Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

NTP Study Number: C99019

**Lock Date:** 09/16/2003

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

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Final 2\_R2

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

| DAY ON TEST | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 |
|-------------|------------------|------------------|------------------|------------------|------------------|
| ANIMAL ID   | 0 0              | 0                | 0 0              | 0 0              | 0 0              |
|             | 0<br>0<br>1      | 0 0 2            | 0 3              | 0 0 4            | 0<br>0<br>5      |

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

# **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

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

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

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

| DAY ON TEST FISCHER 344 RATS MALE | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |          |
|-----------------------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| CONTROL ANIMAL ID                 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>5 | * TOTALS |
| NERVOUS SYSTEM                    |                  |                       |                       | -                     |                       |          |
| NONE                              |                  |                       |                       |                       |                       |          |
| RESPIRATORY SYSTEM                |                  |                       |                       | •                     |                       |          |
| Lung                              | +                | +                     | +                     | +                     | +                     | 5        |
| Nose                              | +                | +                     | +                     | +                     | +                     | 5        |
| SPECIAL SENSES SYSTEM             |                  |                       | -                     |                       |                       |          |
| Eye                               | +                | +                     | +                     | +                     | +                     | 5        |
| URINARY SYSTEM                    |                  |                       |                       | -                     |                       |          |
| NONE                              |                  |                       |                       |                       |                       |          |
| SYSTEMIC LESIONS                  |                  |                       |                       |                       |                       |          |
| Multiple Organ                    | +                | +                     | +                     | +                     | +                     | 5        |
|                                   |                  |                       |                       |                       |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

# **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

# **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

NONE

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

M .. Missing tissue

A .. Autolysis precludes evaluation

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

| DAY ON TEST FISCHER 344 RATS MALE | 0 0 1 7               | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |          |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| 100 PPM ANIMAL ID                 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>0<br>3 | 0<br>0<br>2<br>0<br>4 | 0<br>0<br>2<br>0<br>5 | * TOTALS |
|                                   |                       |                       |                       |                       |                       | TOTALS   |
| NERVOUS SYSTEM                    |                       |                       |                       |                       |                       |          |
| NONE                              |                       |                       |                       |                       |                       |          |
| RESPIRATORY SYSTEM                |                       |                       |                       |                       |                       |          |
| Lung                              | +                     | +                     | +                     | +                     | +                     | 5        |
| Nose                              | +                     | +                     | +                     | +                     | +                     | 5        |
| SPECIAL SENSES SYSTEM             |                       |                       |                       |                       |                       |          |
| Eye                               | +                     | +                     | +                     | +                     | +                     | 5        |
| URINARY SYSTEM                    |                       |                       |                       |                       |                       |          |
| NONE                              |                       |                       |                       |                       |                       |          |
| SYSTEMIC LESIONS                  |                       |                       |                       |                       |                       |          |
| Multiple Organ                    | +                     | +                     | +                     | +                     | +                     | 5        |
|                                   |                       |                       |                       |                       |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

| DAY ON TEST FISCHER 344 RATS MALE | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |         |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------|
| 200 PPM ANIMAL ID                 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>3 | 0<br>0<br>4<br>0<br>4 | * TOTAL |

# **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

# **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

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

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

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

|                                   |                  |                  |                  | _                |                  |          |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|----------|
| DAY ON TEST FISCHER 344 RATS MALE | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7 |          |
| 200 PPM ANIMAL ID                 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>0 | 0<br>0<br>4<br>0 |          |
|                                   | 1                | 2                | 3                | 4                | 5                | * TOTALS |
| NERVOUS SYSTEM                    |                  |                  |                  |                  |                  |          |
| NONE                              |                  |                  |                  |                  |                  |          |
| RESPIRATORY SYSTEM                |                  |                  |                  |                  |                  |          |
| Lung                              | +                | +                | +                | +                | +                | 5        |
| Nose                              | +                | +                | +                | +                | +                | 5        |
| SPECIAL SENSES SYSTEM             |                  |                  |                  |                  |                  |          |
| Eye                               | +                | +                | +                | +                | +                | 5        |
| URINARY SYSTEM                    |                  |                  | -                |                  | -                |          |
| NONE                              |                  |                  |                  |                  |                  |          |
| SYSTEMIC LESIONS                  |                  |                  |                  |                  |                  |          |
| Multiple Organ                    | +                | +                | +                | +                | +                | 5        |
|                                   |                  |                  |                  |                  |                  |          |

 $<sup>\</sup>ensuremath{^{\star}}$  .. Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

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

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

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

| DAY ON TEST FISCHER 344 RATS MALE | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 1 | 0<br>0<br>1<br>7      |          |
|-----------------------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|----------|
| 400 PPM ANIMAL ID                 | 0<br>0<br>6<br>0<br>1 | 0<br>0<br>6<br>0<br>2 | 0<br>0<br>6<br>0<br>3 | 0 | 0<br>0<br>6<br>0<br>5 | * TOTALS |
| NERVOUS SYSTEM                    |                       |                       | -                     | - | -                     |          |
| NONE                              |                       |                       |                       |   |                       |          |
| RESPIRATORY SYSTEM                |                       |                       | •                     |   |                       |          |
| Lung                              | +                     | +                     | +                     | + | +                     | 5        |
| Nose                              | +                     | +                     | +                     | + | +                     | 5        |
| SPECIAL SENSES SYSTEM             |                       |                       | -                     |   |                       |          |
| Eye                               | +                     | +                     | +                     | + | ı                     | 4        |
| URINARY SYSTEM                    |                       |                       |                       |   |                       |          |
| NONE                              |                       |                       |                       |   |                       |          |
| SYSTEMIC LESIONS                  |                       |                       |                       |   |                       |          |
| Multiple Organ                    | +                     | +                     | +                     | + | +                     | 5        |
|                                   |                       |                       |                       |   |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

NONE

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

M .. Missing tissue

A .. Autolysis precludes evaluation

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

| DAY ON TEST FISCHER 344 RATS MALE | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1      |          |
|-----------------------------------|-----------------------|-----------------------|-----------------------|------------------|-----------------------|----------|
| 800 PPM ANIMAL ID                 | 0<br>0<br>8<br>0<br>1 | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0                | 0<br>0<br>8<br>0<br>5 | * TOTALS |
| NEDVOUS SYSTEM                    |                       |                       |                       |                  | -                     | 10.MEO   |
| NERVOUS SYSTEM                    |                       |                       |                       |                  |                       |          |
| NONE                              |                       |                       |                       |                  |                       |          |
| RESPIRATORY SYSTEM                |                       |                       |                       |                  |                       |          |
| Lung                              | +                     | +                     | +                     | +                | +                     | 5        |
| Nose                              | +                     | +                     | +                     | +                | +                     | 5        |
| SPECIAL SENSES SYSTEM             |                       |                       |                       |                  |                       |          |
| Eye                               | +                     | +                     | +                     | +                | +                     | 5        |
| URINARY SYSTEM                    |                       |                       | -                     |                  |                       |          |
| NONE                              |                       |                       |                       |                  |                       |          |
| SYSTEMIC LESIONS                  |                       |                       |                       |                  |                       |          |
| Multiple Organ                    | +                     | +                     | +                     | +                | +                     | 5        |
|                                   |                       |                       |                       |                  |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

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

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

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

| DAY ON TEST   O   |           |
|---|-----------|
| NERVOUS SYSTEM   NONE   SPECIAL SENSES SYSTEM   Eye   |           |
| NERVOUS SYSTEM  NONE  RESPIRATORY SYSTEM  Lung  Nose  + + + + + + + + + + + + + + + + + + +   | * TOTAL C |
| NONE         RESPIRATORY SYSTEM         Lung       +            | * TOTALS  |
| RESPIRATORY SYSTEM         Lung       + |           |
| Lung Nose + + + + + +  + + + +  SPECIAL SENSES SYSTEM  Eye + + + + +  URINARY SYSTEM  |           |
| Nose       + + + + + + +         SPECIAL SENSES SYSTEM         Eye       + + + + + +         URINARY SYSTEM   |           |
| SPECIAL SENSES SYSTEM  Eye + + + + +  URINARY SYSTEM  | 5         |
| Eye   | 5         |
| URINARY SYSTEM  |           |
|   | 5         |
| NONE  |           |
| NOME  |           |
| SYSTEMIC LESIONS  |           |
| Multiple Organ + + + + +  | 5         |

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

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

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

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

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

| DAY ON TEST FISCHER 344 RATS FEMALE | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |          |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| CONTROL ANIMAL ID                   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>5 | * TOTALS |
| NERVOUS SYSTEM                      | -                     | ,                     |                       |                       |                       |          |
| NONE                                |                       |                       |                       |                       |                       |          |
| RESPIRATORY SYSTEM                  |                       |                       |                       |                       |                       |          |
| Lung                                | +                     | +                     | +                     | +                     | +                     | 5        |
| Nose                                | +                     | +                     | +                     | +                     | +                     | 5        |
| SPECIAL SENSES SYSTEM               |                       | •                     |                       |                       |                       |          |
| Eye                                 | +                     | +                     | +                     | +                     | +                     | 5        |
| URINARY SYSTEM                      |                       |                       |                       |                       |                       |          |
| NONE                                |                       |                       |                       |                       |                       |          |
| SYSTEMIC LESIONS                    |                       |                       |                       |                       |                       |          |
| Multiple Organ                      | +                     | +                     | +                     | +                     | +                     | 5        |
|                                     |                       |                       |                       |                       |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

# **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

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

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

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

| DAY ON TEST FISCHER 344 RATS FEMALE | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |          |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| 100 PPM ANIMAL ID                   | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>0<br>3 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>0<br>5 | * TOTALS |
| NEDVOUG OVOTEM                      |                       |                       |                       |                       | -                     | 10.7.10  |
| NERVOUS SYSTEM                      |                       |                       |                       |                       |                       |          |
| NONE                                |                       |                       |                       |                       |                       |          |
| RESPIRATORY SYSTEM                  |                       |                       |                       |                       |                       |          |
| Lung                                | +                     | +                     | +                     | +                     | +                     | 5        |
| Nose                                | +                     | +                     | +                     | +                     | +                     | 5        |
| SPECIAL SENSES SYSTEM               |                       |                       |                       |                       |                       |          |
| Eye                                 | +                     | +                     | +                     | +                     | +                     | 5        |
| URINARY SYSTEM                      |                       |                       |                       |                       |                       |          |
| NONE                                |                       |                       |                       |                       |                       |          |
| SYSTEMIC LESIONS                    |                       |                       |                       |                       |                       |          |
| Multiple Organ                      | +                     | +                     | +                     | +                     | +                     | 5        |
|                                     |                       |                       |                       |                       |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Triethylamine CAS Number: 121-44-8

Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

Lab: BNW

| ANIMAL ID 0 0 0 0 0 0 0 0 5 5 5 5 5 5 5 | DAY ON TEST |
|---|-------------|
|   |             |

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

NONE

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

M .. Missing tissue

A .. Autolysis precludes evaluation

Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

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| DAY ON TEST           | - 0<br>0<br>1<br>7 | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |           |
|-----------------------|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| 200 PPM ANIMAL ID     | 0 0 5 0 1          | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>0<br>4 | 0<br>0<br>5<br>0<br>5 | * TOTAL 6 |
|                       | <u></u>            |                       |                       | -                     |                       | * TOTALS  |
| NERVOUS SYSTEM        |                    |                       |                       |                       |                       |           |
| NONE                  |                    |                       |                       |                       |                       |           |
| RESPIRATORY SYSTEM    |                    |                       |                       |                       |                       |           |
| Lung                  | +                  | +                     | +                     | +                     | +                     | 5         |
| Nose                  | +                  | +                     | +                     | +                     | +                     | 5         |
| SPECIAL SENSES SYSTEM |                    |                       |                       |                       |                       |           |
| Eye                   | +                  | +                     | +                     | +                     | +                     | 5         |
| URINARY SYSTEM        |                    |                       |                       |                       |                       |           |
| NONE                  |                    |                       |                       |                       |                       |           |
| SYSTEMIC LESIONS      |                    |                       |                       |                       |                       |           |
| Multiple Organ        | +                  | +                     | +                     | +                     | +                     | 5         |
|                       |                    |                       |                       |                       |                       |           |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

X .. Lesion present

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Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

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### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

# **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

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Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

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Lab: BNW

| DAY ON TEST FISCHER 344 RATS FEMALE | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      | 0<br>0<br>1<br>7      |          |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| 400 PPM ANIMAL ID                   | 0<br>0<br>7<br>0<br>1 | 0<br>0<br>7<br>0<br>2 | 0<br>0<br>7<br>0<br>3 | 0<br>0<br>7<br>0<br>4 | 0<br>0<br>7<br>0<br>5 | * TOTALS |
| NEDVOUG OVOTEM                      |                       | -                     | -                     | -                     | -                     | 101/120  |
| NERVOUS SYSTEM                      |                       |                       |                       |                       |                       |          |
| NONE                                |                       |                       |                       |                       |                       |          |
| RESPIRATORY SYSTEM                  |                       |                       |                       |                       |                       |          |
| Lung                                | +                     | +                     | +                     | +                     | +                     | 5        |
| Nose                                | +                     | +                     | +                     | +                     | +                     | 5        |
| SPECIAL SENSES SYSTEM               |                       |                       |                       |                       |                       |          |
| Eye                                 | +                     | +                     | +                     | +                     | +                     | 5        |
| URINARY SYSTEM                      |                       |                       |                       |                       |                       |          |
| NONE                                |                       |                       |                       |                       |                       |          |
| SYSTEMIC LESIONS                    |                       |                       |                       |                       |                       |          |
| Multiple Organ                      | +                     | +                     | +                     | +                     | +                     | 5        |
|                                     |                       |                       |                       |                       |                       |          |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

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M .. Missing tissue

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Test Type: 14-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

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# **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

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Species/Strain: RATS/F 344/N

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Date Report Requested: 12/22/2016 Time Report Requested: 13:24:37 First Dose M/F: 09/23/02 / 09/23/02

| 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1   | 0<br>0<br>0<br>1  | 0<br>0<br>0<br>1  |   |
|-----------------------|-----------------------|--|---|---|---|
| 0<br>0<br>9<br>0<br>1 | 0<br>0<br>9<br>0<br>2 | 0<br>0<br>9<br>0<br>3  | 0<br>0<br>9<br>0<br>4                                       | 0<br>0<br>9<br>0<br>5   | * TOTALS  |
|                       |                       |  |   |   |   |
|                       |                       |  |   |   |   |
|                       |                       |  |   |   |   |
| +                     | +                     | +  | +   | +   | 5   |
| +                     | +                     | +  | +   | +   | 5   |
| •                     |                       |  |   | -   |   |
| +                     | +                     | +  | +   | +   | 5   |
|                       |                       |  |   |   |   |
|                       |                       |  |   |   |   |
|                       | •                     | •  | •   |   |   |
| +                     | +                     | +  | +   | +   | 5   |
|                       | 0 1 0 0 9 0 1 1       | 0 0 0 0 0 0 9 9 0 0 1 2<br>+ + + + + + + + + + + + + + + + + + + | 0 0 0<br>1 1 1<br>0 0 0<br>0 0 0<br>9 9 9<br>0 0 0<br>1 2 3 | 0 0 0 0 0<br>1 1 1 1 1<br>0 0 0 0 0<br>0 0 0 0<br>9 9 9 9 9<br>0 0 0 0 0<br>1 2 3 4 | 0       0       0       0       0         1       1       1       1       1         0       0       0       0       0         0       0       0       0       0         9       9       9       9       9         0       0       0       0       0         1       2       3       4       5 |

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

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Species/Strain: RATS/F 344/N

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Lab: BNW

|   |                   | DAY ON TEST |
|---|-------------------|-------------|
|   |                   | .E          |
| ANIMAL ID   1   1   1   1   1   1   1   1   1 | 1   2   3   1   5 |             |

### **ALIMENTARY SYSTEM**

NONE

### CARDIOVASCULAR SYSTEM

NONE

### **ENDOCRINE SYSTEM**

NONE

# **GENERAL BODY SYSTEM**

NONE

### **GENITAL SYSTEM**

NONE

# **HEMATOPOIETIC SYSTEM**

NONE

### **INTEGUMENTARY SYSTEM**

NONE

# **MUSCULOSKELETAL SYSTEM**

- \* .. Total animals with tissue examined microscopically; Total animals with tumor
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Species/Strain: RATS/F 344/N

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|                                     | _                |                       |                       | _                     |                       |          |
|-------------------------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| DAY ON TEST FISCHER 344 RATS FEMALE | 0<br>0<br>0<br>1 | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      | 0<br>0<br>0<br>1      |          |
| 1000 PPM ANIMAL ID                  | 0<br>1<br>1<br>0 | 0<br>1<br>1<br>0<br>2 | 0<br>1<br>1<br>0<br>3 | 0<br>1<br>1<br>0<br>4 | 0<br>1<br>1<br>0<br>5 | * TOTALO |
|                                     | <u> </u>         |                       |                       |                       |                       | * TOTALS |
| NERVOUS SYSTEM                      |                  |                       |                       |                       |                       |          |
| NONE                                |                  |                       |                       |                       |                       |          |
| RESPIRATORY SYSTEM                  |                  |                       |                       |                       |                       |          |
| Lung                                | +                | +                     | +                     | +                     | +                     | 5        |
| Nose                                | +                | +                     | +                     | +                     | +                     | 5        |
| SPECIAL SENSES SYSTEM               |                  |                       |                       |                       |                       |          |
| Eye                                 | +                | +                     | +                     | +                     | +                     | 5        |
| URINARY SYSTEM                      |                  |                       |                       |                       |                       |          |
| NONE                                |                  |                       |                       |                       |                       |          |
| SYSTEMIC LESIONS                    |                  |                       |                       | _                     |                       |          |
| Multiple Organ                      | +                | +                     | +                     | +                     | +                     | 5        |

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

<sup>\* ..</sup> Total animals with tissue examined microscopically; Total animals with tumor

<sup>+ ..</sup> Tissue examined microscopically

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