

**Experiment Number:** 20702 - 02

**Test Type:** 90-DAY

**Route:** DOSED FEED

**Species/Strain:** MICE/B6C3F1/NCTR

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

Usnea Lichen

**CAS Number:** USNEALICHEN

**Date Report Requested:** 12/03/2020

**Time Report Requested:** 12:51:12

**First Dose M/F:** 02/13/09 / 02/13/09

**Lab:** NCTR

**NTP Study Number:** C20702

**Lock Date:** 07/01/2013

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.2.3\_002

**PWG Approval Date:** NONE

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE Control 0 PPM	DAY ON TEST												
		0 0 9 5	0 0 9 5										
ANIMAL ID	0 0 0 2 1	0 0 0 2 2	0 0 0 4 5	0 0 0 4 6	0 0 0 6 5	0 0 0 6 6	0 0 0 8 9	0 0 0 9 9	0 0 0 9 9	0 0 0 9 9	0 0 0 9 8	* TOTALS	
	0	0	0	0	0	0	0	0	0	0	0	10	

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	10	
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	10	
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	10	
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	10	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	10	
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	10	
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	10	
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	10	
Liver	+	+	+	+	+	+	+	+	+	+	+	10	
Tension Lipidosis					1	1						2 1.0	
Pancreas	+	+	+	+	+	+	+	+	+	+	+	10	
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	10	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	10	
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	10	

## CARDIOVASCULAR 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:

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Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

C57BL/6N XC3H/HEN MTV-NCTR MICE MALE Control 0 PPM	DAY ON TEST	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0
C57BL/6N XC3H/HEN MTV-NCTR MICE MALE Control 0 PPM	ANIMAL ID	9	9	9	9	9	9	9	9	9	9
		5	5	5	5	5	5	5	5	5	5
C57BL/6N XC3H/HEN MTV-NCTR MICE MALE Control 0 PPM	ANIMAL ID	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0
C57BL/6N XC3H/HEN MTV-NCTR MICE MALE Control 0 PPM	ANIMAL ID	0	0	0	0	0	0	0	0	0	0
		2	2	4	4	6	6	8	9	9	9
C57BL/6N XC3H/HEN MTV-NCTR MICE MALE Control 0 PPM	ANIMAL ID	1	2	5	6	5	6	9	0	7	8
		* TOTALS									
Blood Vessel		+ + + + + + + + + +									10
Heart		+ + + + + + + + + +									10
<b>ENDOCRINE SYSTEM</b>											
Adrenal Cortex		+ + + + + + + + + +									10
Subcapsular, Hyperplasia											1 1.0
Adrenal Medulla		+ + + + + + + + + +									10
Islets, Pancreatic		+ + + + + + + + + +									10
Parathyroid Gland		+ + + + + + + + + +									10
Pituitary Gland		+ + + + + + + + + +									10
Pars Distalis, Cyst											1 1.0
Thyroid Gland		+ + + + + + + + + +									10

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis

+ + + + + + + + + + 10

Preputial Gland  
Cyst

+ + + + + + + + + + 10 2 2.0

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Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>Control 0 PPM | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |       |
|----------------------------------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|-------|
|                                                          |             | 0<br>0<br>9<br>5           |          |       |
| ANIMAL ID                                                |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |       |
|                                                          |             | 0<br>0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>0<br>4<br>5 | 0<br>0<br>0<br>0<br>4<br>6 | 0<br>0<br>0<br>0<br>6<br>6 | 0<br>0<br>0<br>0<br>8<br>9 | 0<br>0<br>0<br>0<br>9<br>0 | 0<br>0<br>0<br>0<br>9<br>7 | 0<br>0<br>0<br>0<br>9<br>8 | 0<br>0<br>0<br>0<br>9<br>8 | 0<br>0<br>0<br>0<br>9<br>8 |          |       |
| Inflammation, Suppurative                                |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2        | 1 2.0 |
| Prostate                                                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| Seminal Vesicle                                          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| Testes                                                   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| <b>HEMATOPOIETIC SYSTEM</b>                              |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |       |
| Bone Marrow                                              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| Lymph Node, Mandibular                                   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| Lymph Node, Mesenteric<br>Hyperplasia, Lymphoid          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| Spleen<br>Hyperplasia, Lymphoid                          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 1 1.0 |
| Thymus                                                   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |       |
| Mammary Gland                                            |             | M                          | M                          | M                          | M                          | M                          | M                          | M                          | M                          | M                          | M                          | M                          |          | 0     |
| Skin                                                     |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |
| <b>MUSCULOSKELETAL SYSTEM</b>                            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |       |
| Bone, Femur                                              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |          | 10    |

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

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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1-4 .. Lesion qualified as:

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Usnea Lichen

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CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

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

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | 10 |

**RESPIRATORY SYSTEM**

|         |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung    | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose    | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | 10 |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | 10 |

**URINARY SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |       |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Kidney                            | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Urinary Bladder                   | + | + | + | + | + | + | + | + | + | + | + | 10    |

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First Dose M/F: 02/13/09 / 02/13/09

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>USNEA 180 PPM | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |
|----------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--|
|                                                          |                       | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5 |  |
| ANIMAL ID                                                | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>8 |                  |  |
|                                                          | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>8 | * TOTALS         |  |

NONE

**NERVOUS SYSTEM**

NONE

**RESPIRATORY SYSTEM**

NONE

**SPECIAL SENSES SYSTEM**

NONE

**URINARY SYSTEM**

NONE

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|                                                          | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|----------------------------------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|
|                                                          |             | 0<br>0<br>9<br>5 |  |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>USNEA 360 PPM | ANIMAL ID   | 0<br>0<br>1<br>3 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>3 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>5 | 0<br>0<br>0<br>7 | 0<br>0<br>0<br>7 | 0<br>0<br>1<br>1 | 0<br>0<br>1<br>1 | 0<br>0<br>1<br>1 | 0<br>0<br>1<br>1 |  |
|                                                          |             | 3<br>4           | 7<br>8           | 3<br>4           | 4<br>7           | 7<br>8           | 3<br>3           | 4<br>4           | 1<br>1           | 1<br>1           | 1<br>1           | 1<br>1           |  |

\* TOTALS

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |        |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Inflammation, Chronic     |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Hepatocyte, Degeneration  | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 10 1.8 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | 10     |

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M .. Missing tissue

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Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>USNEA 360 PPM | DAY ON TEST<br><br>ANIMAL ID | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------------------------------------------|------------------------------|----------|---|---|---|---|---|---|---|---|---|
|                                                          |                              | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                          |                              | 9        | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                                          |                              | 5        | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 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 | 1 | 1 |   |
|                                                          |                              | 1        | 1 | 3 | 3 | 5 | 5 | 7 | 7 | 1 | 1 |
|                                                          |                              | 3        | 4 | 7 | 8 | 3 | 4 | 7 | 8 | 3 | 4 |
|                                                          |                              | * TOTALS |   |   |   |   |   |   |   |   |   |

## CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | 10 |

## ENDOCRINE SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |       |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   |   |   |   |   |   | X | 1     |
| Subcapsular, Hyperplasia          |   |   |   |   |   |   |   |   |   |   | 1 | 1 1.0 |
| Adrenal Medulla                   | + | + | M | + | + | + | + | + | + | + | + | 9     |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Parathyroid Gland                 | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Thyroid Gland                     | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Ectopic Thymus                    |   |   | X |   |   |   |   |   |   |   |   | 1     |

## GENERAL BODY SYSTEM

|      |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|
| NONE |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|

## GENITAL SYSTEM

|            |   |   |   |   |   |   |   |   |   |   |   |    |
|------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis | + | + | + | + | + | + | + | + | + | + | + | 10 |
|------------|---|---|---|---|---|---|---|---|---|---|---|----|

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1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

|                                                          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|----------------------------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                                          |             | 0<br>0<br>9<br>5      |                       |          |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>USNEA 360 PPM | ANIMAL ID   | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>7 | 0<br>0<br>0<br>7<br>8 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>4 |          |
| Preputial Gland                                          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Cyst                                                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0                 |          |
| 3                                                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Prostate                                                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Seminal Vesicle                                          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Testes                                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| <b>HEMATOPOIETIC SYSTEM</b>                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone Marrow                                              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Lymph Node, Mandibular                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Lymph Node, Mesenteric                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Spleen                                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
| Hematopoietic Cell Proliferation                         |             | 2                     | 3                     | 2                     |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.3                 |          |
| Hyperplasia, Lymphoid                                    |             | 2                     | 2                     | 2                     |                       |                       |                       |                       |                       |                       |                       |                       | 4 2.0                 |          |
| Thymus                                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | 9                     |          |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland                                            |             | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 0                     |          |
| Skin                                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |

**MUSCULOSKELETAL SYSTEM**

\* .. 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

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

|                                                          | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | * TOTALS |
|----------------------------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|----------|
|                                                          |             | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>5 |          |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>USNEA 360 PPM | ANIMAL ID   | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>5<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>7 | 0<br>0<br>0<br>8<br>3 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>0<br>1<br>4 |                  |                  |          |
| Bone, Femur                                              |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| <b>NERVOUS SYSTEM</b>                                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |          |
| Brain, Brain Stem                                        |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| Brain, Cerebellum                                        |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| Brain, Cerebrum                                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| <b>RESPIRATORY SYSTEM</b>                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |          |
| Lung                                                     |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| Nose                                                     |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| Trachea                                                  |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| <b>SPECIAL SENSES SYSTEM</b>                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |          |
| Eye                                                      |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| Harderian Gland                                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
| <b>URINARY SYSTEM</b>                                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |          |
| Kidney<br>Infiltration Cellular, Lymphocyte              |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |
|                                                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 1 1.0    |
| Urinary Bladder                                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | 10       |

\* .. 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

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20702 - 02

**Test Type:** 90-DAY

**Route:** DOSED FEED

**Species/Strain:** MICE/B6C3F1/NCTR

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

Usnea Lichen

**CAS Number:** USNEALICHEN

**Date Report Requested:** 12/03/2020

**Time Report Requested:** 12:51:12

**First Dose M/F:** 02/13/09 / 02/13/09

**Lab:** NCTR

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

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Usnea Lichen

CAS Number: USNEALICHEN

Date Report Requested: 12/03/2020

Time Report Requested: 12:51:12

First Dose M/F: 02/13/09 / 02/13/09

Lab: NCTR

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

\* TOTALS

## ALIMENTARY SYSTEM

|                                                      |   |   |   |   |   |   |   |   |   |   |   |       |
|------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus                                            | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Gallbladder                                          | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Intestine Large, Cecum                               | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Intestine Large, Colon                               | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Intestine Large, Rectum                              | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Intestine Small, Duodenum<br>Epithelium, Hyperplasia | + | + | + | + | + | + | + | + | + | + | + | 10    |
|                                                      |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Intestine Small, Ileum                               | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Intestine Small, Jejunum                             | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Liver                                                | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Tension Lipidosis                                    |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Vacuolization Cytoplasmic                            |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Hepatocyte, Degeneration                             |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Pancreas                                             | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Salivary Glands                                      | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Stomach, Forestomach                                 | + | + | + | + | + | + | + | + | + | + | + | 10    |

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X .. Lesion present

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Date Report Requested: 12/03/2020

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Usnea Lichen

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CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>Control 0 PPM | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                                            |                       | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>7      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5      |          |
| ANIMAL ID                                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|                                                            | 0<br>0<br>0<br>2<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>4<br>7 | 0<br>0<br>0<br>4<br>8 | 0<br>0<br>0<br>6<br>7 | 0<br>0<br>0<br>6<br>8 | 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>9 | 0<br>0<br>0<br>9<br>9 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |          |
| Stomach, Glandular                                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| <b>CARDIOVASCULAR SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Blood Vessel                                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Heart                                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| <b>ENDOCRINE SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex                                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Vacuolization Cytoplasmic                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0    |
| Subcapsular, Hyperplasia                                   | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 8 1.0    |
| Adrenal Medulla                                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Islets, Pancreatic                                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Parathyroid Gland                                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Pituitary Gland                                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Pars Distalis, Hyperplasia                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Thyroid Gland                                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Ectopic Thymus                                             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>GENERAL BODY SYSTEM</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| NONE                                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

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Usnea Lichen

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CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

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

\* TOTALS

## GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Ovary Atrophy  | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | 10 |

## HEMATOPOIETIC SYSTEM

|                                              |   |   |   |   |   |   |   |   |   |   |   |       |
|----------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Bone Marrow                                  | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Lymph Node, Mandibular Hyperplasia, Lymphoid | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Lymph Node, Mesenteric Hyperplasia, Lymphoid | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Spleen Depletion Lymphoid                    | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Hematopoietic Cell Proliferation             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2.0   |
| Hyperplasia, Lymphoid                        | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2.0   |
| Thymus Atrophy                               | + | + | + | + | + | + | + | + | + | + | + | 10    |
|                                              |   |   |   |   |   |   |   |   |   |   |   | 1 4.0 |

## INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | + | 10 |
|---------------|---|---|---|---|---|---|---|---|---|---|---|----|

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

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Usnea Lichen

CAS Number: USNEALICHEN

Date Report Requested: 12/03/2020

Time Report Requested: 12:51:12

First Dose M/F: 02/13/09 / 02/13/09

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>Control 0 PPM | DAY ON TEST | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0     |
|------------------------------------------------------------|-------------|----------|---|---|---|---|---|---|---|---|-------|
|                                                            |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0     |
| ANIMAL ID                                                  |             | 9        | 9 | 9 | 9 | 9 | 9 | 5 | 9 | 9 | 9     |
|                                                            |             | 5        | 5 | 5 | 5 | 5 | 5 | 7 | 5 | 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 | 1     |
|                                                            |             | 2        | 2 | 4 | 4 | 6 | 6 | 9 | 9 | 9 | 0     |
|                                                            |             | 3        | 4 | 7 | 8 | 7 | 8 | 1 | 2 | 9 | 0     |
|                                                            |             | * TOTALS |   |   |   |   |   |   |   |   |       |
| Skin                                                       |             | +        | + | + | + | + | + | + | + | + | 10    |
| <b>MUSCULOSKELETAL SYSTEM</b>                              |             |          |   |   |   |   |   |   |   |   |       |
| Bone, Femur<br>Hyperplasia                                 |             | +        | + | + | + | + | + | + | + | + | 10    |
|                                                            |             |          |   |   |   |   | 2 |   |   |   | 1 2.0 |
| <b>NERVOUS SYSTEM</b>                                      |             |          |   |   |   |   |   |   |   |   |       |
| Brain, Brain Stem                                          |             | +        | + | + | + | + | + | + | + | + | 10    |
| Brain, Cerebellum                                          |             | +        | + | + | + | + | + | + | + | + | 10    |
| Brain, Cerebrum                                            |             | +        | + | + | + | + | + | + | + | + | 10    |
| <b>RESPIRATORY SYSTEM</b>                                  |             |          |   |   |   |   |   |   |   |   |       |
| Lung                                                       |             | +        | + | + | + | + | + | + | + | + | 10    |
| Nose                                                       |             | +        | + | + | + | + | + | + | + | + | 10    |
| Trachea                                                    |             | +        | + | + | + | + | + | + | + | + | 10    |
| <b>SPECIAL SENSES SYSTEM</b>                               |             |          |   |   |   |   |   |   |   |   |       |
| Eye                                                        |             | +        | + | + | + | + | + | + | + | + | 10    |
| Harderian Gland                                            |             | +        | + | + | + | + | + | + | + | + | 10    |
| <b>URINARY 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

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>Control 0 PPM | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |           |
|------------------------------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
|                                                            |             | 0<br>0<br>9<br>5      |           |
| ANIMAL ID                                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |           |
|                                                            |             | 0<br>0<br>0<br>2<br>3 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>4<br>7 | 0<br>0<br>0<br>6<br>8 | 0<br>0<br>0<br>6<br>8 | 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>9 | 0<br>0<br>0<br>9<br>9 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |           |
| <b>* TOTALS</b>                                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |           |
| Kidney                                                     |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>10</b> |
| Nephropathy                                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0     |
| Glomerulus, Amyloid Deposition                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0     |
| Urinary Bladder                                            |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>10</b> |

\* .. 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:

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2) Mild 4) Marked

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 60 PPM | ANIMAL ID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|-----------------------------------------------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|--|
|                                                           |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                                                           |           | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |  |
|                                                           |           | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 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 | 1 | 1 | 1 |  |
|                                                           |           | 1           | 2 | 4 | 4 | 6 | 6 | 8 | 8 | 0 | 0 | 0 |  |
|                                                           |           | 9           | 0 | 3 | 4 | 3 | 4 | 7 | 8 | 3 | 4 | 4 |  |
|                                                           |           | * TOTALS    |   |   |   |   |   |   |   |   |   |   |  |

**ALIMENTARY SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |       |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Liver                        | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   | 2 1.0 |

**CARDIOVASCULAR SYSTEM**

NONE

**ENDOCRINE SYSTEM**

NONE

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Ovary

|   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|----|

**HEMATOPOIETIC SYSTEM**

NONE

**INTEGUMENTARY SYSTEM**

NONE

**MUSCULOSKELETAL SYSTEM**

\* .. 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

Experiment Number: 20702 - 02

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/NCTR

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Usnea Lichen

CAS Number: USNEALICHEN

Date Report Requested: 12/03/2020

Time Report Requested: 12:51:12

First Dose M/F: 02/13/09 / 02/13/09

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 60 PPM | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|
|                                                           |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                           |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                           |           | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                                           |           | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 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 | 1 | 1 | 1 | 1 |
|                                                           |           | 1           | 2 | 4 | 4 | 6 | 6 | 8 | 8 | 0 | 0 | 0 | 0 |
|                                                           |           | 9           | 0 | 3 | 4 | 3 | 4 | 7 | 8 | 3 | 4 | 3 | 4 |

\* TOTALS

NONE

**NERVOUS SYSTEM**

NONE

**RESPIRATORY SYSTEM**

NONE

**SPECIAL SENSES SYSTEM**

NONE

**URINARY SYSTEM**

NONE

\* .. 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

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 180 PPM | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|
|                                                            |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 180 PPM | ANIMAL ID   | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                                            |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 180 PPM | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                            |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 180 PPM | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
|                                                            |             | 0 | 0 | 3 | 3 | 5 | 6 | 8 | 8 | 1 | 2 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 180 PPM | ANIMAL ID   | 7 | 8 | 1 | 2 | 9 | 0 | 3 | 4 | 9 | 0 |

\* TOTALS

## ALIMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |       |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Liver                        | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Inflammation, Chronic Active |   |   |   |   |   | 1 | 1 |   |   |   |   | 3 1.0 |
| Hepatocyte, Degeneration     |   |   |   |   |   |   |   | 1 |   |   |   | 1 1.0 |

## CARDIOVASCULAR SYSTEM

NONE

## ENDOCRINE SYSTEM

NONE

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|         |   |   |   |   |   |   |   |   |   |   |   |       |
|---------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Ovary   | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Atrophy | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 |   |   |   | 7 1.9 |

## HEMATOPOIETIC SYSTEM

NONE

## INTEGUMENTARY SYSTEM

NONE

\* .. 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

Experiment Number: 20702 - 02

Test Type: 90-DAY

Route: DOSED FEED

Species/Strain: MICE/B6C3F1/NCTR

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Usnea Lichen

CAS Number: USNEALICHEN

Date Report Requested: 12/03/2020

Time Report Requested: 12:51:12

First Dose M/F: 02/13/09 / 02/13/09

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 180 PPM | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                                                            |                            | 0<br>0<br>9<br>5           |
| ANIMAL ID                                                  | 0<br>0<br>0<br>0           |
|                                                            | 7<br>8<br>1<br>2<br>9<br>0 | 0<br>0<br>3<br>3<br>5<br>0 |

\* TOTALS

### MUSCULOSKELETAL SYSTEM

NONE

### NERVOUS SYSTEM

NONE

### RESPIRATORY SYSTEM

NONE

### SPECIAL SENSES SYSTEM

NONE

### URINARY SYSTEM

NONE

\* .. 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:

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Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
|                                                            |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID                                                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                            | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

\* TOTALS

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |       |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Gallbladder               | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Intestine Large, Colon    | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Liver                     | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Hepatocyte, Degeneration  | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 8 1.6 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Cyst                      |   |   |   |   |   |   | 3 |   |   |   |   |   | 1 3.0 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Stomach, Forestomach      | + | + | + | + | + | + | + | A | + | + | + | + | 9     |
| Stomach, Glandular        | + | + | + | + | + | + | + | A | + | + | + | + | 9     |

\* .. 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

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | DAY ON TEST | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------------------------------------|-------------|----------|---|---|---|---|---|---|---|---|---|
|                                                            |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | ANIMAL ID   | 9        | 9 | 9 | 9 | 9 | 9 | 2 | 9 | 9 | 9 |
|                                                            |             | 5        | 5 | 5 | 5 | 5 | 5 | 0 | 5 | 5 | 5 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                            |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
|                                                            |             | 1        | 1 | 3 | 4 | 5 | 5 | 7 | 8 | 1 | 1 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | ANIMAL ID   | 5        | 6 | 9 | 0 | 5 | 6 | 9 | 0 | 5 | 6 |
|                                                            |             | * TOTALS |   |   |   |   |   |   |   |   |   |

## CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | 10 |

## ENDOCRINE SYSTEM

|                          |   |   |   |   |   |   |   |   |   |   |   |       |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Adrenal Cortex           | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Subcapsular, Hyperplasia | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 9 1.0 |
| Adrenal Medulla          | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Islets, Pancreatic       | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Parathyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Pituitary Gland          | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | 10    |
| Ectopic Thymus           |   |   |   |   |   |   |   |   |   |   | X | 1     |

## GENERAL BODY SYSTEM

|      |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|
| NONE |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|

## GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | M | + | + | + | + | + | + | + | + | + | + | 9  |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | 10 |

\* .. 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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A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

|                                                                                                            | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  | * TOTALS            |
|------------------------------------------------------------------------------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|---------------------|
|                                                                                                            |             | 0<br>0<br>9<br>5      | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>5 |                     |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM                                                 | ANIMAL ID   | 0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>4<br>0 | 0<br>0<br>0<br>5<br>5 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>7<br>9 | 0<br>0<br>0<br>8<br>0 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 |                  |                  |                     |
| Atrophy                                                                                                    |             | 2                     | 2                     | 3                     | 3                     | 2                     | 3                     | 3                     | 3                     | 2                     | 2                     |                  |                  | 10 2.5              |
| Uterus                                                                                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                  |                  | 10                  |
| <b>HEMATOPOIETIC SYSTEM</b>                                                                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                     |
| Bone Marrow                                                                                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                  |                  | 10                  |
| Lymph Node, Mandibular<br>Hyperplasia, Lymphoid                                                            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                  |                  | 10 3 1.3            |
| Lymph Node, Mesenteric                                                                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     |                  |                  | 9                   |
| Spleen<br>Hematopoietic Cell Proliferation<br>Hyperplasia, Lymphoid<br>Pigmentation                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     |                  |                  | 9 7 2.0 4 2.5 1 2.0 |
| Thymus                                                                                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     |                  |                  | 9                   |
| <b>INTEGUMENTARY SYSTEM</b>                                                                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                     |
| Mammary Gland                                                                                              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                  |                  | 10                  |
| Skin                                                                                                       |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                  |                  | 10                  |
| <b>MUSCULOSKELETAL SYSTEM</b>                                                                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                     |
| Bone, Femur                                                                                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     |                  |                  | 9                   |
| <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                                                                                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                     |

Experiment Number: 20702 - 02

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/03/2020

Test Type: 90-DAY

Usnea Lichen

Time Report Requested: 12:51:12

Route: DOSED FEED

CAS Number: USNEALICHEN

First Dose M/F: 02/13/09 / 02/13/09

Species/Strain: MICE/B6C3F1/NCTR

Lab: NCTR

|                                                            | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |  |
|------------------------------------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|--|
|                                                            |             | 0<br>0<br>9<br>5           |          |  |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>USNEA 360 PPM | ANIMAL ID   | 0<br>0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>0<br>3<br>9 | 0<br>0<br>0<br>0<br>4<br>0 | 0<br>0<br>0<br>0<br>5<br>5 | 0<br>0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>0<br>7<br>9 | 0<br>0<br>0<br>0<br>8<br>0 | 0<br>0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>0<br>1<br>6 | 0<br>0<br>0<br>0<br>1<br>6 |          |  |
| Brain, Brain Stem                                          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| Brain, Cerebellum                                          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| Brain, Cerebrum                                            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| <b>RESPIRATORY SYSTEM</b>                                  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |  |
| Lung                                                       |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| Nose                                                       |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| Trachea                                                    |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| <b>SPECIAL SENSES SYSTEM</b>                               |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |  |
| Eye                                                        |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | A                          | +                          | +                          | +                          | +                          | 9        |  |
| Harderian Gland                                            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| <b>URINARY SYSTEM</b>                                      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |  |
| Kidney                                                     |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |
| Urinary Bladder                                            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10       |  |

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

\* .. 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