br>7      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>5<br>9<br>4      | 0<br>0<br>1<br>5      |          |
| ANIMAL ID                             | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>7<br>8 | 0<br>0<br>3<br>7<br>9 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>6 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>9<br>0 |          |
| Hepatocyte, Vacuolization Cytoplasmic |                       |                       |                       |                       |                       | 2                     |                       | 3                     |                       |                       |                       |                       |                       |                       |                       | 7 2.7    |
| Kupffer Cell, Pigmentation            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Mesentery                             |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       | +                     |                       | +                     |                       |                       | 15       |
| Hemorrhage                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Fat, Necrosis                         |                       |                       |                       |                       |                       |                       |                       | 3                     |                       | 3                     |                       | 3                     |                       |                       |                       | 13 2.8   |
| Pancreas                              | +                     |                       | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Atrophy                               |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |                       | 13 1.3   |
| Cyst                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       | 4 3.0    |
| Metaplasia, Hepatocyte                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Acinus, Cytoplasmic Alteration        |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| Acinus, Hyperplasia, Focal            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 1.5    |
| Salivary Glands                       | +                     |                       | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Atrophy                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5 1.8    |
| Stomach, Forestomach                  | +                     |                       | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Edema                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| Erosion                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Inflammation, Chronic Active          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0    |
| Ulcer                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0    |
| Epithelium, Hyperplasia               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.7    |
| Stomach, Glandular                    | +                     |                       | +                     |                       | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 50       |
| Erosion                               |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |                       |                       |                       | 5 1.8    |
| Glands, Hyperplasia                   |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.0    |
| Tongue                                | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
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Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST                    |       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>FISCHER 344 RATS FEMALE</b> | 7     | 3 | 6 | 3 | 7 | 0 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 5 | 0 | 0 |   |
|                                | 3     | 6 | 3 | 6 | 3 | 1 | 3 | 3 | 3 | 2 | 7 | 3 | 3 | 9 | 1 | 1 |   |
|                                | 1     | 6 | 9 | 6 | 2 | 5 | 2 | 5 | 2 | 8 | 7 | 2 | 1 | 4 | 5 | 5 |   |
|                                | <hr/> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>0.3 MG.KG</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 |   |
|                                | 3     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|                                | 7     | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |   |
|                                | 6     | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 |   |
| <b>* TOTALS</b>                |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**CARDIOVASCULAR SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Blood Vessel   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>      |
| Heart          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Cardiomyopathy | 1 | 1 | 3 | 2 | 1 | 3 | 1 | 1 | 1 | 2 |   |   |   |   |   |   | <b>44 1.6</b> |
| Thrombosis     |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   | <b>3 2.7</b>  |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |               |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Accessory Adrenal Cortical Nodule | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>6 3.0</b>  |
| Atrophy                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 3.0</b>  |
| Degeneration, Fatty               |   | 2 | 3 |   | 1 | 2 | 1 |   | 1 |   |   |   |   |   |   |   | <b>23 2.0</b> |
| Hemorrhage                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b>  |
| Hyperplasia, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>6 1.8</b>  |
| Hypertrophy, Focal                |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   | <b>11 1.6</b> |
| Necrosis                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 1.0</b>  |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3 1.0</b>  |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Hyperplasia                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 1.0</b>  |
| Parathyroid Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b>     |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Pars Distalis, Angiectasis        | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>10 2.9</b> |
| Pars Distalis, Cyst               |   |   | 3 | 3 | 3 | 3 |   |   |   |   |   |   |   |   |   |   | <b>18 3.0</b> |
| Pars Distalis, Hyperplasia        | 2 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>11 2.4</b> |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                              |   |   |     |
|------------------------------|---|---|-----|
| Pars Intermedia, Angiectasis | 3 | 5 | 2.6 |
| Pars Intermedia, Cyst        |   | 1 | 3.0 |

|                      |   |   |   |   |   |   |   |   |   |   |   |    |     |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Thyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Ultimobranchial Cyst |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |
| C-cell, Hyperplasia  | 1 |   |   |   | 1 | 2 |   |   |   |   |   | 8  | 1.3 |
| Follicle, Cyst       |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |

**GENERAL BODY SYSTEM**

|            |   |
|------------|---|
| Tissue NOS | 1 |
|------------|---|

**GENITAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Clitoral Gland        | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Cyst                  |   |   |   |   |   |   |   |   |   |   |   | 2  | 3.0 |
| Hyperplasia           |   | 1 |   |   |   |   |   |   | 1 |   |   | 6  | 1.3 |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   | 7  | 2.6 |

|       |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-------|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Ovary | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Cyst  |   |   |   |   |   |   |   |   |   |   | 3 | 5  | 3.0 |

|                                 |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Uterus                          | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Hyperplasia, Cystic             |   |   |   | 1 |   |   |   |   |   |   |   | 7  | 2.0 |
| Cervix, Myometrium, Hypertrophy |   |   |   |   |   |   |   |   |   |   | 3 | 1  | 3.0 |

|        |   |   |
|--------|---|---|
| Vagina | + | 5 |
|--------|---|---|

**HEMATOPOIETIC SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |    |  |
|-------------|---|---|---|---|---|---|---|---|---|---|---|----|--|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | 50 |  |
|-------------|---|---|---|---|---|---|---|---|---|---|---|----|--|

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>0.3 MG.KG | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                      | 0<br>7<br>3<br>1      | 0<br>3<br>6<br>6      | 0<br>6<br>3<br>9      | 0<br>3<br>6<br>6      | 0<br>7<br>3<br>2      | 0<br>0<br>1<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>5<br>7<br>7      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>5<br>9<br>4      | 0<br>0<br>1<br>5      |          |
| ANIMAL ID                            | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>7<br>8 | 0<br>0<br>3<br>7<br>9 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>6 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>9<br>0 |          |
| Hyperplasia                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5                     | 2.6      |
| Myelofibrosis                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 3.0      |
| Lymph Node                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 11                    |          |
| Mediastinal, Ectasia                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     | 3.0      |
| Mediastinal, Hemorrhage              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     | 2.5      |
| Mediastinal, Hyperplasia, Lymphoid   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7                     | 2.3      |
| Mediastinal, Pigmentation            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6                     | 2.2      |
| Lymph Node, Mandibular               | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 0                     |          |
| Lymph Node, Mesenteric               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Hemorrhage                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 2.0      |
| Hyperplasia, Lymphoid                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 20                    | 2.2      |
| Pigmentation                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 3.0      |
| Spleen                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Hematopoietic Cell Proliferation     | 2                     | 2                     |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       | 2                     |                       | 13                    |          |
| Pigmentation                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5                     | 3.0      |
| Lymphoid Follicle, Atrophy           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 3.0      |
| Thymus                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |          |
| <b>INTEGUMENTARY SYSTEM</b>          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Hyperplasia                          | 4                     | 4                     | 3                     | 3                     | 4                     | 3                     | 3                     | 2                     | 4                     | 3                     | 3                     |                       |                       |                       | 48                    |          |
| Inflammation, Chronic                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 4.0      |
| Skin                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Edema                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     | 3.0      |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |    |     |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|----|-----|
| Ulcer                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 | 3  | 3.7 |
| Epidermis, Hyperplasia                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | 4  | 2.8 |
| Epidermis, Site Of Application, Hyperplasia | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | 4  | 1.3 |
| Site Of Application, Hyperkeratosis         | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 11 | 1.0 |
| Site Of Application, Ulcer                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | 2  | 2.0 |

### MUSCULOSKELETAL SYSTEM

|                      |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |   |   |    |   |     |
|----------------------|---|---|--|--|---|--|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|
| Bone                 | + |   |  |  |   |  |   |   |   |   |   |   |   |   |   |   |   | 50 |   |     |
| Femur, Osteopetrosis |   | + |  |  | + |  | + | + | + | + | + | + | + | + | + | + | + | 1  | 1 | 4.0 |
| Skeletal Muscle      |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |   |   | 1  |   |     |

### NERVOUS SYSTEM

|                  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |     |
|------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|-----|
| Brain            | + |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |    |     |
| Compression      |   | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3  | 24 | 3.0 |
| Hemorrhage       |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2  | 4  | 2.3 |
| Necrosis         |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  | 4  | 1.8 |
| Peripheral Nerve |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | +  | 3  |     |
| Spinal Cord      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | +  | 3  |     |

### RESPIRATORY SYSTEM

|                                   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |     |
|-----------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|-----|
| Lung                              | + |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |    |     |
| Edema                             |   | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  | 1  | 1.0 |
| Hemorrhage                        |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3  | 5  | 1.8 |
| Infiltration Cellular, Histiocyte | 1 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  | 24 | 1.2 |
| Inflammation, Chronic             | 1 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  | 22 | 1.2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
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 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|
| Pigmentation, Hemosiderin        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 16 1.3 |
| Alveolar Epithelium, Hyperplasia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 5 1.8  |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Nose   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Foreign Body                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5     |
| Inflammation, Chronic                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5 1.6 |
| Respiratory Epithelium, Hyperplasia          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 1.0 |
| Respiratory Epithelium, Metaplasia, Squamous |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |

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

**SPECIAL SENSES SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Eye                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Cataract             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6 2.0  |
| Inflammation, Acute  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Retina, Degeneration |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 2.8 |

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Harderian Gland       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 3.3 |

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Zymbal's Gland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

**URINARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Kidney                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Infarct                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Nephropathy                                 | 1 | 1 | 1 | 1 | 3 | 2 | 1 | 1 | 3 | 2 | 2 |   |   |   |   | 39 1.6 |
| Renal Tubule, Accumulation, Hyaline Droplet |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5  |
| Renal Tubule, Necrosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Renal Tubule, Pigmentation                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| DAY ON TEST                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0            | * TOTALS  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------|-----------|
|                                      | 7 | 3 | 6 | 3 | 7 | 0 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 5 | 0 | 0            |           |
| <b>FISCHER 344 RATS FEMALE</b>       | 3 | 6 | 3 | 6 | 3 | 1 | 3 | 3 | 3 | 2 | 7 | 3 | 3 | 9 | 1 |              |           |
| <b>0.3 MG.KG</b>                     | 1 | 6 | 9 | 6 | 2 | 5 | 2 | 5 | 2 | 8 | 7 | 2 | 1 | 4 | 5 |              |           |
| ANIMAL ID                            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0            |           |
|                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0            |           |
|                                      | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3            |           |
|                                      | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9            |           |
|                                      | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |              |           |
| Transitional Epithelium, Hyperplasia | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 2.0</b> |           |
| Urinary Bladder                      | + | + |   | + | + | + | + | + | + | + | + | + | + | + |   |              | <b>50</b> |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

















TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Edema                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + |
| Intestine Large, Colon                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                               | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + |
| Intestine Small, Jejunum                             | + | + | + | + | A | + | + | + | + | A | A | + | + | + | + | + | A | + | + |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basophilic Focus                                     | X | X | X | X |   | X |   | X |   | X | X | X | X | X |   |   | X | X | X |
| Clear Cell Focus                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                                   |   |   |   |   |   | X |   |   |   | X |   | X |   |   |   |   |   |   |   |
| Fatty Change   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Hematopoietic Cell Proliferation                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Hepatodiaphragmatic Nodule                           | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Mixed Cell                    |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mixed Cell Focus                                     |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Necrosis, Focal                                      |   |   |   |   |   |   |   |   |   | 1 |   | 2 |   |   |   |   |   |   |   |
| Thrombosis   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |
| Bile Duct, Hyperplasia                               |   |   |   |   |   |   |   |   |   | 1 |   | 1 |   |   |   |   |   |   | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>1.0 MG/KG   | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>5<br>9<br>8 | 0<br>7<br>3<br>2 | 0<br>4<br>7<br>2 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>0<br>1<br>5 | 0<br>4<br>9<br>1 | 0<br>0<br>7<br>1 | 0<br>5<br>9<br>8 | 0<br>3<br>3<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>3<br>5 | 0<br>6<br>6<br>2 | 0<br>7<br>1<br>5 | 0<br>3<br>6<br>6 | 0<br>3<br>7<br>6 | 0<br>3<br>3<br>5 |           |                      | 0<br>7<br>1<br>5 | 0<br>7<br>0<br>0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Centrilobular, Necrosis<br>Hepatocyte, Vacuolization Cytoplasmic   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3         | 3                    | 3                |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery<br>Accessory Spleen<br>Fibrosis<br>Thrombosis<br>Fat, Necrosis   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +         | +                    | +                | +                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Pancreas<br>Atrophy<br>Cyst<br>Acinus, Cytoplasmic Alteration<br>Acinus, Hyperplasia, Focal                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +         | +                    | +                | +                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Salivary Glands<br>Atrophy   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +         | +                    | +                | +                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Stomach, Forestomach<br>Edema<br>Inflammation, Chronic Active<br>Perforation<br>Ulcer<br>Epithelium, Hyperplasia |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +         | +                    | +                | +                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular<br>Erosion<br>Ulcer<br>Glands, Hyperplasia  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +         | +                    | +                | +                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked





TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Thyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Ultimobranchial Cyst |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| C-cell, Hyperplasia  |   |   | 1 |   |   |   | 1 |   |   |   |   |   | 1 | 1 |   |   |   |   |   |   |   |   | 1 |  |
| Follicle, Cyst       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   | 3 |  |

**GENERAL BODY SYSTEM**

|            |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tissue NOS |  |  |  |  |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**GENITAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Clitoral Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Cyst                  |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hyperplasia           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Ovary                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Cyst                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |  |
| Uterus                | + | + | + | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hyperplasia, Cystic   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   | 1 |  |
| Vagina                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**HEMATOPOIETIC SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Hyperplasia   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Myelofibrosis |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 4 |  |
| Lymph Node    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Mediastinal, Ectasia  
 Mediastinal, Hemorrhage  
 Mediastinal, Hyperplasia, Lymphoid  
 Mediastinal, Pigmentation

2  
3  
3

Lymph Node, Mandibular

M M M M M M M M M M M M M M M M M M M M

Lymph Node, Mesenteric  
 Ectasia  
 Hemorrhage  
 Hyperplasia, Lymphoid  
 Pigmentation

+  
 2 2 2 3 2 2 2 2

Spleen  
 Fibrosis  
 Hematopoietic Cell Proliferation  
 Necrosis  
 Pigmentation  
 Lymphoid Follicle, Atrophy

+  
 2  
 2 2 4  
 3 3

Thymus

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

**INTEGUMENTARY SYSTEM**

Mammary Gland  
 Hyperplasia

+  
 2 4 3 2 2 2 2 3 4 2 2 2 3 2 3

Skin  
 Epidermis, Site Of Application, Hyperplasia  
 Site Of Application, Hyperkeratosis

+  
 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  
 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

### MUSCULOSKELETAL SYSTEM

|                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                   | + | + | + | + | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Fibrous Osteodystrophy |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skeletal Muscle        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Cyst                   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

### NERVOUS SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Compression      |   | 3 |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemorrhage       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

### RESPIRATORY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Edema                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                        |   |   |   |   | 4 |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Histiocyte |   |   | 1 | 2 | 1 | 1 |   |   |   |   | 2 | 1 | 3 |   | 1 | 1 |   |   |   |   |   | 1 | 1 |
| Inflammation, Chronic             | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 1 |   |   |   |   |   |   |   |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |
| Metaplasia, Osseous               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |
| Pigmentation, Hemosiderin         | 1 |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Alveolar Epithelium, Hyperplasia  |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>1.0 MG/KG        | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|
|   | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>5<br>9<br>8 | 0<br>7<br>3<br>2 | 0<br>4<br>7<br>2 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>0<br>1<br>5 | 0<br>4<br>9<br>1 | 0<br>0<br>7<br>1 | 0<br>5<br>9<br>8 | 0<br>3<br>3<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>3<br>5 | 0<br>6<br>6<br>2 | 0<br>7<br>1<br>5 | 0<br>3<br>6<br>6 | 0<br>3<br>7<br>6 | 0<br>3<br>3<br>5 |           |                      | 0<br>7<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>9 |
| Nose  | +                | +                | +                | +                | +                |                  |                  | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                |                  |                  | +         | +                    | +                |                  |                  |
| Foreign Body                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Inflammation, Chronic                       |                  |                  |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Trachea                                     | +                | +                | +                | +                | +                |                  |                  | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                |                  |           | +                    | +                | +                |                  |
| <b>SPECIAL SENSES SYSTEM</b>                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Eye   | +                | +                | +                | +                | +                |                  |                  | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                |                  |                  | +         | +                    | +                |                  |                  |
| Cataract                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Inflammation, Acute                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Retina, Degeneration                        |                  |                  | 2                | 1                | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Harderian Gland                             | +                | +                | +                | +                | +                |                  |                  | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                |                  |           | +                    | +                | +                |                  |
| <b>URINARY SYSTEM</b>                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Kidney                                      | +                | +                | +                | +                | +                |                  |                  | +                | +                |                  |                  | +                | +                | +                | +                | +                | +                | +                | +                |                  |           | +                    | +                | +                |                  |
| Cyst  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Infarct                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |           |                      | 1                |                  |                  |
| Inflammation, Suppurative                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Inflammation, Chronic                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  | 2                |                  |
| Nephropathy                                 | 1                | 3                |                  | 1                |                  |                  |                  | 1                |                  | 1                | 1                |                  |                  | 1                | 1                |                  | 1                |                  |                  |                  |           |                      |                  |                  |                  |
| Renal Tubule, Accumulation, Hyaline Droplet |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Renal Tubule, Necrosis                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Renal Tubule, Pigmentation                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |
| Transitional Epithelium, Hyperplasia        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  | 3                |                  |
| Urinary Bladder                             | +                | +                | +                | +                | +                |                  |                  | +                | +                |                  |                  | +                |                  | +                | +                | +                | +                | +                | +                |                  |           | +                    | +                | +                |                  |
| Transitional Epithelium, Hyperplasia        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  | 3                |                  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|  |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   |                           |
|--|---|---|---|--|---|---|---|--|---|---|---|---|--|---|---|---------------------------|
| Esophagus  | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>50</b>                 |
| Intestine Large, Cecum<br>Edema                      | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>49</b><br><b>3 3.0</b> |
| Intestine Large, Colon                               | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>49</b>                 |
| Intestine Large, Rectum                              | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>50</b>                 |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>50</b><br><b>4 2.5</b> |
| Intestine Small, Ileum                               | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>48</b>                 |
| Intestine Small, Jejunum                             | + | + | + |  | + | + | A |  | + | + | + | + |  | + | + | <b>44</b>                 |
| Liver  | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>50</b>                 |
| Basophilic Focus                                     | X | X |   |  | X | X |   |  |   |   | X |   |  | X | X | <b>38</b>                 |
| Clear Cell Focus                                     |   |   |   |  |   |   |   |  |   |   | X |   |  |   |   | <b>2</b>                  |
| Eosinophilic Focus                                   | X |   |   |  | X |   |   |  |   | X |   |   |  |   |   | <b>7</b>                  |
| Fatty Change   | 2 |   |   |  |   |   |   |  |   |   |   | 3 |  | 3 |   | <b>6 2.5</b>              |
| Hematopoietic Cell Proliferation                     |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   | <b>1 2.0</b>              |
| Hepatodiaphragmatic Nodule                           |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   | <b>2</b>                  |
| Infiltration Cellular, Mixed Cell                    | 1 |   |   |  |   | 1 |   |  |   |   | 2 |   |  | 2 |   | <b>9 1.4</b>              |
| Mixed Cell Focus                                     |   |   |   |  |   |   |   |  |   |   | X |   |  |   |   | <b>4</b>                  |
| Necrosis, Focal                                      |   |   |   |  |   |   |   |  | 4 |   |   |   |  |   |   | <b>4 2.0</b>              |
| Thrombosis   |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   | <b>1 3.0</b>              |
| Bile Duct, Hyperplasia                               |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   | <b>4 1.3</b>              |

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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>1.0 MG/KG  | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |     |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|-----|
|                                       | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>5           | 0<br>4<br>8<br>5           | 0<br>3<br>6<br>6           | 0<br>7<br>3<br>5           | 0<br>7<br>3<br>1           | 0<br>6<br>3<br>7           | 0<br>0<br>1<br>5           | 0<br>7<br>0<br>9           | 0<br>6<br>8<br>2           | 0<br>7<br>3<br>5           | 0<br>5<br>0<br>2           | 0<br>0<br>1<br>5           | 0<br>6<br>2<br>5           | 0<br>7<br>0<br>2           |          |     |
| ANIMAL ID                             | 0<br>0<br>4<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>4<br>4 | 0<br>0<br>4<br>4<br>4<br>5 | 0<br>0<br>4<br>4<br>4<br>6 | 0<br>0<br>4<br>4<br>4<br>7 | 0<br>0<br>4<br>4<br>4<br>8 | 0<br>0<br>4<br>4<br>4<br>9 | 0<br>0<br>4<br>4<br>5<br>0 | 0<br>0<br>4<br>4<br>5<br>1 | 0<br>0<br>4<br>4<br>5<br>2 | 0<br>0<br>4<br>4<br>5<br>3 | 0<br>0<br>4<br>4<br>5<br>4 | 0<br>0<br>4<br>4<br>5<br>5 |          |     |
| Centrilobular, Necrosis               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3        | 1.7 |
| Hepatocyte, Vacuolization Cytoplasmic |                            |                            | 3                          |                            | 2                          |                            |                            | 2                          | 4                          |                            |                            |                            |                            | 4                          |                            | 12       | 3.1 |
| Mesentery                             | +                          | +                          | +                          |                            |                            | +                          |                            |                            | +                          |                            | +                          |                            |                            |                            |                            | 19       |     |
| Accessory Spleen                      |                            |                            | X                          |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            | 2        |     |
| Fibrosis                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            | 1        | 3.0 |
| Thrombosis                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            | 1        | 3.0 |
| Fat, Necrosis                         | 1                          | 3                          |                            |                            |                            | 3                          |                            |                            |                            |                            | 2                          |                            |                            |                            |                            | 16       | 2.8 |
| Pancreas                              | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 49       |     |
| Atrophy                               |                            |                            |                            |                            | 1                          | 2                          | 4                          |                            | 1                          |                            |                            |                            |                            |                            |                            | 16       | 1.6 |
| Cyst                                  |                            |                            |                            |                            | 3                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3        | 3.0 |
| Acinus, Cytoplasmic Alteration        |                            |                            | 3                          |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            | 3                          |                            | 3        | 3.0 |
| Acinus, Hyperplasia, Focal            |                            | 2                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3        | 1.3 |
| Salivary Glands                       | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |     |
| Atrophy                               |                            |                            |                            |                            |                            | 2                          |                            |                            |                            | 3                          |                            |                            |                            |                            |                            | 3        | 2.0 |
| Stomach, Forestomach                  | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |     |
| Edema                                 |                            |                            | 4                          |                            |                            | 4                          |                            |                            |                            | 4                          |                            |                            |                            | 4                          |                            | 7        | 3.6 |
| Inflammation, Chronic Active          |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            | 3                          |                            | 5        | 3.4 |
| Perforation                           |                            |                            |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |                            | 2        |     |
| Ulcer                                 |                            |                            | 4                          |                            |                            | 4                          |                            |                            |                            | 4                          |                            |                            |                            | 1                          |                            | 9        | 3.3 |
| Epithelium, Hyperplasia               |                            |                            | 4                          |                            |                            | 4                          |                            |                            | 4                          | 3                          |                            | 2                          |                            | 4                          |                            | 12       | 3.1 |
| Stomach, Glandular                    | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |     |
| Erosion                               |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |                            |                            | 3                          |                            | 5        | 2.0 |
| Ulcer                                 |                            |                            |                            |                            |                            |                            | 3                          |                            | 3                          |                            |                            |                            |                            |                            |                            | 3        | 2.3 |
| Glands, Hyperplasia                   |                            |                            |                            |                            |                            | 2                          |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2        | 1.5 |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**CARDIOVASCULAR SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |               |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Heart          | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Cardiomyopathy | 2 | 2 | 1 | 3 | 2 | 3 | 2 | 3 | 2 | 1 |   |   | <b>34 1.9</b> |
| Thrombosis     |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 3.0</b>  |

**ENDOCRINE SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |               |               |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---------------|---------------|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |               |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   |   |   |   |   |   |   |   | <b>4 3.0</b>  |               |
| Degeneration, Fatty               |   |   | 4 | 1 | 2 | 3 | 1 | 1 | 3 | 1 | 2 |   |               | <b>23 2.0</b> |
| Hyperplasia, Focal                |   |   |   |   |   |   |   | 2 |   |   |   |   | <b>3 2.3</b>  |               |
| Hyperplasia, Diffuse              |   |   |   |   |   | 2 |   |   |   |   |   |   | <b>1 2.0</b>  |               |
| Hypertrophy, Focal                |   |   |   | 1 |   |   |   |   |   |   | 2 | 2 | <b>12 1.7</b> |               |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b>     |               |
| Hyperplasia                       |   |   |   |   |   |   |   |   | 2 |   |   |   | <b>4 1.8</b>  |               |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | + | <b>49</b>     |               |
| Parathyroid Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>     |               |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |               |
| Pigmentation                      |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 3.0</b>  |               |
| Pars Distalis, Angiectasis        |   |   | 2 | 3 | 4 |   |   |   |   |   |   |   | <b>14 2.6</b> |               |
| Pars Distalis, Cyst               |   |   | 3 | 3 | 3 |   |   |   | 3 |   |   |   | <b>19 3.0</b> |               |
| Pars Distalis, Hyperplasia        |   |   | 3 | 2 |   |   |   |   | 2 |   |   |   | <b>17 2.4</b> |               |
| Pars Distalis, Hypertrophy, Focal |   |   |   |   |   |   |   |   |   |   |   |   | <b>1 2.0</b>  |               |
| Pars Intermedia, Angiectasis      |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 2.5</b>  |               |
| Pars Intermedia, Cyst             |   |   |   |   |   |   |   |   |   |   |   |   | <b>3 3.0</b>  |               |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
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 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                      |   |   |   |   |   |   |   |   |   |   |   |   |              |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|--------------|
| Thyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>    |
| Ultimobranchial Cyst |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 3.0</b> |
| C-cell, Hyperplasia  |   |   |   |   |   |   |   |   |   |   |   |   | <b>8 1.3</b> |
| Follicle, Cyst       |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 3.0</b> |

**GENERAL BODY SYSTEM**

|            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Tissue NOS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

**GENITAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |               |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Clitoral Gland        | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Cyst                  |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 3.0</b>  |
| Hyperplasia           |   |   | 2 |   |   |   |   |   |   |   |   |   | <b>3 2.3</b>  |
| Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 3.0</b>  |
| Ovary                 | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Cyst                  |   |   |   |   |   |   |   |   |   | 3 |   |   | <b>8 3.0</b>  |
| Uterus                | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>     |
| Hyperplasia, Cystic   |   |   | 3 |   |   | 3 |   |   |   | 2 |   |   | <b>12 2.2</b> |
| Vagina                |   |   | + |   |   |   |   |   | + | + | + | + | <b>9</b>      |

**HEMATOPOIETIC SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |              |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|--------------|
| Bone Marrow   | + | + | + | + | + | + | + | + | + | + | + | + | <b>50</b>    |
| Hyperplasia   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 3.5</b> |
| Myelofibrosis |   |   |   |   |   |   |   |   |   |   |   |   | <b>2 2.5</b> |
| Lymph Node    |   |   | + |   |   |   |   |   | + |   |   |   | <b>8</b>     |

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 X .. Lesion present  
 I .. Insufficient tissue  
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1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>1.0 MG/KG        | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|
|   | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>5           | 0<br>4<br>8<br>5           | 0<br>3<br>6<br>6           | 0<br>7<br>3<br>5           | 0<br>7<br>3<br>1           | 0<br>6<br>3<br>7           | 0<br>0<br>1<br>5           | 0<br>7<br>0<br>9           | 0<br>6<br>8<br>2           | 0<br>7<br>3<br>5           | 0<br>5<br>0<br>2           | 0<br>0<br>1<br>5           | 0<br>6<br>2<br>5           | 0<br>7<br>0<br>2           |          |
| ANIMAL ID                                   | 0<br>0<br>4<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>4<br>4 | 0<br>0<br>4<br>4<br>4<br>5 | 0<br>0<br>4<br>4<br>4<br>6 | 0<br>0<br>4<br>4<br>4<br>7 | 0<br>0<br>4<br>4<br>4<br>8 | 0<br>0<br>4<br>4<br>4<br>9 | 0<br>0<br>4<br>4<br>5<br>0 | 0<br>0<br>4<br>4<br>5<br>1 | 0<br>0<br>4<br>4<br>5<br>2 | 0<br>0<br>4<br>4<br>5<br>3 | 0<br>0<br>4<br>4<br>5<br>4 | 0<br>0<br>4<br>4<br>5<br>5 |          |
| Mediastinal, Ectasia                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0                      |          |
| Mediastinal, Hemorrhage                     |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            |                            |                            | 2 2.5                      |          |
| Mediastinal, Hyperplasia, Lymphoid          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0                      |          |
| Mediastinal, Pigmentation                   |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            |                            |                            | 2 3.0                      |          |
| Lymph Node, Mandibular                      | M                          | M                          | M                          |                            | M                          | M                          | M                          |                            | M                          | M                          | M                          | M                          |                            | M                          | M                          | 0        |
| Lymph Node, Mesenteric                      | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Ectasia                                     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Hemorrhage                                  |                            |                            |                            |                            |                            |                            |                            |                            | 2                          |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Hyperplasia, Lymphoid                       |                            |                            |                            |                            | 2                          |                            |                            |                            |                            |                            |                            | 2                          |                            | 3                          |                            | 14 2.1   |
| Pigmentation                                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Spleen                                      | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Fibrosis                                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Hematopoietic Cell Proliferation            |                            |                            |                            |                            |                            | 2                          | 2                          |                            |                            |                            | 2                          | 2                          |                            | 2                          |                            | 17 2.2   |
| Necrosis                                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0    |
| Pigmentation                                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            | 3                          | 3                          | 6 3.0    |
| Lymphoid Follicle, Atrophy                  |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            |                            |                            |                            | 1 3.0    |
| Thymus                                      | +                          | +                          | M                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 46       |
| <b>INTEGUMENTARY SYSTEM</b>                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Mammary Gland                               | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Hyperplasia                                 | 3                          | 3                          |                            |                            | 4                          | 4                          | 3                          |                            | 3                          | 3                          | 2                          | 3                          |                            | 2                          | 3                          | 45 2.8   |
| Skin  | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Epidermis, Site Of Application, Hyperplasia | 1                          |                            |                            |                            |                            | 1                          |                            |                            |                            |                            |                            |                            |                            |                            |                            | 11 1.0   |
| Site Of Application, Hyperkeratosis         | 1                          | 1                          | 1                          |                            | 1                          | 1                          | 1                          |                            | 1                          | 1                          | 1                          | 1                          |                            | 1                          | 1                          | 42 1.0   |

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

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

**MUSCULOSKELETAL SYSTEM**

|                        |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   |              |
|------------------------|---|---|---|--|---|---|---|--|---|---|---|---|--|---|---|--------------|
| Bone                   | + | + | + |  | + | + | + |  | + | + | + | + |  | + | + | <b>50</b>    |
| Fibrous Osteodystrophy |   |   |   |  |   |   |   |  | 2 |   |   |   |  |   |   | <b>1 2.0</b> |
| Skeletal Muscle        |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   | <b>1</b>     |
| Cyst                   |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   | <b>1 3.0</b> |

**NERVOUS SYSTEM**

|                  |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |               |
|------------------|---|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---------------|
| Brain            | + | + | + |   | + | + | + |  | + | + | + | + |  | + | + | <b>50</b>     |
| Compression      | 3 |   |   |   | 3 | 4 |   |  |   | 4 |   | 4 |  | 4 | 3 | <b>18 3.1</b> |
| Hemorrhage       |   |   |   | 3 |   |   |   |  |   | 3 |   |   |  |   |   | <b>4 2.8</b>  |
| Necrosis         |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   | <b>1 4.0</b>  |
| Peripheral Nerve |   |   | + |   |   |   |   |  |   |   |   |   |  |   |   | <b>3</b>      |
| Spinal Cord      |   |   | + |   |   |   |   |  |   |   |   |   |  |   |   | <b>3</b>      |

**RESPIRATORY SYSTEM**

|                                   |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |               |
|-----------------------------------|---|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---------------|
| Lung                              | + | + | + |   | + | + | + |  | + | + | + | + |  | + | + | <b>50</b>     |
| Edema                             |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   | <b>1 2.0</b>  |
| Hemorrhage                        |   |   |   |   | 3 | 1 |   |  |   |   | 2 |   |  |   |   | <b>10 2.0</b> |
| Infiltration Cellular, Histiocyte |   |   |   | 1 | 1 | 1 |   |  | 1 |   | 1 | 1 |  | 1 |   | <b>28 1.1</b> |
| Inflammation, Chronic             | 1 | 1 |   |   |   |   |   |  |   |   | 1 |   |  | 1 |   | <b>15 1.0</b> |
| Inflammation, Chronic Active      |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   | <b>1 4.0</b>  |
| Metaplasia, Osseous               |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   | <b>1 1.0</b>  |
| Pigmentation, Hemosiderin         | 1 | 1 |   |   |   | 2 |   |  |   |   |   |   |  |   |   | <b>14 1.2</b> |
| Alveolar Epithelium, Hyperplasia  |   |   |   |   |   |   |   |  |   |   |   |   |  | 2 |   | <b>3 1.3</b>  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>1.0 MG/KG        | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|
|   | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>5           | 0<br>4<br>8<br>5           | 0<br>3<br>6<br>6           | 0<br>7<br>3<br>5           | 0<br>7<br>3<br>1           | 0<br>6<br>3<br>7           | 0<br>0<br>1<br>5           | 0<br>7<br>0<br>9           | 0<br>6<br>8<br>2           | 0<br>7<br>3<br>5           | 0<br>5<br>0<br>2           | 0<br>0<br>1<br>5           | 0<br>6<br>2<br>5           | 0<br>7<br>0<br>2           |          |
| ANIMAL ID                                   | 0<br>0<br>4<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>4<br>4 | 0<br>0<br>4<br>4<br>4<br>5 | 0<br>0<br>4<br>4<br>4<br>6 | 0<br>0<br>4<br>4<br>4<br>7 | 0<br>0<br>4<br>4<br>4<br>8 | 0<br>0<br>4<br>4<br>4<br>9 | 0<br>0<br>4<br>4<br>5<br>0 | 0<br>0<br>4<br>4<br>5<br>1 | 0<br>0<br>4<br>4<br>5<br>2 | 0<br>0<br>4<br>4<br>5<br>3 | 0<br>0<br>4<br>4<br>5<br>4 | 0<br>0<br>4<br>4<br>5<br>5 |          |
| Nose  | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Foreign Body                                |                            |                            |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |                            | 2        |
| Inflammation, Chronic                       |                            |                            |                            |                            |                            |                            |                            |                            | 2                          |                            |                            | 1                          |                            |                            | 1                          | 4 1.3    |
| Trachea                                     | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| <b>SPECIAL SENSES SYSTEM</b>                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Eye   | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Cataract                                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |                            |                            | 5 1.8    |
| Inflammation, Acute                         |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2                          |                            | 1 2.0    |
| Retina, Degeneration                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3                          | 2                          |                            |                            | 11 2.3   |
| Harderian Gland                             | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| <b>URINARY SYSTEM</b>                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Kidney                                      | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 50       |
| Cyst  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3                          |                            |                            |                            | 2 3.0    |
| Infarct                                     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2 2.5    |
| Inflammation, Suppurative                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0    |
| Inflammation, Chronic                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Nephropathy                                 | 2                          | 1                          | 2                          |                            | 1                          | 3                          | 1                          |                            | 4                          | 2                          | 2                          | 3                          |                            | 3                          | 3                          | 36 1.8   |
| Renal Tubule, Accumulation, Hyaline Droplet |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Renal Tubule, Necrosis                      |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0    |
| Renal Tubule, Pigmentation                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3 2.7    |
| Transitional Epithelium, Hyperplasia        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |                            |                            |                            | 3 2.0    |
| Urinary Bladder                             | +                          | +                          | +                          |                            | +                          | +                          | +                          |                            | +                          | +                          | +                          | +                          |                            | +                          | +                          | 49       |
| Transitional Epithelium, Hyperplasia        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0    |

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 + .. Tissue examined microscopically  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |
|-------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
|                         | 0731        | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  |                      |
| 3.0 MG/KG               | 00456       | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 | 00456 |                      |

**ALIMENTARY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum              | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Angiectasis                           |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Basophilic Focus                      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Clear Cell Focus                      |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Eosinophilic Focus                    | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Fatty Change                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |
| Hepatodiaphragmatic Nodule            |   | X | X | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Mixed Cell     |   |   |   | 1 |   | 1 |   |   |   |   |   | 2 |   |   |   | 3 |   |   |   |   |   | 3 |   | 2 |
| Inflammation, Chronic                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mixed Cell Focus                      |   | X |   | X |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Bile Duct, Hyperplasia                |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocyte, Eosinophilic Focus        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Hepatocyte, Mitotic Alteration        |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocyte, Vacuolization Cytoplasmic |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |

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 2) Mild 4) Marked





TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Hyperplasia  
 Inflammation, Chronic

2

Ovary  
 Cyst

+ +

Uterus  
 Hyperplasia, Cystic

+ +

Vagina

+

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
 Hyperplasia  
 Infiltration Cellular, Histiocyte  
 Myelofibrosis

+ +

Lymph Node  
 Mediastinal, Hemorrhage  
 Mediastinal, Hyperplasia, Lymphoid  
 Mediastinal, Pigmentation

+  
 2  
 3

Lymph Node, Mandibular

M M

Lymph Node, Mesenteric  
 Ectasia  
 Hemorrhage  
 Hyperplasia, Lymphoid  
 Pigmentation

+  
 1  
 2 2 2 2 3  
 3 2 2 2 2 3 3

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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TDMS No. 88133 - 07  
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P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
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 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**URINARY SYSTEM**

|                                      |   |   |   |   |   |   |  |  |   |   |  |  |   |   |   |   |   |   |  |   |   |   |  |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|--|--|---|---|--|--|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|
| Kidney                               | + | + | + | + | + | + |  |  | + | + |  |  | + | + | + | + | + |   |  | + | + |   |  | + | + | + |   |
| Nephropathy                          | 1 | 1 | 1 | 1 |   |   |  |  | 1 | 1 |  |  | 1 |   |   | 1 | 2 | 2 |  |   | 2 |   |  |   | 1 | 2 | 2 |
| Renal Tubule, Pigmentation           |   |   |   |   |   |   |  |  |   |   |  |  |   |   |   |   |   |   |  |   |   |   |  |   |   |   |   |
| Transitional Epithelium, Hyperplasia |   |   |   |   |   |   |  |  |   |   |  |  |   |   |   |   |   |   |  |   |   |   |  |   |   |   |   |
| Urinary Bladder                      | + | + | + | + | + | + |  |  | + | + |  |  | + | + | + | + | + | + |  |   | + | + |  |   | + | + | + |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

**ALIMENTARY SYSTEM**

|                                       |   |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
|---------------------------------------|---|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|
| Esophagus                             | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | M |  | + | + | + |
| Intestine Large, Cecum                | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | + |  | + | + | + |
| Intestine Large, Colon                | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | + |  | + | + | + |
| Intestine Large, Rectum               | + |  | + | + | + |  | + | + | + | + | I | + | + | + |   | + | + | + | + |  | + | + | + |
| Intestine Small, Duodenum             | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | + |  | + | + | + |
| Intestine Small, Ileum                | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | + |  | + | + | + |
| Intestine Small, Jejunum              | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | + |  | + | + | + |
| Liver                                 | + |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + | + |  | + | + | + |
| Angiectasis                           |   |  |   |   |   |  |   |   |   |   |   |   | 1 |   |   |   |   |   |   |  |   |   |   |
| Basophilic Focus                      |   |  |   | X | X |  | X | X |   | X | X | X | X |   | X | X | X | X | X |  | X | X | X |
| Clear Cell Focus                      |   |  |   | X |   |  | X |   |   |   |   | X |   |   |   |   |   |   |   |  |   |   |   |
| Eosinophilic Focus                    |   |  |   |   |   |  | X |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
| Fatty Change                          |   |  |   |   | 2 |  |   |   |   |   |   |   |   |   | 2 |   |   |   |   |  |   |   |   |
| Hepatodiaphragmatic Nodule            | X |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   | X |   |  |   |   |   |
| Infiltration Cellular, Mixed Cell     |   |  |   | 2 |   |  |   |   |   | 1 |   |   |   |   |   | 2 |   |   |   |  |   |   | 2 |
| Inflammation, Chronic                 |   |  |   |   |   |  |   |   | 1 |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
| Mixed Cell Focus                      |   |  |   |   |   |  |   |   |   |   | X |   |   |   |   | X |   | X |   |  |   |   |   |
| Bile Duct, Hyperplasia                |   |  |   |   |   |  |   | 1 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
| Hepatocyte, Eosinophilic Focus        |   |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
| Hepatocyte, Mitotic Alteration        |   |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   | 3 |   |
| Hepatocyte, Vacuolization Cytoplasmic |   |  |   |   |   |  |   |   |   |   | 2 |   |   |   |   | 3 |   |   |   |  | 2 |   | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                              |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------------|---|--|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mesentery                    | + |  |  |   | + | + |  |   | + |   | + |   |   |   | + |   |   |   | + |   | + |   |   |  |
| Accessory Spleen             | X |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fat, Necrosis                |   |  |  |   | 4 | 3 |  |   | 1 |   | 3 |   |   |   | 2 |   |   |   | 2 |   | 3 |   |   |  |
| Pancreas                     | + |  |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + |   | + | + | + |  |
| Atrophy                      |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   | 1 |   |  |
| Cyst                         |   |  |  |   | 3 | 3 |  |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   | 3 |  |
| Acinus, Hyperplasia, Focal   |   |  |  |   |   |   |  |   |   |   |   |   | 1 |   |   |   |   |   | 1 |   |   |   |   |  |
| Salivary Glands              | + |  |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + |   | + | + | + |  |
| Atrophy                      |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Stomach, Forestomach         | + |  |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + |   | + | + | + |  |
| Edema                        |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |  |
| Inflammation, Chronic Active |   |  |  |   |   | 3 |  |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |  |
| Ulcer                        |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |  |
| Epithelium, Hyperplasia      |   |  |  |   |   | 3 |  |   |   |   |   |   |   |   |   | 3 |   |   |   |   | 3 |   |   |  |
| Stomach, Glandular           | + |  |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + |   | + | + | + |  |
| Erosion                      |   |  |  |   |   |   |  |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Ulcer                        |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Glands, Hyperplasia          | 1 |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**CARDIOVASCULAR SYSTEM**

|                |   |  |  |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|--|--|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Heart          | + |  |  | + | + | + |  | + | + | + | + | + | + | + |   | + | + | + | + |   | + | + | + |   |   |
| Cardiomyopathy | 2 |  |  |   |   |   |  | 3 | 1 |   | 3 |   | 3 | 3 | 1 |   |   | 1 | 1 | 3 |   |   | 1 | 1 | 1 |

**ENDOCRINE SYSTEM**

|                |   |  |  |   |   |   |  |   |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |
|----------------|---|--|--|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---|
| Adrenal Cortex | + |  |  | + | + | + |  | + | + | + | + | + | + | + |  | + | + | + | + |  | + | + | + |
|----------------|---|--|--|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue 1-4 .. Lesion qualified as:  
 X .. Lesion present A .. Autolysis precludes evaluation 1) Minimal 3) Moderate  
 I .. Insufficient tissue BLANK .. Not examined microscopically 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>3.0 MG/KG                  | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | ANIMAL ID | females<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|-----------|----------------------|
|   | 0<br>7<br>3<br>2 | 0<br>3<br>6<br>6 | 0<br>0<br>9<br>1 | 0<br>4<br>1<br>7 | 0<br>7<br>2<br>9 | 0<br>6<br>2<br>5 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>3<br>7<br>9 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>9 | 0<br>6<br>0<br>1 | 0<br>7<br>2<br>6 | 0<br>7<br>3<br>5 | 0<br>6<br>9<br>0 | 0<br>3<br>6<br>6 | 0<br>6<br>9<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>4 |  |           |                      |
| Accessory Adrenal Cortical Nodule Degeneration, Fatty | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |           |                      |
| Hyperplasia, Focal                                    | 1                |                  |                  |                  |                  |                  |                  |                  | 2                | 1                |                  |                  |                  |                  | 3                | 1                | 2                | 1                | 1                |                  |                  |                  | 1                | 1                |  |           |                      |
| Hypertrophy, Focal                                    | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  | 2                | 3                |                  |                  |                  | 2                | 1                |  |           |                      |
| Adrenal Medulla Hyperplasia                           | +                |                  |                  | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                |                  | +                | +                | +                |  |           |                      |
| Islets, Pancreatic                                    | +                |                  |                  | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                |                  | +                | +                | +                |  |           |                      |
| Parathyroid Gland                                     | +                |                  |                  | M                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                |                  | +                | +                | +                |  |           |                      |
| Pituitary Gland                                       | +                |                  |                  | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                |                  | +                | +                | +                |  |           |                      |
| Pars Distalis, Angiectasis                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |           |                      |
| Pars Distalis, Cyst                                   | 3                |                  |                  |                  | 3                |                  |                  | 3                | 3                |                  |                  |                  | 3                | 3                |                  |                  |                  |                  | 3                | 3                |                  |                  |                  |                  |  |           |                      |
| Pars Distalis, Hyperplasia                            |                  |                  |                  |                  | 3                |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |  |           |                      |
| Pars Distalis, Hypertrophy, Focal                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |           |                      |
| Pars Intermedia, Angiectasis                          |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |  |           |                      |
| Pars Intermedia, Cyst                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |  |           |                      |
| Thyroid Gland   | +                |                  |                  | +                | +                | +                |                  | +                | +                | +                | +                | +                | +                |                  |                  | +                | +                | +                | +                | +                |                  | +                | +                | +                |  |           |                      |
| C-cell, Hyperplasia                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |  |           |                      |
| Follicle, Cyst  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |           |                      |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
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| FISCHER 344 RATS FEMALE<br>3.0 MG/KG | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                      | 0<br>7<br>3<br>2 | 0<br>3<br>6<br>6 | 0<br>0<br>9<br>1 | 0<br>4<br>1<br>7 | 0<br>7<br>2<br>9 | 0<br>6<br>2<br>5 | 0<br>0<br>1<br>5 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>3<br>7<br>9 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>2<br>9 | 0<br>6<br>0<br>1 | 0<br>7<br>2<br>6 | 0<br>7<br>3<br>5 | 0<br>6<br>9<br>0 | 0<br>3<br>6<br>6 |           |                      | 0<br>6<br>9<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>4 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |

Hyperplasia  
 Inflammation, Chronic

4

3

3

2

Ovary  
 Cyst

+

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3

3

3

Uterus  
 Hyperplasia, Cystic

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3

1

Vagina

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+

+

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
 Hyperplasia  
 Infiltration Cellular, Histiocyte  
 Myelofibrosis

+

+

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+

2

2

4

Lymph Node  
 Mediastinal, Hemorrhage  
 Mediastinal, Hyperplasia, Lymphoid  
 Mediastinal, Pigmentation

+

+

+

3

2

2

Lymph Node, Mandibular

M

M

M

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Lymph Node, Mesenteric  
 Ectasia  
 Hemorrhage  
 Hyperplasia, Lymphoid  
 Pigmentation

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2

2

1

2

2

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Spleen  
 Hematopoietic Cell Proliferation  
 Infiltration Cellular, Mixed Cell  
 Necrosis  
 Pigmentation  
 Lymphoid Follicle, Atrophy

Thymus

**INTEGUMENTARY SYSTEM**

Mammary Gland  
 Hyperplasia

Skin  
 Edema  
 Ulcer  
 Epidermis, Hyperplasia  
 Epidermis, Site Of Application, Hyperplasia  
 Site Of Application, Hyperkeratosis  
 Subcutaneous Tissue, Necrosis

**MUSCULOSKELETAL SYSTEM**

Bone

**NERVOUS SYSTEM**

Brain  
 Compression

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

Hemorrhage 3

Peripheral Nerve +

Spinal Cord +

**RESPIRATORY SYSTEM**

Lung +

Edema

Foreign Body X

Hemorrhage 1

Infiltration Cellular, Histiocyte 1 1 1 1 1

Inflammation, Chronic 1 1 1 2 3

Pigmentation, Hemosiderin 2 1 2

Alveolar Epithelium, Hyperplasia 1

Nose +

Foreign Body

Inflammation, Chronic 2

Trachea +

**SPECIAL SENSES SYSTEM**

Eye +

Cataract

Retina, Degeneration

Harderian Gland +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
| FISCHER 344 RATS FEMALE<br><br>3.0 MG/KG | DAY ON TEST | 0732  | 0366  | 0091  | 0472  | 0672  | 0077  | 0773  | 0773  | 0377  | 0772  | 0772  | 0773  | 0773  | 0090  | 0677  | 0777  | 0777  | 0663  | 0366  | 0669  | 0773  | 0770  | females<br>(cont...) |
|  | ANIMAL ID   | 00481 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 | 00448 |                      |

**URINARY SYSTEM**

|                                      |   |  |   |   |   |  |   |   |   |   |   |   |   |  |   |   |   |   |   |  |   |   |   |
|--------------------------------------|---|--|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|
| Kidney                               | + |  | + | + | + |  | + | + | + | + | + | + | + |  | + | + | + | + | + |  | + | + | + |
| Nephropathy                          | 1 |  |   |   |   |  | 2 |   |   | 2 | 2 | 3 |   |  | 2 | 3 | 1 | 3 | 2 |  | 1 | 1 | 1 |
| Renal Tubule, Pigmentation           |   |  |   |   |   |  |   |   |   | 1 |   |   |   |  |   |   |   |   |   |  |   |   |   |
| Transitional Epithelium, Hyperplasia |   |  |   |   |   |  |   |   |   |   |   |   |   |  |   | 1 |   |   |   |  |   |   |   |
| Urinary Bladder                      | + |  | + | + | + |  | + | + | + | + | + | + | + |  | + | + | + | + | + |  | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|-------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                         | 0729        | 0015 | 0015 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 |          |
| 3.0 MG/KG               | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |          |
| ANIMAL ID               | 5006        | 5007 | 5008 | 5009 | 5010 | 5011 | 5012 | 5013 | 5014 | 5015 | 5016 | 5017 | 5018 | 5019 | 5020 |          |

**ALIMENTARY SYSTEM**

|                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Intestine Large, Cecum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Large, Colon                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Large, Rectum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Intestine Small, Duodenum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Intestine Small, Ileum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Intestine Small, Jejunum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Liver                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Angiectasis                           |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 3 1.7  |
| Basophilic Focus                      | X |   | X | X | X | X | X | X | X | X | X | X | X | X |   | 45     |
| Clear Cell Focus                      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7      |
| Eosinophilic Focus                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Fatty Change                          |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |   | 5 2.2  |
| Hepatodiaphragmatic Nodule            |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   | 9      |
| Infiltration Cellular, Mixed Cell     |   |   |   | 1 |   |   |   |   |   |   |   |   | 1 |   |   | 12 1.8 |
| Inflammation, Chronic                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |
| Mixed Cell Focus                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8      |
| Bile Duct, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.0  |
| Hepatocyte, Eosinophilic Focus        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Hepatocyte, Mitotic Alteration        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.0  |
| Hepatocyte, Vacuolization Cytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6 2.5  |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>3.0 MG/KG | DAY ON TEST    |                |                |                |                |                |                |                |                |                |                |                |                |                |                | * TOTALS |
|--------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------|
|                                      | 07<br>29       | 00<br>15       | 00<br>15       | 07<br>31       | 07<br>15       | 07<br>11       | 07<br>33       | 07<br>22       | 07<br>15       | 07<br>55       | 07<br>34       | 07<br>15       | 07<br>53       | 07<br>25       | 07<br>05       |          |
| ANIMAL ID                            | 00<br>50<br>06 | 00<br>55<br>00 | 00<br>55<br>00 | 00<br>05<br>01 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>11 | 00<br>55<br>20 |          |

|                              |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|------------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Mesentery                    |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 18 |     |
| Accessory Spleen             |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Fat, Necrosis                |   |  |  |   |   |   |   |   | 3 |   |   |   |   |   | 2 | 15 | 2.7 |
| Pancreas                     | + |  |  | + | + | + | + | + |   | + | + | + | + | + |   | 50 |     |
| Atrophy                      |   |  |  |   |   |   |   | 3 |   |   | 1 |   |   | 1 |   | 8  | 1.8 |
| Cyst                         |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 6  | 3.0 |
| Acinus, Hyperplasia, Focal   |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1.0 |
| Salivary Glands              | + |  |  | + | + | + | + | + |   | + | + | + | + | + |   | 50 |     |
| Atrophy                      |   |  |  |   |   |   |   | 2 |   | 1 |   |   |   |   |   | 2  | 1.5 |
| Stomach, Forestomach         | + |  |  | + | + | + | + | + |   | + | + | + | + | + |   | 50 |     |
| Edema                        |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 4.0 |
| Inflammation, Chronic Active |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 4  | 3.0 |
| Ulcer                        |   |  |  |   |   |   |   | 3 |   |   |   |   |   |   |   | 2  | 3.5 |
| Epithelium, Hyperplasia      |   |  |  |   |   |   |   | 3 |   |   |   |   |   |   |   | 7  | 2.9 |
| Stomach, Glandular           | + |  |  | + | + | + | + | + |   | + | + | + | + | + |   | 50 |     |
| Erosion                      |   |  |  |   |   |   |   |   |   | 1 |   |   |   |   |   | 3  | 1.0 |
| Ulcer                        |   |  |  |   |   |   |   | 2 |   |   |   |   |   |   |   | 1  | 2.0 |
| Glands, Hyperplasia          |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |

**CARDIOVASCULAR SYSTEM**

|                |   |  |   |   |   |   |   |   |  |   |   |   |   |   |  |    |     |
|----------------|---|--|---|---|---|---|---|---|--|---|---|---|---|---|--|----|-----|
| Heart          | + |  |   | + | + | + | + | + |  | + | + | + | + | + |  | 50 |     |
| Cardiomyopathy | 2 |  | 1 |   |   |   | 2 |   |  | 2 |   | 2 |   | 1 |  | 30 | 1.9 |

**ENDOCRINE SYSTEM**

|                |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |    |  |
|----------------|---|--|--|---|---|---|---|---|--|---|---|---|---|---|--|----|--|
| Adrenal Cortex | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  | 50 |  |
|----------------|---|--|--|---|---|---|---|---|--|---|---|---|---|---|--|----|--|

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

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

|                                   |  |  |  |  |   |  |  |   |   |   |  |   |  |   |  |  |               |
|-----------------------------------|--|--|--|--|---|--|--|---|---|---|--|---|--|---|--|--|---------------|
| Accessory Adrenal Cortical Nodule |  |  |  |  |   |  |  | 3 |   | 3 |  |   |  |   |  |  | <b>8 3.0</b>  |
| Degeneration, Fatty               |  |  |  |  | 1 |  |  |   | 1 |   |  | 3 |  | 3 |  |  | <b>22 1.5</b> |
| Hyperplasia, Focal                |  |  |  |  |   |  |  |   |   |   |  |   |  | 3 |  |  | <b>9 1.9</b>  |
| Hypertrophy, Focal                |  |  |  |  |   |  |  | 1 |   |   |  | 3 |  |   |  |  | <b>7 2.3</b>  |

|                 |   |  |  |   |   |   |   |  |  |  |   |   |   |   |   |  |              |
|-----------------|---|--|--|---|---|---|---|--|--|--|---|---|---|---|---|--|--------------|
| Adrenal Medulla | + |  |  |   |   |   |   |  |  |  |   |   |   |   |   |  | <b>50</b>    |
| Hyperplasia     |   |  |  | + | + | + | + |  |  |  | + | + | + | + | + |  | <b>1 1.0</b> |

|                    |   |  |  |   |   |   |   |   |  |  |   |   |   |   |   |  |           |
|--------------------|---|--|--|---|---|---|---|---|--|--|---|---|---|---|---|--|-----------|
| Islets, Pancreatic | + |  |  | + | + | + | + | + |  |  | + | + | + | + | + |  | <b>50</b> |
|--------------------|---|--|--|---|---|---|---|---|--|--|---|---|---|---|---|--|-----------|

|                   |   |  |  |   |   |   |   |   |  |  |   |   |   |   |   |  |           |
|-------------------|---|--|--|---|---|---|---|---|--|--|---|---|---|---|---|--|-----------|
| Parathyroid Gland | + |  |  | + | + | + | + | + |  |  | + | + | + | + | M |  | <b>46</b> |
|-------------------|---|--|--|---|---|---|---|---|--|--|---|---|---|---|---|--|-----------|

|                                   |   |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |               |
|-----------------------------------|---|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---------------|
| Pituitary Gland                   | + |  |  |  |  |  |  |  |  |  | + | + | + | + | + |   | <b>50</b>     |
| Pars Distalis, Angiectasis        |   |  |  |  |  |  |  |  |  |  |   |   |   |   | 2 | 3 | <b>10 2.9</b> |
| Pars Distalis, Cyst               |   |  |  |  |  |  |  |  |  |  |   |   |   |   | 3 | 3 | <b>24 3.0</b> |
| Pars Distalis, Hyperplasia        |   |  |  |  |  |  |  |  |  |  |   |   |   |   | 2 | 2 | <b>9 2.4</b>  |
| Pars Distalis, Hypertrophy, Focal |   |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   | <b>1 2.0</b>  |
| Pars Intermedia, Angiectasis      |   |  |  |  |  |  |  |  |  |  |   |   |   |   |   | 3 | <b>4 2.8</b>  |
| Pars Intermedia, Cyst             |   |  |  |  |  |  |  |  |  |  |   |   |   |   | 3 | 3 | <b>7 3.0</b>  |

|                     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |              |
|---------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--------------|
| Thyroid Gland       | + |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  | <b>50</b>    |
| C-cell, Hyperplasia |   |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  | <b>4 2.0</b> |
| Follicle, Cyst      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  | <b>1 3.0</b> |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |
|----------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|
| Clitoral Gland | M |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>49</b> |
|----------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically  
 1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>3.0 MG/KG   | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS                                |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
|  | 0729        | 0015   | 0015   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   |   |
| ANIMAL ID  | 005006      | 005007 | 005008 | 005009 | 005010 | 005011 | 005012 | 005013 | 005014 | 005015 | 005016 | 005017 | 005018 | 005019 | 005020 |   |
| Hyperplasia<br>Inflammation, Chronic   |             |        |        |        |        |        | 3      |        |        |        |        |        |        |        |        | 2 2.5<br>4 3.0                          |
| Ovary<br>Cyst  | +           |        |        | +      | +      | +      | +      | +      |        |        | +      | +      | +      | +      | +      | 50<br>7 3.0                             |
| Uterus<br>Hyperplasia, Cystic  | +           |        |        | +      | +      | +      | +      | +      |        |        | +      | +      | +      | +      | +      | 50<br>3 2.7                             |
| Vagina   |             |        |        |        |        |        |        | +      |        |        |        |        |        |        |        | 5                                       |
| <b>HEMATOPOIETIC SYSTEM</b>  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |   |
| Bone Marrow<br>Hyperplasia<br>Infiltration Cellular, Histiocyte<br>Myelofibrosis                         | +           |        |        | +      | +      | +      | +      | +      |        |        | +      | +      | +      | +      | +      | 50<br>1 3.0<br>2 2.0<br>1 4.0           |
| Lymph Node<br>Mediastinal, Hemorrhage<br>Mediastinal, Hyperplasia, Lymphoid<br>Mediastinal, Pigmentation |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 4<br>2 2.5<br>1 2.0<br>2 2.5            |
| Lymph Node, Mandibular   | M           |        |        | M      | M      | M      | M      | M      |        |        | M      | M      | M      | M      | M      | 0                                       |
| Lymph Node, Mesenteric<br>Ectasia<br>Hemorrhage<br>Hyperplasia, Lymphoid<br>Pigmentation                 | +           |        |        | +      | +      | +      | +      | +      |        |        | +      | +      | +      | +      | +      | 50<br>2 2.0<br>2 1.0<br>19 2.2<br>3 3.0 |

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE | DAY ON TEST |            |            |            |            |            |            |            |            |            |            |            |            |            |            | * TOTALS   |    |
|-------------------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----|
|                         | 07          | 00         | 00         | 07         | 07         | 07         | 07         | 07         | 07         | 00         | 07         | 05         | 07         | 05         | 07         |            | 00 |
| 3.0 MG/KG               | 29          | 15         | 15         | 31         | 15         | 31         | 35         | 21         | 51         | 35         | 41         | 31         | 53         | 32         | 55         | 15         |    |
| ANIMAL ID               | 0000000000  | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 | 0000000000 |    |

|                                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        |
|-----------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--------|
| Spleen                            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |        |
| Hematopoietic Cell Proliferation  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 13 2.0 |
| Infiltration Cellular, Mixed Cell |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 1 4.0  |
| Necrosis                          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 1 3.0  |
| Pigmentation                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 6 3.0  |
| Lymphoid Follicle, Atrophy        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 1 2.0  |
| Thymus                            | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |        |

**INTEGUMENTARY SYSTEM**

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--------|
| Mammary Gland                               | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |        |
| Hyperplasia                                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 44 2.6 |
| Skin  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |        |
| Edema                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 1 2.0  |
| Ulcer                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 2 3.0  |
| Epidermis, Hyperplasia                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 2 3.0  |
| Epidermis, Site Of Application, Hyperplasia |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 25 1.0 |
| Site Of Application, Hyperkeratosis         |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 50 1.0 |
| Subcutaneous Tissue, Necrosis               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 1 2.0  |

**MUSCULOSKELETAL SYSTEM**

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

**NERVOUS SYSTEM**

|             |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |        |
|-------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--------|
| Brain       | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 50 |        |
| Compression |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    | 21 3.1 |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
 CAS Number: 15625-89-5

Date Report Requested: 03/31/2010  
 Time Report Requested: 13:41:41  
 First Dose M/F: 01/18/05 / 01/18/05  
 Lab: SRI

| FISCHER 344 RATS FEMALE<br>3.0 MG/KG | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                                      | 0729        | 0015 | 0015 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 |          |
| ANIMAL ID                            | 0050        | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 |          |
|                                      | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |          |
|                                      | 7           | 0    | 0    | 7    | 7    | 7    | 7    | 7    | 0    | 7    | 5    | 7    | 5    | 7    | 0    |          |
|                                      | 2           | 1    | 1    | 3    | 1    | 3    | 3    | 2    | 1    | 3    | 9    | 3    | 5    | 3    | 1    |          |
|                                      | 9           | 5    | 5    | 1    | 5    | 1    | 5    | 1    | 5    | 5    | 4    | 1    | 2    | 5    | 5    |          |
|                                      | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |          |
|                                      | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |          |
|                                      | 5           | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    | 5    |          |
|                                      | 0           | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 2    |          |
|                                      | 6           | 7    | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 0    |          |

|                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     |   |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-----|---|
| Hemorrhage       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 3.0 |   |
| Peripheral Nerve |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | 4 |
| Spinal Cord      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |     | 4 |

**RESPIRATORY SYSTEM**

|                                   |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |    |     |     |
|-----------------------------------|---|--|--|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|--|--|----|-----|-----|
| Lung                              | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  |  |  |  |  |  | 50 |     |     |
| Edema                             |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 1  | 2.0 |     |
| Foreign Body                      |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 2  |     |     |
| Hemorrhage                        |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 4  | 1.8 |     |
| Infiltration Cellular, Histiocyte |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 21 | 1.0 |     |
| Inflammation, Chronic             |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 13 | 1.5 |     |
| Pigmentation, Hemosiderin         |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 12 | 1.4 |     |
| Alveolar Epithelium, Hyperplasia  |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  | 2  | 1.5 |     |
| Nose                              | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  |  |  |  |  |  |    | 50  |     |
| Foreign Body                      |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |    | 2   |     |
| Inflammation, Chronic             |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |    | 5   | 1.2 |
| Trachea                           | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  |  |  |  |  |  |    | 50  |     |

**SPECIAL SENSES SYSTEM**

|                      |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |    |     |
|----------------------|---|--|--|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|--|--|--|----|-----|
| Eye                  | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  |  |  |  |  |  |  | 50 |     |
| Cataract             |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  | 4  | 2.5 |
| Retina, Degeneration |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  | 5  | 3.6 |
| Harderian Gland      | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  |  |  |  |  |  |  | 50 |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
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 BLANK .. Not examined microscopically  
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TDMS No. 88133 - 07  
 Test Type: CHRONIC  
 Route: SKIN APPLICATION  
 Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Trimethylolpropane triacrylate  
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Date Report Requested: 03/31/2010  
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 Lab: SRI

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

**URINARY SYSTEM**

|                                      |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  |               |
|--------------------------------------|---|--|--|---|---|---|---|---|--|---|---|---|---|---|--|--|---------------|
| Kidney                               | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  | <b>50</b>     |
| Nephropathy                          | 2 |  |  |   | 2 |   |   | 1 |  | 1 | 1 | 2 |   | 2 |  |  | <b>35 1.6</b> |
| Renal Tubule, Pigmentation           |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  | <b>1 1.0</b>  |
| Transitional Epithelium, Hyperplasia |   |  |  |   |   |   |   |   |  |   |   |   |   |   |  |  | <b>1 1.0</b>  |
| Urinary Bladder                      | + |  |  | + | + | + | + | + |  | + | + | + | + | + |  |  | <b>50</b>     |

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

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

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked