

**Experiment Number:** 20105 - 75  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
**CAS Number:** CELLPRADCDMA

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 14:32:43  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

Final 1 CDMA Mice Core Study

<b>NTP Study Number:</b>	C20105B		
<b>Lock Date:</b>	04/07/2016		
<b>Cage Range:</b>	ALL		
<b>Date Range:</b>	ALL		
<b>Reasons For Removal:</b>	25022 ACCK	25021 TSAC	25020 NATD
	25019 MSAC		
<b>Removal Date Range:</b>	ALL		
<b>Treatment Groups:</b>	Include ALL		
<b>Study Gender:</b>	Both		
<b>TDMSE Version:</b>	3.0.2.4_cartox		
<b>PWG Approval Date:</b>	NONE		

Note: Animals arranged according to days on test.

















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Lab: IIT

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

Hemangiosarcoma  
Malignant Fibrous Histiocytoma, Metastatic, Skin  
Fat, Hepatocholangiocarcinoma, Metastatic, Liver  
Fat, Lipoma

Pancreas  
Hepatocholangiocarcinoma, Metastatic, Liver

Salivary Glands

Stomach, Forestomach

Stomach, Glandular  
Malignant Fibrous Histiocytoma, Metastatic, Skin

Tooth

CARDIOVASCULAR SYSTEM

Aorta  
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung

Blood Vessel

Heart  
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung  
Hepatocholangiocarcinoma, Metastatic, Liver

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

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

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 Lab: IIT

B6C3F1 MICE MALE  0 W/kg	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
		9	9	9	9	9	9	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	males (cont...)
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		1	4	4	6	7	9	0	0	1	2	6	8	8	9	9	1	1	3	4	5	7	7	9	

ENDOCRINE SYSTEM

Adrenal Cortex Bilateral, Malignant Fibrous Histiocytoma, Metastatic, Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Parathyroid Gland	+	+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

GENERAL BODY SYSTEM

Peritoneum Hepatocarcinoma, Metastatic, Liver																								
--------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GENITAL SYSTEM

Coagulating Gland																								
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Seminal Vesicle Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

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 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
		2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		9	9	9	9	9	9	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>0 W/kg</b>	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		1	4	4	6	7	9	0	0	1	2	6	8	8	9	9	1	1	3	4	5	7	7	9	0	0	
		5	3	4	4	3	3	0	4	3	3	8	2	8	0	6	4	9	1	1	7	2	4	5	2	7	
		<b>males (cont...)</b>																									

Malignant Fibrous Histiocytoma, Metastatic, Skin

Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Interstitial Cell, Adenoma																				X		X			

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph Node																									
Axillary, Hepatocholangiocarcinoma, Metastatic, Liver																									
Lymph Node, Mandibular	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	M	M	M	M	
Lymph Node, Mesenteric Hemangioma	+	+	+	+	+	I	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	
Malignant Fibrous Histiocytoma, Metastatic, Skin									X																
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	

**INTEGUMENTARY SYSTEM**

Mammary Gland	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	+	M	M
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pilomatrixoma																									
Subcutaneous Tissue, Hemangiosarcoma																									
Subcutaneous Tissue, Lipoma									X																

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First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
		2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
<b>0 W/kg</b>	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1	4	4	6	7	9	0	0	1	2	6	8	8	9	9	1	1	3	4	5	7	7	9	0	0	
		5	3	4	4	3	3	0	4	3	3	8	2	8	0	6	4	9	1	1	7	2	4	5	2	7	
																									<b>males (cont...)</b>		

Subcutaneous Tissue, Malignant Fibrous Histiocytoma

MUSCULOSKELETAL SYSTEM

Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skeletal Muscle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular Carcinoma, Metastatic, Liver																										
Hepatocholangiocarcinoma, Metastatic, Liver																										
Malignant Fibrous Histiocytoma, Metastatic, Skin																										
Sarcoma																										

NERVOUS SYSTEM

Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocholangiocarcinoma, Metastatic, Liver																										
Brain Trigeminal Ganglion	+	+	+	+	+	+	+	+	+	+	M	+	M	+	+	+	+	M	+	+	+	+	+	+	+	
Nerve Trigeminal	+	+	+	+	+	+	M	M	+	+	M	M	M	M	M	+	+	+	+	+	+	+	+	+	+	
Peripheral Nerve, Sciatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spinal Cord	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

RESPIRATORY SYSTEM

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/Bronchiolar Adenoma		X				X				X						X										
Alveolar/Bronchiolar Adenoma, Multiple	X																									
Alveolar/Bronchiolar Carcinoma		X	X	X			X							X	X	X			X							
Alveolar/Bronchiolar Carcinoma, Multiple																										

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

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	M	+	+	+
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma																								
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma																								X
Hepatocellular Carcinoma, Metastatic, Liver																								
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma																								
Hepatoblastoma	X																				X			
Hepatocellular Adenoma	X	X	X	X	X								X											X
Hepatocellular Adenoma, Multiple									X	X		X		X	X	X	X				X		X	
Hepatocellular Carcinoma	X	X									X		X									X		
Hepatocellular Carcinoma, Multiple																								
Hepatocholangiocarcinoma																								
Malignant Fibrous Histiocytoma, Metastatic, Skin																								
Mesentery			+														+	+				+		+

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Species/Strain: MICE/B6C3F1

Lab: IIT

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

Hemangiosarcoma  
Malignant Fibrous Histiocytoma, Metastatic, Skin  
Fat, Hepatocholangiocarcinoma, Metastatic, Liver  
Fat, Lipoma

Pancreas  
Hepatocholangiocarcinoma, Metastatic, Liver

Salivary Glands

Stomach, Forestomach

Stomach, Glandular  
Malignant Fibrous Histiocytoma, Metastatic, Skin

Tooth

### CARDIOVASCULAR SYSTEM

Aorta  
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung

Blood Vessel

Heart  
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung  
Hepatocholangiocarcinoma, Metastatic, Liver

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<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	ANIMAL ID	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
<b>0 W/kg</b>		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
		2	2	2	2	2	2	3	3	3	3	3	3	3	6	6	6	6	6	6	6	6	6	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	
		3	5	6	6	7	0	3	4	5	6	7	8	8	0	3	4	5	5	7	7	9	0	
		5	6	1	2	5	2	0	9	9	5	7	0	3	4	2	5	2	4	0	6	1	3	males (cont...)

ENDOCRINE SYSTEM

Adrenal Cortex Bilateral, Malignant Fibrous Histiocytoma, Metastatic, Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+
Parathyroid Gland	+	M	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	M	+	M	+
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

GENERAL BODY SYSTEM

Peritoneum Hepatocarcinoma, Metastatic, Liver																						
--------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GENITAL SYSTEM

Coagulating Gland																					+	+
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Seminal Vesicle Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

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

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









Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	
<b>0 W/kg</b>	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		4	7	7	8	1	2	3	5	6	6	7	8	0	2	5
		7	8	9	4	0	0	4	5	0	6	1	9	6	1	8
<b>* TOTALS</b>																

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>88</b>
Gallbladder	+	+	+	+	+	+	+	M	+	+	+	+	+	+	M	<b>73</b>
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>81</b>
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>84</b>
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>84</b>
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>77</b>
Adenocarcinoma																<b>1</b>
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>81</b>
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>79</b>
Adenocarcinoma																<b>2</b>
Hepatocellular Carcinoma, Metastatic, Liver																<b>1</b>
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Hemangiosarcoma																<b>1</b>
Hepatoblastoma						X									X	<b>6</b>
Hepatocellular Adenoma	X			X							X	X	X			<b>25</b>
Hepatocellular Adenoma, Multiple			X		X		X	X						X	X	<b>27</b>
Hepatocellular Carcinoma				X			X		X							<b>26</b>
Hepatocellular Carcinoma, Multiple	X															<b>2</b>
Hepatocholangiocarcinoma																<b>1</b>
Malignant Fibrous Histiocytoma, Metastatic, Skin																<b>1</b>
Mesentery									+					+		<b>12</b>

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

B6C3F1 MICE MALE	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
0 W/kg	ANIMAL ID	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
		7	7	7	7	8	8	8	8	8	8	8	9	9	9	9	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		4	7	7	8	1	2	3	5	6	6	7	8	0	2	5	
		7	8	9	4	0	0	4	5	0	6	1	9	6	1	8	
<b>* TOTALS</b>																	

Hemangiosarcoma																	<b>1</b>
Malignant Fibrous Histiocytoma, Metastatic, Skin																	<b>1</b>
Fat, Hepatocholangiocarcinoma, Metastatic, Liver																	<b>1</b>
Fat, Lipoma										X							<b>1</b>

Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>87</b>
Hepatocholangiocarcinoma, Metastatic, Liver																	<b>1</b>

Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
-----------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	-----------

Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>88</b>
----------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	-----------

Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	I	+	<b>87</b>
Malignant Fibrous Histiocytoma, Metastatic, Skin																	<b>1</b>

Tooth			+			+				+	+				+	+	<b>27</b>
-------	--	--	---	--	--	---	--	--	--	---	---	--	--	--	---	---	-----------

**CARDIOVASCULAR SYSTEM**

Aorta	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>89</b>
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung																	<b>1</b>

Blood Vessel																	<b>1</b>
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----------

Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung																	<b>1</b>
Hepatocholangiocarcinoma, Metastatic, Liver																	<b>1</b>

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
<b>0 W/kg</b>		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	ANIMAL ID	7	7	7	7	8	8	8	8	8	8	8	9	9	9	9	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		4	7	7	8	1	2	3	5	6	6	7	8	0	2	5	
		7	8	9	4	0	0	4	5	0	6	1	9	6	1	8	
<b>* TOTALS</b>																	

**ENDOCRINE SYSTEM**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Bilateral, Malignant Fibrous Histiocytoma, Metastatic, Skin																	<b>1</b>
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>88</b>
Parathyroid Gland	+	+	+	M	+	+	+	+	+	+	+	M	+	+	M		<b>68</b>
Pituitary Gland	+	+	+	+	+	+	+	M	I	+	+	+	+	+	+		<b>86</b>
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>89</b>

**GENERAL BODY SYSTEM**

Peritoneum																	<b>1</b>
Hepatocarcinoma, Metastatic, Liver																	<b>1</b>

**GENITAL SYSTEM**

Coagulating Gland																	<b>2</b>
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>89</b>
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>90</b>
Fibroma																	<b>1</b>

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	
<b>0 W/kg</b>		3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	ANIMAL ID	7	7	7	7	8	8	8	8	8	8	8	9	9	9	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		4	7	7	8	1	2	3	5	6	6	7	8	0	2	5
		7	8	9	4	0	0	4	5	0	6	1	9	6	1	8
<b>* TOTALS</b>																

Malignant Fibrous Histiocytoma, Metastatic, Skin

1

Testis  
Interstitial Cell, Adenoma

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

90

2

**HEMATOPOIETIC SYSTEM**

Bone Marrow

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

90

Lymph Node  
Axillary, Hepatocholangiocarcinoma, Metastatic, Liver

+

6

1

Lymph Node, Mandibular

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

72

Lymph Node, Mesenteric  
Hemangioma  
Malignant Fibrous Histiocytoma, Metastatic, Skin

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

85

1

1

Spleen

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

87

Thymus

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

75

**INTEGUMENTARY SYSTEM**

Mammary Gland

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

2

Skin  
Pilomatrixoma  
Subcutaneous Tissue, Hemangiosarcoma  
Subcutaneous Tissue, Lipoma

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

90

1

1

1

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Subcutaneous Tissue, Malignant Fibrous Histiocytoma

1

**MUSCULOSKELETAL SYSTEM**

|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |
|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>90</b> |
| Skeletal Muscle                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |
|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>90</b> |
| Hepatocellular Carcinoma, Metastatic, Liver      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatocholangiocarcinoma, Metastatic, Liver      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Malignant Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Sarcoma                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**NERVOUS SYSTEM**

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |
|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>90</b> |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Brain Trigeminal Ganglion                   | + | + | + | M | + | + | M | + | + | + | + | + | M | + | + | +         |
|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>69</b> |
| Nerve Trigeminal                            | + | + | M | M | + | M | + | + | + | + | M | M | M | + | + | +         |
|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>67</b> |
| Peripheral Nerve, Sciatic                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |
|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>89</b> |
| Spinal Cord                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |
|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>90</b> |

**RESPIRATORY SYSTEM**

|                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         |
|                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>90</b> |
| Alveolar/Bronchiolar Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>11</b> |
| Alveolar/Bronchiolar Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Alveolar/Bronchiolar Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>11</b> |
| Alveolar/Bronchiolar Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Hepatoblastoma, Metastatic, Liver

1

Hepatocellular Carcinoma, Metastatic, Liver

11

Hepatocholangiocarcinoma, Metastatic, Liver

1

Nose

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

90

Trachea

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

90

**SPECIAL SENSES SYSTEM**

Eye

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

90

Harderian Gland

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

88

Adenocarcinoma

3

Adenoma

X

6

**URINARY SYSTEM**

Kidney

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

90

Hepatocellular Carcinoma, Metastatic, Liver

1

Hepatocholangiocarcinoma, Metastatic, Liver

1

Malignant Fibrous Histiocytoma, Metastatic, Skin

1

Urinary Bladder

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

87

**SYSTEMIC LESIONS**

Multiple Organ

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

90

Lymphoma Malignant

X

6

Mast Cell Tumor

1

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

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



































Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>2.5 W/kg</b>         | ANIMAL ID   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 |   |
|                         |             | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 6 |   |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                         |             | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |   |
|                         |             | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 6 | 7 | 9 | 9 | 1 | 2 | 9 |   |
|                         |             | 8 | 9 | 0 | 6 | 9 | 4 | 5 | 9 | 0 | 5 | 0 | 1 | 3 | 4 | 2 | 7 |   |
| <b>* TOTALS</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>91</b> |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>80</b> |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>6</b>  |
| Hepatocellular Adenoma             |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   | X | <b>23</b> |
| Hepatocellular Adenoma, Multiple   | X |   | X | X | X | X |   | X | X | X | X |   | X |   | X |   |   | <b>43</b> |
| Hepatocellular Carcinoma           | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X | <b>13</b> |
| Hepatocellular Carcinoma, Multiple |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>5</b>  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   | <b>9</b>  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID |  |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--|
|                              |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |  |
|                              |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |           |  |
|                              |             | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 6 |           |  |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |  |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |  |
|                              |             | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |           |  |
|                              |             | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 6 | 7 | 9 | 9 | 1 | 2 | 9 |           |  |
|                              |             | 8 | 9 | 0 | 6 | 9 | 4 | 5 | 9 | 0 | 5 | 0 | 1 | 3 | 4 | 2 | 7 |           |  |
| <b>* TOTALS</b>              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88 |
| Tooth                |   |   |   |   | + | + |   |   |   | + |   |   |   |   |   |   |   | 15 |

**CARDIOVASCULAR SYSTEM**

|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Aorta                                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88 |
| Blood Vessel                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Heart                                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangioma                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**ENDOCRINE SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Adrenal Cortex                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 89 |
| Bilateral, Subcapsular, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Subcapsular, Adenoma            |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1  |
| Adrenal Medulla                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 89 |
| Islets, Pancreatic              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 90 |
| Adenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Carcinoma                       |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |    | 1  |
| Parathyroid Gland               | M | + | + | + | + | + | + | M | + | + | + | + | M | + | M | + | 57 |    |
| Pituitary Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 84 |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 2.5 W/kg         | ANIMAL ID   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |   |
|                  |             | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 6 |   |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                  |             | 9 | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |   |
|                  |             | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 6 | 7 | 9 | 9 | 1 | 2 | 9 |   |
|                  |             | 8 | 9 | 0 | 6 | 9 | 4 | 5 | 9 | 0 | 5 | 0 | 1 | 3 | 4 | 2 | 7 |   |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | <b>89</b> |
| Follicular Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**GENERAL BODY SYSTEM**

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |          |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|----------|
| Tissue NOS           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  | <b>1</b> |
| Fat, Hemangiosarcoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  | <b>1</b> |

**GENITAL SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Coagulating Gland          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Epididymis                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>91</b> |
| Preputial Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Prostate                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |
| Seminal Vesicle            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Testis                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>91</b> |
| Interstitial Cell, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Lymph Node             |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   | <b>6</b>  |
| Lymph Node, Mandibular | + | + | + | + | + | I | + | + | + | + | + | + | + | M | + | + |   | <b>70</b> |
| Lymph Node, Mesenteric | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                              | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                              |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |          |
|                              |             | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 6 |          |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                              |             | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |          |
|                              |             | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 6 | 7 | 9 | 9 | 1 | 2 | 9 |          |
|                              |             | 8 | 9 | 0 | 6 | 9 | 4 | 5 | 9 | 0 | 5 | 0 | 1 | 3 | 4 | 2 | 7 |          |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Spleen          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Hemangiosarcoma |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Thymus          | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | 76 |

INTEGUMENTARY SYSTEM

|                                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                                       | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 1  |
| Skin                                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Subcutaneous Tissue, Malignant Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

MUSCULOSKELETAL SYSTEM

|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Skeletal Muscle                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

NERVOUS SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Brain Trigeminal Ganglion | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 79 |
| Nerve Trigeminal          | M | M | + | + | + | M | + | M | M | + | M | M | + | M | M | M | 57 |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Spinal Cord               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>2.5 W/kg</b>         | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 1 | 2 | 9 |
|                         |             | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 6 | 7 | 9 | 9 | 1 | 2 | 9 |   |
|                         |             | 8 | 9 | 0 | 6 | 9 | 4 | 5 | 9 | 0 | 5 | 0 | 1 | 3 | 4 | 2 | 7 |   |
| <b>* TOTALS</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**RESPIRATORY SYSTEM**

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Alveolar/Bronchiolar Adenoma                |   |   |   | X |   |   |   |   |   | X | X |   | X |   |   |   | 8  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 |
| Hepatocellular Carcinoma, Metastatic, Liver | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Nose                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Adenocarcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 91 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

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

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



























| B6C3F1 MICE MALE<br>5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | males<br>(cont...) |
|----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
|                            |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                    |
|                            | ANIMAL ID   | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                    |
|                            |             | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                    |
|                            |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                    |
|                            |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |                    |
|                            |             | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |   |                    |
|                            |             | 1 | 2 | 4 | 5 | 5 | 6 | 1 | 1 | 2 | 2 | 3 | 5 | 8 | 9 | 1 | 3 | 4 | 4 | 4 | 4 | 6 | 7 | 8 | 8 | 0 |   |                    |
|                            |             | 2 | 9 | 4 | 3 | 9 | 9 | 4 | 6 | 2 | 8 | 9 | 4 | 6 | 7 | 9 | 1 | 1 | 2 | 5 | 7 | 3 | 7 | 2 | 3 | 2 |   |                    |
| Kidney                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                    |
| Ureter                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Urinary Bladder            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                    |
| <b>SYSTEMIC LESIONS</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Multiple Organ             |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                    |
| Histiocytic Sarcoma        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |
| Lymphoma Malignant         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

**ALIMENTARY SYSTEM**

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

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Fat, Lipoma

X

X

Pancreas

Salivary Glands

Stomach, Forestomach

Squamous Cell Papilloma

Stomach, Glandular

Tooth

CARDIOVASCULAR SYSTEM

Aorta

Heart

ENDOCRINE SYSTEM

Adrenal Cortex

Bilateral, Subcapsular, Adenoma

Subcapsular, Adenoma

Subcapsular, Carcinoma

Adrenal Medulla

Islets, Pancreatic

Parathyroid Gland

Pituitary Gland

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Pars Distalis, Adenoma  
Pars Distalis, Carcinoma

Thyroid Gland  
Follicular Cell, Adenoma

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

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Epididymis

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

Preputial Gland

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

Prostate

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

Seminal Vesicle

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

Testis

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

HEMATOPOIETIC SYSTEM

Bone Marrow  
Hemangiosarcoma

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

Lymph Node  
Axillary, Squamous Cell Carcinoma, Metastatic,  
Skin  
Lumbar, Squamous Cell Carcinoma,  
Metastatic, Skin  
Pancreatic, Hepatoblastoma, Metastatic, Liver

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

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lymph Node, Mandibular            | M | + | M | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | I | M | M |
| Lymph Node, Mesenteric            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatoblastoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                            | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |

**INTEGUMENTARY SYSTEM**

|                                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                                       | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| Skin                                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Carcinoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Lipoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Malignant Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma, Metastatic, Liver                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma, Metastatic, Skin        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

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

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 5 W/kg           | ANIMAL ID   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                  |             | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 |
|                  |             | 0 | 1 | 2 | 2 | 6 | 9 | 9 | 9 | 1 | 3 | 3 | 5 | 5 | 7 | 7 | 8 | 8 | 9 | 0 | 0 | 2 | 3 |
|                  |             | 5 | 8 | 1 | 7 | 8 | 0 | 2 | 9 | 3 | 0 | 5 | 3 | 5 | 4 | 5 | 1 | 7 | 1 | 3 | 7 | 5 | 2 |

males (cont...)

Carcinoma, Metastatic, Pituitary Gland

Brain Trigeminal Ganglion

Nerve Trigeminal

Peripheral Nerve, Sciatic

Spinal Cord

RESPIRATORY SYSTEM

Lung

Alveolar/Bronchiolar Adenoma

Alveolar/Bronchiolar Adenoma, Multiple

Alveolar/Bronchiolar Carcinoma

Hepatoblastoma, Metastatic, Liver

Hepatocellular Carcinoma, Metastatic, Liver

Squamous Cell Carcinoma, Metastatic, Skin

Nose

Trachea

SPECIAL SENSES SYSTEM

Eye

Harderian Gland

Adenocarcinoma

Adenoma

URINARY SYSTEM

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

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

Experiment Number: 20105 - 75

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: CDMA

Time Report Requested: 14:32:43

Route: Whole Body Exposure

CAS Number: CELLPRADCDMA

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

| B6C3F1 MICE MALE    |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |
|---------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
| 5 W/kg              |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    | 0 |
| ANIMAL ID           |  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                    | 7 |
|                     |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                  |   |
|                     |  | 2           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7                  |   |
|                     |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |   |
|                     |  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                  |   |
|                     |  | 1           | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0                  |   |
|                     |  | 0           | 1 | 2 | 2 | 6 | 9 | 9 | 9 | 1 | 3 | 3 | 5 | 5 | 7 | 7 | 8 | 8 | 9 | 0 | 0 | 2 | 3 | 5 | 7 | 7                  |   |
|                     |  | 5           | 8 | 1 | 7 | 8 | 0 | 2 | 9 | 3 | 0 | 5 | 3 | 5 | 4 | 5 | 1 | 7 | 1 | 3 | 7 | 5 | 2 | 5 | 0 | 8                  |   |
| Kidney              |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |   |
| Ureter              |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
| Urinary Bladder     |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |   |
| SYSTEMIC LESIONS    |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
| Multiple Organ      |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                    |   |
| Histiocytic Sarcoma |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |   |
| Lymphoma Malignant  |  |             |   |   |   | X |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |                    |   |

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

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

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

**ALIMENTARY SYSTEM**

|                                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|--------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Esophagus                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b>             |
| Gallbladder                                | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + | <b>75</b>             |
| Intestine Large, Cecum<br>Adenoma          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b><br><b>1</b> |
| Intestine Large, Colon<br>Adenocarcinoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>84</b><br><b>1</b> |
| Intestine Large, Rectum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>85</b>             |
| Intestine Small, Duodenum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b>             |
| Intestine Small, Ileum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>83</b>             |
| Intestine Small, Jejunum<br>Adenocarcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b><br><b>1</b> |
| Liver                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b>             |
| Hemangiosarcoma                            |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   | <b>2</b>              |
| Hepatoblastoma                             |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   |   | <b>15</b>             |
| Hepatoblastoma, Multiple                   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>              |
| Hepatocellular Adenoma                     |   | X |   |   | X | X |   |   |   |   |   |   |   | X |   |   | <b>22</b>             |
| Hepatocellular Adenoma, Multiple           | X |   |   | X |   |   | X | X |   | X |   | X |   | X |   |   | <b>33</b>             |
| Hepatocellular Carcinoma                   |   |   | X |   |   |   |   | X |   |   | X |   |   |   |   |   | <b>18</b>             |
| Hepatocellular Carcinoma, Multiple         |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | <b>7</b>              |
| Mesentery                                  |   |   |   |   |   | + | + |   |   |   |   |   | + | + |   |   | <b>18</b>             |
| Hepatoblastoma, Metastatic, Liver          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>              |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Fat, Lipoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Pancreas                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Salivary Glands         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Stomach, Forestomach    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |
| Squamous Cell Papilloma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Stomach, Glandular      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Tooth                   | + |   |   |   |   |   | + |   |   |   |   |   |   | + | + |   |   | <b>17</b> |

**CARDIOVASCULAR SYSTEM**

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Aorta | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |

**ENDOCRINE SYSTEM**

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Adrenal Cortex                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>90</b> |
| Bilateral, Subcapsular, Adenoma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |           | <b>1</b>  |
| Subcapsular, Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>3</b>  |
| Subcapsular, Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>1</b>  |
| Adrenal Medulla                 | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | <b>88</b> |           |
| Islets, Pancreatic              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>89</b> |
| Parathyroid Gland               | M | + | M | + | + | + | M | + | + | M | M | + | + | + | + | + | <b>66</b> |           |
| Pituitary Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>89</b> |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Pars Distalis, Adenoma  
Pars Distalis, Carcinoma

2  
1

Thyroid Gland  
Follicular Cell, Adenoma

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

88  
1

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis + + + + + + + + + + + + + + +

Preputial Gland + + + + + + + + + + + + + + +

Prostate + + + + + + + + + + + + + + +

Seminal Vesicle + + + + + + + + + + + + + + +

Testis + + M + + + + + + + + + + + + +

90  
89  
90  
90  
88

**HEMATOPOIETIC SYSTEM**

Bone Marrow + + + + + + + + + + + + + + +

Hemangiosarcoma

Lymph Node +

Axillary, Squamous Cell Carcinoma, Metastatic, Skin

Lumbar, Squamous Cell Carcinoma, Metastatic, Skin

Pancreatic, Hepatoblastoma, Metastatic, Liver

90  
1  
11  
1  
1  
1

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>5 W/kg                          | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | * TOTALS |
|-----------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----------|
|                                                     | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |          |
| Lymph Node, Mandibular                              | M           | + | + | + | + | + | M | M | + | M | M | + | M | + | + | 63 |          |
| Lymph Node, Mesenteric                              | +           | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 86 |          |
| Hepatoblastoma, Metastatic, Liver                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Spleen                                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87 |          |
| Hemangiosarcoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Thymus                                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 80 |          |
| <b>INTEGUMENTARY SYSTEM</b>                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Mammary Gland                                       | M           | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 0  |          |
| Skin                                                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |          |
| Squamous Cell Carcinoma                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Subcutaneous Tissue, Lipoma                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Subcutaneous Tissue, Malignant Fibrous Histiocytoma | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |          |
| <b>MUSCULOSKELETAL SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Bone                                                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |          |
| Skeletal Muscle                                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |          |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Hepatoblastoma, Metastatic, Liver                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Squamous Cell Carcinoma, Metastatic, Skin           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| <b>NERVOUS SYSTEM</b>                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Brain                                               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |          |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Carcinoma, Metastatic, Pituitary Gland

1

Brain Trigeminal Ganglion

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

80

Nerve Trigeminal

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

43

Peripheral Nerve, Sciatic

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

87

Spinal Cord

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

90

RESPIRATORY SYSTEM

Lung + + + + + + + + + + + + + + +

90

Alveolar/Bronchiolar Adenoma

X X X X X

14

Alveolar/Bronchiolar Adenoma, Multiple

X

2

Alveolar/Bronchiolar Carcinoma

X X X

11

Hepatoblastoma, Metastatic, Liver

2

Hepatocellular Carcinoma, Metastatic, Liver

X

9

Squamous Cell Carcinoma, Metastatic, Skin

1

Nose + + + + + + + + + + + + + + +

90

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

90

SPECIAL SENSES SYSTEM

Eye + + + + + + + + + + + + + + +

89

Harderian Gland + + + + + + + + + + + + + + +

90

Adenocarcinoma

1

Adenoma

4

URINARY SYSTEM

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                            | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                            |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                            |             | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |          |
|                            |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                            |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                            |             | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                            |             | 9 | 9 | 0 | 3 | 4 | 5 | 8 | 8 | 9 | 9 | 1 | 1 | 2 | 3 | 5 |          |
|                            |             | 4 | 5 | 6 | 7 | 6 | 4 | 5 | 8 | 6 | 8 | 0 | 5 | 0 | 6 | 0 |          |
| Kidney                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Ureter                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Urinary Bladder            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| <b>SYSTEMIC LESIONS</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Multiple Organ             |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Histiocytic Sarcoma        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Lymphoma Malignant         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5        |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |   |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|---|
|                             |             | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 |           |                    | 7 |
|                             |             | 1 | 6 | 7 | 9 | 1 | 8 | 0 | 3 | 3 | 3 | 5 | 5 | 5 | 6 | 8 | 8 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2         | 0                  | 0 |
|                             |             | 6 | 1 | 8 | 6 | 8 | 5 | 5 | 4 | 4 | 8 | 3 | 6 | 6 | 4 | 1 | 4 | 1 | 7 | 3 | 9 | 9 | 9 | 9 | 9         | 0                  | 0 |
|                             |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         | 0                  | 0 |
|                             |             | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2         | 1                  | 1 |
|                             |             | 5 | 1 | 8 | 9 | 5 | 0 | 6 | 4 | 5 | 9 | 2 | 8 | 4 | 7 | 8 | 1 | 0 | 1 | 7 | 6 | 6 | 7 | 7 | 9         | 0                  | 0 |
|                             |             | 2 | 3 | 0 | 8 | 7 | 2 | 4 | 4 | 3 | 2 | 1 | 5 | 7 | 1 | 8 | 4 | 7 | 8 | 6 | 1 | 3 | 4 | 9 | 0         | 1                  | 1 |

ALIMENTARY SYSTEM

|                                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + |
| Gallbladder                                           | + | M | + | M | A | M | A | + | A | + | M | + | + | A | + | + | + | A | + | + | + | + | + | + | + |
| Intestine Large, Cecum                                | + | + | + | + | A | + | A | A | A | + | A | + | + | A | + | A | A | A | A | + | + | + | + | + | + |
| Intestine Large, Colon                                | + | + | + | + | A | + | A | A | A | + | A | + | + | A | + | A | A | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                               | + | + | + | + | A | + | A | A | + | + | + | + | + | A | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                             | A | A | + | + | A | A | A | + | + | + | A | + | + | A | + | A | A | + | A | + | + | + | + | + | + |
| Intestine Small, Ileum<br>Adenoma                     | + | A | + | + | A | + | A | A | A | + | A | + | + | A | + | + | A | A | + | + | + | + | + | + | + |
| Intestine Small, Jejunum<br>Adenocarcinoma<br>Adenoma | + | A | + | + | A | + | A | + | + | + | A | + | + | A | + | A | A | A | + | + | + | + | + | + | + |
| Liver                                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma                                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                                |   |   |   | X | X |   |   |   |   |   |   |   |   |   | X |   | X | X | X | X |   |   |   | X | X |
| Hepatocellular Adenoma, Multiple                      |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   | X | X | X |   |   |   |
| Hepatocellular Carcinoma                              |   |   | X |   |   | X | X |   |   |   | X |   |   | X | X | X |   |   |   | X |   | X |   |   | X |
| Hepatocellular Carcinoma, Multiple                    |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle                  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                             |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   | + |   |   | + |   | + |   |

\* .. 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

| B6C3F1 MICE MALE<br>10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|                             | 0           | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 |           |                    |
|                             | 4           | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0         |                    |
|                             | 1           | 6 | 7 | 9 | 1 | 8 | 0 | 3 | 3 | 5 | 5 | 5 | 6 | 8 | 8 | 9 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 1         |                    |
|                             | 6           | 1 | 8 | 6 | 8 | 5 | 4 | 4 | 4 | 3 | 3 | 6 | 4 | 1 | 4 | 1 | 7 | 3 | 9 | 9 | 9 | 9 | 9 | 9 | 6         |                    |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|                             | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         |                    |
|                             | 3           | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3         |                    |
|                             | 5           | 1 | 8 | 9 | 5 | 0 | 6 | 4 | 5 | 9 | 2 | 8 | 4 | 7 | 8 | 1 | 0 | 1 | 7 | 6 | 6 | 7 | 7 | 0 | 5         |                    |
|                             | 2           | 3 | 0 | 8 | 7 | 2 | 4 | 4 | 3 | 2 | 1 | 5 | 7 | 1 | 8 | 4 | 7 | 8 | 6 | 1 | 3 | 4 | 9 | 0 | 2         |                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pancreas             | + | + | + | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach | + | + | + | + | + | + | A | + | + | + | + | + | + | M | + | A | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Tooth                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**CARDIOVASCULAR SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta                                | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocarcinoma, Metastatic, Liver   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ENDOCRINE SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcapsular, Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pheochromocytoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic      | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland       | M | + | + | M | M | M | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland         | + | + | + | + | M | + | I | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue  
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Experiment Number: 20105 - 75  
Test Type: CHRONIC  
Route: Whole Body Exposure  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
Time Report Requested: 14:32:43  
First Dose M/F: 06/18/12 / 06/18/12  
Lab: IIT

| B6C3F1 MICE MALE | 10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------|---------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |         | ANIMAL ID   | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 |
|                  |         |             | 1 | 6 | 7 | 9 | 1 | 8 | 0 | 3 | 3 | 3 | 5 | 5 | 5 | 6 | 8 | 8 | 9 | 0 | 2 | 2 | 2 |
|                  |         |             | 6 | 1 | 8 | 6 | 8 | 5 | 5 | 4 | 4 | 8 | 3 | 6 | 4 | 1 | 4 | 1 | 7 | 3 | 9 | 9 | 9 |
|                  |         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                  |         |             | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 |
|                  |         |             | 5 | 1 | 8 | 9 | 5 | 0 | 6 | 4 | 5 | 9 | 2 | 8 | 4 | 7 | 8 | 1 | 0 | 1 | 7 | 6 | 7 |
|                  |         |             | 2 | 3 | 0 | 8 | 7 | 2 | 4 | 4 | 3 | 2 | 1 | 5 | 7 | 1 | 8 | 4 | 7 | 8 | 6 | 1 | 3 |

males (cont...)

Follicular Cell, Adenoma

X

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Coagulating Gland

Epididymis

Preputial Gland

Prostate

Seminal Vesicle

Testis

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

HEMATOPOIETIC SYSTEM

Bone Marrow

Lymph Node  
Bronchial, Sarcoma, Metastatic, Skeletal Muscle

Lymph Node, Mandibular

Lymph Node, Mesenteric

Spleen

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
|   |   |   |   |   |   | + |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| + | + | + | I | M | M | + | + | + | + | + | + | + | + | M | M | + | M | M | M | M | + | + | M | M |
| + | + | + | + | + | + | + | + | M | + | A | + | + | + | + | M | M | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | M | + | A | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                             | ANIMAL ID   | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                             |             | 1 | 6 | 7 | 9 | 1 | 8 | 0 | 3 | 3 | 3 | 5 | 5 | 5 | 6 | 8 | 8 | 9 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                             |             | 6 | 1 | 8 | 6 | 8 | 5 | 4 | 4 | 4 | 8 | 3 | 6 | 4 | 1 | 4 | 1 | 7 | 3 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                             |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                             |             | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                             |             | 5 | 1 | 8 | 9 | 5 | 0 | 6 | 4 | 5 | 9 | 2 | 8 | 4 | 7 | 8 | 1 | 0 | 1 | 7 | 6 | 6 | 7 | 6 | 6 | 7 | 7 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                             |             | 2 | 3 | 0 | 8 | 7 | 2 | 4 | 4 | 3 | 2 | 1 | 5 | 7 | 1 | 8 | 4 | 7 | 8 | 6 | 1 | 3 | 4 | 3 | 4 | 9 | 3 | 4 | 9 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

males  
(cont...)

Hemangiosarcoma

Thymus

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

**INTEGUMENTARY SYSTEM**

Mammary Gland

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

Skin

Lipoma

Squamous Cell Papilloma

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

**MUSCULOSKELETAL SYSTEM**

Bone

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

Skeletal Muscle

Hepatocholangiocarcinoma, Metastatic, Liver

Sarcoma

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

**NERVOUS SYSTEM**

Brain

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

Brain Trigeminal Ganglion

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

Nerve Trigeminal

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

Peripheral Nerve, Sciatic

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

Spinal Cord

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

**RESPIRATORY 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

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| B6C3F1 MICE MALE<br>10 W/kg                 | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |  |
|---------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
|                                             | 0<br>4<br>1<br>6      | 0<br>4<br>6<br>1      | 0<br>4<br>7<br>8      | 0<br>4<br>9<br>6      | 0<br>5<br>1<br>8      | 0<br>5<br>8<br>5      | 0<br>6<br>0<br>4      | 0<br>6<br>3<br>4      | 0<br>6<br>3<br>4      | 0<br>6<br>3<br>8      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>6      | 0<br>6<br>6<br>4      | 0<br>6<br>6<br>1      | 0<br>6<br>8<br>4      | 0<br>6<br>8<br>1      | 0<br>7<br>0<br>7      | 0<br>7<br>2<br>3      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                    |  |
| ANIMAL ID                                   | 0<br>1<br>3<br>5<br>2 | 0<br>1<br>3<br>1<br>3 | 0<br>1<br>2<br>8<br>0 | 0<br>1<br>2<br>9<br>8 | 0<br>1<br>3<br>5<br>7 | 0<br>1<br>3<br>0<br>2 | 0<br>1<br>2<br>6<br>4 | 0<br>1<br>3<br>5<br>4 | 0<br>1<br>3<br>9<br>3 | 0<br>1<br>2<br>2<br>2 | 0<br>1<br>3<br>8<br>1 | 0<br>1<br>3<br>4<br>7 | 0<br>1<br>3<br>7<br>1 | 0<br>1<br>3<br>8<br>8 | 0<br>1<br>3<br>1<br>4 | 0<br>1<br>3<br>8<br>7 | 0<br>1<br>3<br>0<br>8 | 0<br>1<br>2<br>7<br>6 | 0<br>1<br>2<br>6<br>1 | 0<br>1<br>2<br>6<br>3 | 0<br>1<br>2<br>7<br>4 | 0<br>1<br>2<br>7<br>9 | 0<br>1<br>2<br>7<br>3 | 0<br>1<br>2<br>7<br>0 |                    |  |
| Lung                                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| Alveolar/Bronchiolar Adenoma                |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                  |  |
| Alveolar/Bronchiolar Carcinoma              |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       | X                     |                       |                       |                    |  |
| Hepatocellular Carcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Hepatocholangiocarcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                    |  |
| Sarcoma, Metastatic, Skeletal Muscle        |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Nose                                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| Trachea                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| <b>SPECIAL SENSES SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Eye                                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| Harderian Gland                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| Adenocarcinoma                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Adenoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                    |  |
| <b>URINARY SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Kidney                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| Sarcoma, Metastatic, Skeletal Muscle        |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Renal Tubule, Adenoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Urinary Bladder                             | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| <b>SYSTEMIC LESIONS</b>                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Multiple Organ                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                  |  |
| Histiocytic Sarcoma                         | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |
| Leukemia Granulocytic                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |  |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                  |   |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------------|---|---|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                                | 0 | 0 |
|                         |             | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7                                | 7 | 7 |
| <b>10 W/kg</b>          | ANIMAL ID   | 1 | 6 | 7 | 9 | 1 | 8 | 0 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 6 | 8 | 8 | 9 | 0 | 2 | 2 | 2 | 2                                | 2 | 2 |
|                         |             | 6 | 1 | 8 | 6 | 8 | 5 | 5 | 4 | 4 | 8 | 3 | 6 | 6 | 4 | 1 | 4 | 1 | 7 | 3 | 9 | 9 | 9 | 9                                | 9 | 9 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                                | 0 | 0 |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                                | 1 | 1 |
|                         |             | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2                                | 2 | 3 |
|                         |             | 5 | 1 | 8 | 9 | 5 | 0 | 6 | 4 | 5 | 9 | 2 | 8 | 4 | 7 | 8 | 1 | 0 | 1 | 7 | 6 | 6 | 7 | 7                                | 9 | 0 |
|                         |             | 2 | 3 | 0 | 8 | 7 | 2 | 4 | 4 | 3 | 2 | 1 | 5 | 7 | 1 | 8 | 4 | 7 | 8 | 6 | 1 | 3 | 4 | 9                                | 3 | 0 |
|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>males</b><br><b>(cont...)</b> |   |   |

Lymphoma Malignant

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

Table with columns for DAY ON TEST, ANIMAL ID, and B6C3F1 MICE MALE 10 W/kg, including numerical data and a 'males (cont...)' label.

ALIMENTARY SYSTEM

Table with columns for organ systems (Esophagus, Gallbladder, Intestine Large/Small, Liver, Mesentery) and rows for specific conditions (e.g., Adenoma, Carcinoma), using '+' for tissue examined and 'X' for lesion present.

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

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

**Experiment Number:** 20105 - 75  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
**CAS Number:** CELLPRADCDMA

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 14:32:43  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| <b>B6C3F1 MICE MALE</b>              | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
|                                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                        | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |
| <b>10 W/kg</b>                       | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>males (cont...)</b> |   |   |   |   |   |   |   |   |   |   |   |   |
|                                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |   |
| Pancreas                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + |   |   |   |
| Salivary Glands                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Stomach, Forestomach                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Stomach, Glandular                   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Tooth                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   | + |   |
| <b>CARDIOVASCULAR SYSTEM</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   |   |
| Aorta                                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Heart                                | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Hepatocarcinoma, Metastatic, Liver   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>ENDOCRINE SYSTEM</b>              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Cortex                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Subcapsular, Adenoma                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   | X |
| Adrenal Medulla                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + | + |   |
| Pheochromocytoma Benign              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + | + |   |
| Parathyroid Gland                    | +           | + | M | + | + | + | + | + | M | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + |   |   |
| Pituitary Gland                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + | + |   |
| Thyroid Gland                        | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                      | + | + | + | + | + | + | + | + | + | + | + |   |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br><br>10 W/kg             |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  | males<br>(cont...) |
|---------------------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------------------------------|--|--------------------|
|                                             |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                                                 |  |                    |
|                                             |  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                                                 |  |                    |
| ANIMAL ID                                   |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                                                   |  |                    |
|                                             |  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                                                   |  |                    |
|                                             |  | 3           | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 |                                                   |  |                    |
|                                             |  | 1           | 4 | 7 | 8 | 9 | 0 | 1 | 3 | 4 | 6 | 6 | 6 | 8 | 9 | 0 | 1 | 3 | 4 | 5 | 8 | 8 | 9 |                                                   |  |                    |
|                                             |  | 1           | 2 | 8 | 4 | 0 | 1 | 6 | 0 | 5 | 2 | 3 | 2 | 7 | 3 |   |   |   |   | 9 | 1 | 6 | 4 |                                                   |  |                    |
| Hemangiosarcoma                             |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| Thymus                                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + M + M + + M + + + + M + + + + + + +   |  |                    |
| <b>INTEGUMENTARY SYSTEM</b>                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| Mammary Gland                               |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | M M M M M M M M M M M M M M M M M M M M M M M M   |  |                    |
| Skin                                        |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + + + + + + + + + + +   |  |                    |
| Lipoma                                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| Squamous Cell Papilloma                     |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| <b>MUSCULOSKELETAL SYSTEM</b>               |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| Bone                                        |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + + + + + + + + + + +   |  |                    |
| Skeletal Muscle                             |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + + + + + + + + + + +   |  |                    |
| Hepatocholangiocarcinoma, Metastatic, Liver |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| Sarcoma                                     |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| <b>NERVOUS SYSTEM</b>                       |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |
| Brain                                       |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + + + + + + + + + + +   |  |                    |
| Brain Trigeminal Ganglion                   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + + + + + + + M + + +   |  |                    |
| Nerve Trigeminal                            |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + M M M + + + M M M + M |  |                    |
| Peripheral Nerve, Sciatic                   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + I + + + + + + + + + + I + + + + + + + +   |  |                    |
| Spinal Cord                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + + + + + + + + + + + + + + + + + + + + + + + +   |  |                    |
| <b>RESPIRATORY SYSTEM</b>                   |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                   |  |                    |

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

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

| B6C3F1 MICE MALE<br>10 W/kg                 | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |      |  |  |
|---------------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|------|--|--|
|                                             | 0729        | 0729 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |                    |      |  |  |
|                                             | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
|                                             | 0131        | 0132 | 0138 | 0134 | 0130 | 0136 | 0132 | 0138 | 0134 | 0130 | 0136 | 0132 | 0138 | 0134 | 0130 | 0136 | 0132 | 0138 | 0134 | 0130 | 0136 | 0132 | 0138               | 0134 |  |  |
| Lung                                        | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| Alveolar/Bronchiolar Adenoma                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Alveolar/Bronchiolar Carcinoma              | X           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Hepatocellular Carcinoma, Metastatic, Liver | X           |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Sarcoma, Metastatic, Skeletal Muscle        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Nose                                        | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| Trachea                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| <b>SPECIAL SENSES SYSTEM</b>                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Eye                                         | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| Harderian Gland                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +                  | +    |  |  |
| Adenocarcinoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Adenoma                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| <b>URINARY SYSTEM</b>                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Kidney                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| Sarcoma, Metastatic, Skeletal Muscle        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Renal Tubule, Adenoma                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Urinary Bladder                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| <b>SYSTEMIC LESIONS</b>                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Multiple Organ                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |  |  |
| Histiocytic Sarcoma                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |
| Leukemia Granulocytic                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |  |  |

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

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



**Experiment Number:** 20105 - 75

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

**Date Report Requested:** 08/24/2017

**Test Type:** CHRONIC

Cell Phone Radiation: CDMA

**Time Report Requested:** 14:32:43

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADCDMA

**First Dose M/F:** 06/18/12 / 06/18/12

**Species/Strain:** MICE/B6C3F1

**Lab:** IIT

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|---|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                            |   |
|                         | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   | 7                          |   |
| <b>10 W/kg</b>          | 2           | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                            |   |
|                         | 9           | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                            |   |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>males<br/>(cont...)</b> |   |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                            |   |
|                         |             | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 |                            |   |
|                         |             | 1 | 4 | 7 | 8 | 9 | 0 | 1 | 3 | 4 | 6 | 6 | 6 | 6 | 8 | 9 | 0 | 1 | 3 | 4 | 5 | 8 | 8 | 9 | 0 |                            | 0 |
|                         |             | 1 | 2 | 8 | 4 | 0 | 1 | 6 | 0 | 5 | 2 | 3 | 2 | 7 | 3 | 7 | 4 | 0 | 2 | 9 | 1 | 1 | 6 | 4 | 3 | 9                          |   |

Lymphoma Malignant

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>10 W/kg | DAY ON TEST | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | males<br>(cont...) |
|-----------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------|
|                             | ANIMAL ID   | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 |                    |
|                             | 3           | 3      | 3      | 3      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 4      | 5      | 5      | 6      | 9      | 1      | 1      | 1      | 1      | 1      |                    |
|                             |             | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3                  |
|                             |             | 4      | 4      | 6      | 6      | 6      | 7      | 7      | 8      | 9      | 2      | 2      | 2      | 3      | 7      | 0      | 3      | 3      | 3      | 3      | 4      | 5      | 5      | 6      | 9      | 1      | 1      | 1      | 1      | 1      | 1                  |
|                             |             | 0      | 6      | 0      | 5      | 8      | 0      | 3      | 7      | 9      | 4      | 5      | 7      | 4      | 2      | 6      | 1      | 5      | 8      | 1      | 0      | 8      | 4      | 1      | 5      | 7      | 7      | 7      | 7      | 7      |                    |

### ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder                          | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenocarcinoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangiosarcoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma                       |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Adenoma               | X |   |   | X |   | X | X |   |   |   |   |   |   |   | X | X |   |   | X | X | X | X | X |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple     |   | X |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X | X | X |   |   |   |   |   |
| Hepatocellular Carcinoma             |   |   |   |   |   |   | X |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple   |   |   |   |   | X |   |   | X |   |   |   |   |   |   | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                            |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...) |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|                  | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      |                       |                    |
| 10 W/kg          | 0<br>1<br>3<br>4<br>0 | 0<br>1<br>3<br>4<br>6 | 0<br>1<br>3<br>6<br>0 | 0<br>1<br>3<br>6<br>5 | 0<br>1<br>3<br>6<br>8 | 0<br>1<br>2<br>7<br>0 | 0<br>1<br>2<br>7<br>3 | 0<br>1<br>2<br>7<br>9 | 0<br>1<br>2<br>8<br>9 | 0<br>1<br>3<br>2<br>4 | 0<br>1<br>3<br>2<br>5 | 0<br>1<br>3<br>2<br>7 | 0<br>1<br>3<br>3<br>4 | 0<br>1<br>3<br>3<br>7 | 0<br>1<br>3<br>7<br>2 | 0<br>1<br>3<br>0<br>6 | 0<br>1<br>3<br>3<br>1 | 0<br>1<br>3<br>3<br>5 | 0<br>1<br>3<br>3<br>8 | 0<br>1<br>3<br>4<br>1 | 0<br>1<br>3<br>5<br>0 | 0<br>1<br>3<br>6<br>4 | 0<br>1<br>2<br>9<br>1 | 0<br>1<br>3<br>1<br>5 | 0<br>1<br>3<br>1<br>7 |                    |

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

CARDIOVASCULAR SYSTEM

|                                                                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta                                                                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Hepatocarcinoma, Metastatic, Liver<br>Sarcoma, Metastatic, Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

ENDOCRINE SYSTEM

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b><br><br><b>10 W/kg</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                               |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                               |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                               | 2           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |   |
| ANIMAL ID                                     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                               | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                                               | 3           | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|                                               | 4           | 4 | 6 | 6 | 6 | 7 | 7 | 8 | 9 | 2 | 2 | 2 | 3 | 7 | 0 | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 6 | 9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                                               | 0           | 6 | 0 | 5 | 8 | 0 | 3 | 7 | 9 | 4 | 5 | 7 | 4 | 2 | 6 | 1 | 5 | 8 | 1 | 0 | 8 | 4 | 1 | 5 | 7 | 5 | 7 | 5 | 7 | 5 | 7 | 5 | 7 | 5 | 7 | 5 | 7 |   |

males  
(cont...)

Follicular Cell, Adenoma

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Coagulating Gland

Epididymis

Preputial Gland

Prostate

Seminal Vesicle

Testis

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

**HEMATOPOIETIC SYSTEM**

Bone Marrow

Lymph Node  
 Bronchial, Sarcoma, Metastatic, Skeletal Muscle

Lymph Node, Mandibular

Lymph Node, Mesenteric

Spleen

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

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

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

| B6C3F1 MICE MALE<br>10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |
|-----------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|                             | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                    |
|                             | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |
|                             | 2           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |           |                    |
|                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|                             | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |                    |
|                             | 3           | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 |           |                    |
|                             | 4           | 4 | 6 | 6 | 6 | 7 | 7 | 8 | 9 | 2 | 2 | 2 | 3 | 7 | 0 | 3 | 3 | 3 | 4 | 5 | 5 | 6 | 9 | 1 |           |                    |
|                             | 0           | 6 | 0 | 5 | 8 | 0 | 3 | 7 | 9 | 4 | 5 | 7 | 4 | 2 | 6 | 1 | 5 | 8 | 1 | 0 | 8 | 4 | 1 | 5 |           |                    |

Hemangiosarcoma

X

Thymus

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

**INTEGUMENTARY SYSTEM**

Mammary Gland

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

Skin

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

Lipoma

Squamous Cell Papilloma

X

**MUSCULOSKELETAL SYSTEM**

Bone

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

Skeletal Muscle

Hepatocholangiocarcinoma, Metastatic, Liver Sarcoma

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

**NERVOUS SYSTEM**

Brain

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

Brain Trigeminal Ganglion

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

Nerve Trigeminal

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

Peripheral Nerve, Sciatic

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

Spinal Cord

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

**RESPIRATORY SYSTEM**

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE                            | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
|---------------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|------|------|
|                                             | 0732        | 0733 | 0732 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |                    | 0733 |      |
| 10 W/kg                                     | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |      |      |
|                                             | 0134        | 0133 | 0136 | 0136 | 0138 | 0130 | 0131 | 0132 | 0132 | 0133 | 0133 | 0133 | 0133 | 0133 | 0133 | 0133 | 0133 | 0133 | 0133 | 0133 |                    | 0133 |      |
|                                             | 0444        | 0433 | 0636 | 0636 | 0637 | 0737 | 0838 | 0939 | 0939 | 0434 | 0535 | 0737 | 0434 | 0232 | 0636 | 0131 | 0535 | 0838 | 0130 | 0434 |                    | 0131 | 0535 |
|                                             | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |                    | 0000 | 0000 |
|                                             | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |                    | 0000 | 0000 |
| Lung                                        | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| Alveolar/Bronchiolar Adenoma                |             |      |      |      |      | X    |      |      |      | X    | X    | X    |      |      |      |      |      |      | X    |      |                    | X    |      |
| Alveolar/Bronchiolar Carcinoma              |             |      |      |      |      |      |      |      |      | X    |      | X    |      |      |      |      |      |      |      |      | X                  |      |      |
| Hepatocellular Carcinoma, Metastatic, Liver |             |      |      |      | X    |      | X    |      |      |      |      |      |      |      |      |      |      | X    |      | X    |                    |      |      |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Sarcoma, Metastatic, Skeletal Muscle        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Nose                                        | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| Trachea                                     | +           | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| <b>SPECIAL SENSES SYSTEM</b>                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Eye                                         | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| Harderian Gland                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| Adenocarcinoma                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Adenoma                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| <b>URINARY SYSTEM</b>                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Kidney                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| Sarcoma, Metastatic, Skeletal Muscle        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Renal Tubule, Adenoma                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Urinary Bladder                             | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| <b>SYSTEMIC LESIONS</b>                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Multiple Organ                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  | +    |      |
| Histiocytic Sarcoma                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |
| Leukemia Granulocytic                       |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |      |      |

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

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



Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 10 W/kg          | ANIMAL ID   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                  |             | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 1 | 2 | 3 | 4 | 5 | 5 | 6 | 8 | 9 | 0 | 2 | 3 | 5 | 6 | 1 | 1 |
|                  |             | 9 | 8 | 9 | 3 | 6 | 9 | 5 | 9 | 5 | 5 | 2 | 6 | 5 | 1 | 2 | 2 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                            | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Gallbladder                          | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | <b>76</b> |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>80</b> |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | <b>81</b> |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>85</b> |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>80</b> |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b> |
| Adenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>82</b> |
| Adenocarcinoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Adenoma                              |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Hemangiosarcoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatoblastoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>7</b>  |
| Hepatocellular Adenoma               |   |   |   | X |   |   |   | X | X | X |   | X | X |   |   |   | <b>36</b> |
| Hepatocellular Adenoma, Multiple     | X |   |   | X |   |   | X |   |   |   | X |   |   | X | X |   | <b>26</b> |
| Hepatocellular Carcinoma             |   |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   | <b>24</b> |
| Hepatocellular Carcinoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>7</b>  |
| Hepatocholangiocarcinoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Mesentery                            |   | + |   |   |   |   |   |   |   |   |   |   |   | + |   |   | <b>16</b> |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 10 W/kg          | ANIMAL ID   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                  |             | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 1 | 2 | 3 | 4 | 5 | 5 | 6 | 8 | 9 | 0 | 2 | 3 | 5 | 6 | 1 | 1 |
|                  |             | 9 | 8 | 9 | 3 | 6 | 9 | 5 | 9 | 5 | 5 | 2 | 6 | 5 | 1 | 2 | 2 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Pancreas             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88 |
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87 |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87 |
| Tooth                | + |   |   |   |   | + |   |   | + |   |   | + |   | + | + |   | 23 |

**CARDIOVASCULAR SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Aorta                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Heart                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Hepatocarcinoma, Metastatic, Liver   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**ENDOCRINE SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Subcapsular, Adenoma    |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 4  |
| Adrenal Medulla         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Pheochromocytoma Benign | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Parathyroid Gland       | + | M | M | + | M | + | M | + | + | M | M | + | + | M | M |   | 65 |
| Pituitary Gland         | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 83 |
| Thyroid Gland           | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | 87 |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                         |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
| <b>10 W/kg</b>          | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |
|                         |             | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |
|                         |             | 1 | 2 | 3 | 4 | 5 | 5 | 6 | 8 | 9 | 0 | 2 | 3 | 5 | 6 | 1 |   |                 |
|                         |             | 9 | 8 | 9 | 3 | 6 | 9 | 5 | 9 | 5 | 5 | 2 | 6 | 5 | 1 | 2 |   | <b>* TOTALS</b> |

Follicular Cell, Adenoma

1

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Coagulating Gland

1

Epididymis

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

90

Preputial Gland

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

89

Prostate

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

88

Seminal Vesicle

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

90

Testis

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

90

**HEMATOPOIETIC SYSTEM**

Bone Marrow

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

90

Lymph Node

+ +

10

Bronchial, Sarcoma, Metastatic, Skeletal Muscle

1

Lymph Node, Mandibular

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

64

Lymph Node, Mesenteric

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

85

Spleen

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

86

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>10 W/kg                 | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|---------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                             | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                                             |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                             |             | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |          |
|                                             |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                             |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                                             |             | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                             |             | 1 | 2 | 3 | 4 | 5 | 5 | 6 | 8 | 9 | 0 | 2 | 3 | 5 | 6 | 1 |          |
|                                             |             | 9 | 8 | 9 | 3 | 6 | 9 | 5 | 9 | 5 | 5 | 2 | 6 | 5 | 1 | 2 |          |
| Hemangiosarcoma                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X        |
| Thymus                                      |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 81       |
| <b>INTEGUMENTARY SYSTEM</b>                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Mammary Gland                               |             | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 3        |
| Skin                                        |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Lipoma                                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Squamous Cell Papilloma                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Bone                                        |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Skeletal Muscle                             |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Sarcoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| <b>NERVOUS SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Brain                                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Brain Trigeminal Ganglion                   |             | + | + | + | + | + | + | M | + | + | + | + | M | + | + | + | 80       |
| Nerve Trigeminal                            |             | + | M | M | M | M | M | + | + | + | M | + | + | + | M | + | 55       |
| Peripheral Nerve, Sciatic                   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88       |
| Spinal Cord                                 |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| <b>RESPIRATORY SYSTEM</b>                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |

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

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

| B6C3F1 MICE MALE<br>10 W/kg                 | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                             | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 |          |
| ANIMAL ID                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                             | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |          |
|                                             | 3                | 3                | 3                | 3                | 3                | 3                | 2                | 2                | 2                | 3                | 3                | 3                | 3                | 3                | 3                |          |
|                                             | 1                | 2                | 3                | 4                | 5                | 5                | 6                | 8                | 9                | 0                | 2                | 3                | 5                | 6                | 1                |          |
|                                             | 9                | 8                | 9                | 3                | 6                | 9                | 5                | 9                | 5                | 5                | 2                | 6                | 5                | 1                | 2                |          |
| Lung                                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Alveolar/Bronchiolar Adenoma                |                  |                  |                  | X                | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 12               |          |
| Alveolar/Bronchiolar Carcinoma              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 11               |          |
| Hepatocellular Carcinoma, Metastatic, Liver |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  | 11               |          |
| Hepatocholangiocarcinoma, Metastatic, Liver |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Sarcoma, Metastatic, Skeletal Muscle        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Nose                                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Trachea                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89               |          |
| <b>SPECIAL SENSES SYSTEM</b>                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Eye                                         | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Harderian Gland                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88               |          |
| Adenocarcinoma                              |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  | 2                |          |
| Adenoma                                     |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  | 4                |          |
| <b>URINARY SYSTEM</b>                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Kidney                                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Sarcoma, Metastatic, Skeletal Muscle        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Renal Tubule, Adenoma                       |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Urinary Bladder                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89               |          |
| <b>SYSTEMIC LESIONS</b>                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Multiple Organ                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Histiocytic Sarcoma                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | 2                |          |
| Leukemia Granulocytic                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                         |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|-------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                         |             | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
| <b>10 W/kg</b>          |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                         |             | 7               | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |          |
|                         | ANIMAL ID   | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                         |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                         |             | 3               | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                         |             | 1               | 2 | 3 | 4 | 5 | 5 | 6 | 8 | 9 | 0 | 2 | 3 | 5 | 6 |          |
|                         |             | 9               | 8 | 9 | 3 | 6 | 9 | 5 | 9 | 5 | 2 | 6 | 5 | 1 | 2 |          |
|                         |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Lymphoma Malignant      |             | X               |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b> |

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

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

females  
(cont...)

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | A | + | + | A | + | + | A | + | + | + | + | A | + | + | A | A | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | A | + | A | A | + | + | + | + | + | + | + | A | + | + | + | A | + | + | A | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Intestine Large, Colon             | + | A | + | A | A | + | + | + | + | + | + | + | A | + | + | + | A | + | + | A | + | + | + | + |
| Intestine Large, Rectum            | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Osteosarcoma, Metastatic, Skin     | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Duodenum          | + | A | + | A | M | + | + | + | A | + | + | + | A | + | + | A | A | + | + | A | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Intestine Small, Ileum             | + | A | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | A | A | + | + | + |
| Intestine Small, Jejunum           | A | A | + | A | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | A | + | + | + | + |
| Liver                              | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Bone     |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skin     | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mesentery                                   |   |   | + |   |   | + | + |   |   | + |   |   | + |   |   | + | + |   |   |   |   |   |   |   | + |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Renal Mesenchymal Tumor, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Hemangioma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                    | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Renal Mesenchymal Tumor, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Stomach, Forestomach                        | + | A | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Squamous Cell Papilloma                     |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Glandular                          | + | A | + | A | A | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

CARDIOVASCULAR SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta                          | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | M | + | + |
| Heart                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Osteosarcoma, Metastatic, Skin | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ENDOCRINE SYSTEM

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + |
| Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Pheochromocytoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | M | + | + |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>0 W/kg                         | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|------------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                                                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                                                      | 4           | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 |                      |
|                                                      | 4           | 9 | 1 | 5 | 5 | 6 | 6 | 7 | 7 | 9 | 0 | 0 | 0 | 3 | 4 | 4 | 4 | 5 | 5 | 8 | 0 | 2 |                      |
|                                                      | 8           | 3 | 1 | 1 | 1 | 2 | 8 | 7 | 9 | 7 | 4 | 7 | 7 | 8 | 2 | 4 | 8 | 3 | 6 | 9 | 3 | 4 |                      |
|                                                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                                                      | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                                                      | 1           | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |                      |
|                                                      | 4           | 9 | 5 | 2 | 6 | 5 | 8 | 0 | 6 | 8 | 6 | 3 | 4 | 0 | 0 | 9 | 1 | 0 | 2 | 1 | 4 | 6 |                      |
|                                                      | 0           | 7 | 0 | 1 | 7 | 7 | 9 | 3 | 8 | 2 | 2 | 9 | 6 | 7 | 8 | 2 | 0 | 0 | 2 | 4 | 9 | 6 |                      |
| Islets, Pancreatic Carcinoma                         | +           | A | + | A | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + |                      |
| Parathyroid Gland                                    | M           | + | + | M | + | + | + | + | M | + | + | + | + | M | + | + | M | + | + | M | + | + |                      |
| Pituitary Gland Pars Distalis, Adenoma               | +           | + | + | + | M | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | I | + |                      |
|                                                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |                      |
| Thyroid Gland C-cell, Carcinoma                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | M |                      |
|                                                      |             |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | + |                      |
| <b>GENERAL BODY SYSTEM</b>                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Tissue NOS Abdominal, Osteosarcoma, Metastatic, Skin | +           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |                      |
| <b>GENITAL SYSTEM</b>                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Clitoral Gland                                       | +           | + | + | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | M |                      |
| Ovary Cystadenoma                                    | +           | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + | M | + | I |                      |
| Granulosa Cell Tumor Benign                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Hemangioma                                           |             |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Thecoma Malignant                                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |                      |
| Uterus Fibroma                                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Fibrosarcoma, Metastatic, Skin                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |                      |
| Leiomyoma                                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Vagina                                               |             |   |   |   |   | M |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

HEMATOPOIETIC SYSTEM

|                                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymph Node                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bronchial, Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bronchial, Fibrosarcoma, Metastatic, Skin                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular                                      | + | + | + | + | + | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymph Node, Mesenteric                                      | + | + | + | M | I | + | + | + | + | A | + | + | + | + | + | + | + | A | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Fibrosarcoma, Metastatic, Skin                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal Mesenchymal Tumor, Metastatic, Kidney                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spleen                                                      | + | A | + | A | A | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Thymus                                                      | M | + | + | A | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

INTEGUMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland                        | M | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Skin                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Subcutaneous Tissue, Fibroma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Fibrosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Lipoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Osteosarcoma    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

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First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma    |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma, Metastatic, Skeletal Muscle |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Brain Trigeminal Ganglion                 | M | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + |
| Nerve Trigeminal                          | + | + | + | M | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | M | + | + | M | M |   |   |
| Peripheral Nerve, Sciatic                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

RESPIRATORY SYSTEM

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma, Metastatic, Thyroid Gland        |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Bone              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skeletal Muscle   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skin              | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Mediastinum

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

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



Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

females  
(cont...)

**ALIMENTARY SYSTEM**

|                                                                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                                                                                   | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Gallbladder                                                                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Intestine Large, Cecum<br>Fibrosarcoma, Metastatic, Skin                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon                                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum<br>Fibrosarcoma, Metastatic, Skin<br>Osteosarcoma, Metastatic, Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum<br>Fibrosarcoma, Metastatic, Skin                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum                                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum                                                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Liver<br>Fibrosarcoma, Metastatic, Skin                                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hepatoblastoma                                                                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocellular Adenoma                                                                      |   |   |   |   |   |   | X |   | X | X |   |   |   | X |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |
| Hepatocellular Adenoma, Multiple                                                            |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocellular Carcinoma                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hepatocellular Carcinoma, Multiple                                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Osteosarcoma, Metastatic, Bone                                                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Osteosarcoma, Metastatic, Skin                                                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. 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

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

|                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Mesentery                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibrosarcoma, Metastatic, Skin              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal Mesenchymal Tumor, Metastatic, Kidney |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fat, Hemangioma                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pancreas                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibrosarcoma, Metastatic, Skin              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal Mesenchymal Tumor, Metastatic, Kidney |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Salivary Glands                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach, Forestomach                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibrosarcoma, Metastatic, Skin              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Squamous Cell Papilloma                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach, Glandular                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibrosarcoma, Metastatic, Skin              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**CARDIOVASCULAR SYSTEM**

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Aorta                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heart                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Osteosarcoma, Metastatic, Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ENDOCRINE SYSTEM**

|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Adrenal Cortex             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adenoma                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adrenal Medulla            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pheochromocytoma Malignant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

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

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Islets, Pancreatic<br>Carcinoma           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Parathyroid Gland                         | M | M | + | + | + | + | M | + | M | + | M | M | M | + | + | M | M | + | M | M | M | + | M | + |   |
| Pituitary Gland<br>Pars Distalis, Adenoma | + | + | I | + | I | I | + | + | + | + | + | + | + | + | + | I | + | + | + | + | I | + | + | + |   |
| Thyroid Gland<br>C-cell, Carcinoma        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |

GENERAL BODY SYSTEM

|                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tissue NOS<br>Abdominal, Osteosarcoma, Metastatic, Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

GENITAL SYSTEM

|                                                                                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                                                                         | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | M |
| Ovary<br>Cystadenoma<br>Granulosa Cell Tumor Benign<br>Hemangioma<br>Thecoma Malignant | + | + | + | + | M | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | M | I | + |
| Uterus<br>Fibroma<br>Fibrosarcoma, Metastatic, Skin<br>Leiomyoma                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Vagina                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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

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

females (cont...)

**HEMATOPOIETIC SYSTEM**

|                                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |  |
| Lymph Node                                                  |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bronchial, Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bronchial, Fibrosarcoma, Metastatic, Skin                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular                                      | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |  |
| Lymph Node, Mesenteric                                      | + | + | + | + | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + |   |  |
| Fibrosarcoma, Metastatic, Skin                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal Mesenchymal Tumor, Metastatic, Kidney                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spleen                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Thymus                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

**INTEGUMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland                        | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Skin                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Subcutaneous Tissue, Fibroma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Fibrosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Lipoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Subcutaneous Tissue, Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                                     | + | + | + | + | + | + | + | + | + | I | I | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Osteosarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Brain Trigeminal Ganglion                 | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + |   |
| Nerve Trigeminal                          | M | + | M | M | + | M | + | + | M | M | M | M | + | + | + | + | M | + | M | + | + | + | M | M | M |
| Peripheral Nerve, Sciatic                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + |
| Spinal Cord                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

RESPIRATORY SYSTEM

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Carcinoma, Metastatic, Thyroid Gland        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Bone              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skeletal Muscle   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Mediastinum +

\* .. 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



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

Hepatocellular Carcinoma, Metastatic, Liver

Nose + + + + + + + + + + + + + + + + + + + + + + + +

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

**SPECIAL SENSES SYSTEM**

Eye + + + + + + + + + + + + + + + + + + + + + + + +

Harderian Gland Adenoma + + M + + + + + + + X + + + + + + + + + + X + + + + +

**URINARY SYSTEM**

Kidney + + + + + + + + + + + + + + + + + + + + + + + +

Renal Mesenchymal Tumor X

Renal Tubule, Adenoma X

Urinary Bladder + + + + + + + + + + + + + + + + + + + + + + + +

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + + + + + + + + + + + + + + +

Histiocytic Sarcoma X

Lymphoma Malignant X X

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

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

Experiment Number: 20105 - 75  
Test Type: CHRONIC  
Route: Whole Body Exposure  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
Time Report Requested: 14:32:43  
First Dose M/F: 06/18/12 / 06/18/12  
Lab: IIT

| B6C3F1 MICE FEMALE | 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 |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|                    |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 |
| 0 W/kg             | ANIMAL ID   | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4                    | 4 |
|                    |             | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6                    | 6 |
|                    |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
|                    |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
|                    |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |
|                    |             | 5 | 5 | 6 | 7 | 7 | 9 | 0 | 3 | 5 | 5 | 7 | 9 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 8 | 9 | 1                    | 2 |
|                    |             | 5 | 9 | 9 | 5 | 9 | 6 | 9 | 0 | 3 | 4 | 0 | 0 | 1 | 0 | 8 | 9 | 6 | 4 | 7 | 8 | 8 | 4 | 2                    | 8 |
|                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |

ALIMENTARY SYSTEM

|                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                                                                                                                                                                                                                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                                                                                                                                                                                                                                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + |
| Intestine Large, Cecum<br>Fibrosarcoma, Metastatic, Skin                                                                                                                                                                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                                                                                                                                                                                                                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum<br>Fibrosarcoma, Metastatic, Skin<br>Osteosarcoma, Metastatic, Skin                                                                                                                                                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Fibrosarcoma, Metastatic, Skin                                                                                                                                                                                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                                                                                                                                                                                                                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                                                                                                                                                                                                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Fibrosarcoma, Metastatic, Skin<br>Hepatoblastoma<br>Hepatocellular Adenoma<br>Hepatocellular Adenoma, Multiple<br>Hepatocellular Carcinoma<br>Hepatocellular Carcinoma, Multiple<br>Osteosarcoma, Metastatic, Bone<br>Osteosarcoma, Metastatic, Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
|                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   |
|                                                                                                                                                                                                                                                               |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |
|                                                                                                                                                                                                                                                               |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

females  
(cont...)

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal Mesenchymal Tumor, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Hemangioma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal Mesenchymal Tumor, Metastatic, Kidney |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Glandular                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

CARDIOVASCULAR SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta                          | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ENDOCRINE SYSTEM

|                            |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex             | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma                    |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla            | + |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pheochromocytoma Malignant |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

**Experiment Number:** 20105 - 75  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
**CAS Number:** CELLPRADCDMA

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 14:32:43  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| <b>B6C3F1 MICE FEMALE</b>                                                              | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|----------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                                                                        | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>5<br>0      | 0<br>7<br>5<br>0      |                       |
| <b>0 W/kg</b>                                                                          | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                                                                        | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>5 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>2<br>8 |
| Islets, Pancreatic<br>Carcinoma                                                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     |
| Parathyroid Gland                                                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | M M                   |
| Pituitary Gland<br>Pars Distalis, Adenoma                                              | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | +                     |
| Thyroid Gland<br>C-cell, Carcinoma                                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| <b>GENERAL BODY SYSTEM</b>                                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Tissue NOS<br>Abdominal, Osteosarcoma, Metastatic, Skin                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>GENITAL SYSTEM</b>                                                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Clitoral Gland                                                                         | +                     | +                     | M                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Ovary<br>Cystadenoma<br>Granulosa Cell Tumor Benign<br>Hemangioma<br>Thecoma Malignant | M                     | M                     | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | +                     | +                     |
| Uterus<br>Fibroma<br>Fibrosarcoma, Metastatic, Skin<br>Leiomyoma                       | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Vagina                                                                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

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

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



Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                                     | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Brain Trigeminal Ganglion                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | M | + | + |
| Nerve Trigeminal                          | M | M | + | + | + | + | M | M | M | M | M | M | + | M | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic                 | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma, Metastatic, Thyroid Gland        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |
| Osteosarcoma, Metastatic, Bone              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skeletal Muscle   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinum                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 20105 - 75  
Test Type: CHRONIC  
Route: Whole Body Exposure  
Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
Time Report Requested: 14:32:43  
First Dose M/F: 06/18/12 / 06/18/12  
Lab: IIT

| B6C3F1 MICE FEMALE<br>0 W/kg                                | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                                             | 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 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| <b>SPECIAL SENSES SYSTEM</b>                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eye                                                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland Adenoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| <b>URINARY SYSTEM</b>                                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Kidney                                                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Renal Mesenchymal Tumor<br>Renal Tubule, Adenoma            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder                                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| <b>SYSTEMIC LESIONS</b>                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Multiple Organ<br>Histiocytic Sarcoma<br>Lymphoma Malignant |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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Cell Phone Radiation: CDMA

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Lab: IIT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |
| <b>0 W/kg</b>             |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |  |
|                           |             | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 |   |  |
|                           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |
|                           |             | 7 | 7 | 8 | 9 | 9 | 0 | 2 | 4 | 4 | 7 | 8 | 8 | 8 | 1 |  |
|                           |             | 2 | 7 | 4 | 3 | 5 | 9 | 0 | 2 | 3 | 8 | 3 | 5 | 6 | 5 |  |
| <b>* TOTALS</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Gallbladder                        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | <b>79</b> |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>84</b> |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>84</b> |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Osteosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>82</b> |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | <b>83</b> |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>84</b> |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Fibrosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatocellular Adenoma             |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   | <b>14</b> |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   | X |   |   |   | X | X |   |   |   | <b>5</b>  |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X | <b>6</b>  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Osteosarcoma, Metastatic, Bone     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Osteosarcoma, Metastatic, Skin     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

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

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



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Lab: IIT

| B6C3F1 MICE FEMALE<br>0 W/kg                | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                             | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>2 |          |
| ANIMAL ID                                   | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                             | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                             | 1                | 1                | 1                | 1                | 1                | 2                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |          |
|                                             | 7                | 7                | 8                | 9                | 9                | 0                | 2                | 4                | 4                | 7                | 8                | 8                | 8                | 1                | 1                |          |
|                                             | 2                | 7                | 4                | 3                | 5                | 9                | 0                | 2                | 3                | 8                | 3                | 5                | 6                | 5                | 7                |          |
| Mesentery                                   |                  |                  | +                | +                |                  |                  | +                |                  | +                | +                |                  |                  |                  |                  | 29               |          |
| Fibrosarcoma, Metastatic, Skin              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Renal Mesenchymal Tumor, Metastatic, Kidney |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Fat, Hemangioma                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Pancreas                                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87               |          |
| Fibrosarcoma, Metastatic, Skin              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Renal Mesenchymal Tumor, Metastatic, Kidney |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Salivary Glands                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89               |          |
| Stomach, Forestomach                        | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 86               |          |
| Fibrosarcoma, Metastatic, Skin              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Squamous Cell Papilloma                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Stomach, Glandular                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 85               |          |
| Fibrosarcoma, Metastatic, Skin              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>CARDIOVASCULAR SYSTEM</b>                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Aorta                                       | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 84               |          |
| Heart                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Osteosarcoma, Metastatic, Skin              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>ENDOCRINE SYSTEM</b>                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Adrenal Cortex                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 84               |          |
| Adenoma                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Adrenal Medulla                             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 83               |          |
| Pheochromocytoma Malignant                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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| B6C3F1 MICE FEMALE<br>0 W/kg                            | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |         |
|---------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|---------|
|                                                         | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>2 |          |         |
| ANIMAL ID                                               | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |         |
|                                                         | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |         |
|                                                         | 1                | 1                | 1                | 1                | 1                | 2                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |          |         |
|                                                         | 7                | 7                | 8                | 9                | 9                | 0                | 2                | 4                | 4                | 7                | 8                | 8                | 8                | 1                |          | 1       |
| Islets, Pancreatic<br>Carcinoma                         | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87<br>1  |         |
| Parathyroid Gland                                       | +                | +                | M                | +                | M                | M                | +                | +                | +                | +                | M                | M                | +                | M                | +        | 60      |
| Pituitary Gland<br>Pars Distalis, Adenoma               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +        | 80<br>6 |
| Thyroid Gland<br>C-cell, Carcinoma                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +        | 86<br>1 |
| <b>GENERAL BODY SYSTEM</b>                              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |         |
| Tissue NOS<br>Abdominal, Osteosarcoma, Metastatic, Skin |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1<br>1  |
| <b>GENITAL SYSTEM</b>                                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |         |
| Clitoral Gland                                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 82      |
| Ovary<br>Cystadenoma                                    | +                | +                | +                | I                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 75<br>2 |
| Granulosa Cell Tumor Benign                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1       |
| Hemangioma                                              |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |          | 2       |
| Thecoma Malignant                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1       |
| Uterus<br>Fibroma                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 89<br>1 |
| Fibrosarcoma, Metastatic, Skin                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1       |
| Leiomyoma                                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |          | 1       |
| Vagina                                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 0       |

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|---------------------------|---------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|
| <b>B6C3F1 MICE FEMALE</b> | <b>0 W/kg</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |   |
|                           |               |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 | 7 |
|                           |               |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |                 | 5 |
|                           |               |             | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 |                 | 2 |
|                           | ANIMAL ID     | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |   |
|                           |               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |   |
|                           |               | 1           | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |   |
|                           |               | 7           | 7 | 8 | 9 | 9 | 0 | 2 | 4 | 4 | 7 | 8 | 8 | 8 | 1 | 1 |                 |   |
|                           |               | 2           | 7 | 4 | 3 | 5 | 9 | 0 | 2 | 3 | 8 | 3 | 5 | 6 | 5 | 7 | <b>* TOTALS</b> |   |

**HEMATOPOIETIC SYSTEM**

|                                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Lymph Node                                                  |   | + | + | + |   |   |   |   | + | + |   |   |   |   |   | <b>18</b> |
| Bronchial, Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Bronchial, Fibrosarcoma, Metastatic, Skin                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node, Mandibular                                      | + | + | + | + | M | + | + | + | + | + | + | + | M | + | + | <b>76</b> |
| Lymph Node, Mesenteric                                      | M | + | M | + | M | + | + | + | + | M | M | + | + | + | + | <b>71</b> |
| Fibrosarcoma, Metastatic, Skin                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Renal Mesenchymal Tumor, Metastatic, Kidney                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spleen                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |
| Thymus                                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>85</b> |

**INTEGUMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Mammary Gland                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>85</b> |
| Skin                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Subcutaneous Tissue, Fibroma         |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>  |
| Subcutaneous Tissue, Fibrosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Subcutaneous Tissue, Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Subcutaneous Tissue, Lipoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Subcutaneous Tissue, Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Subcutaneous Tissue, Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |

**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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | 89 |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

NERVOUS SYSTEM

|                                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87 |
| Osteosarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Brain Trigeminal Ganglion                 | + | + | + | + | M | M | + | M | M | + | + | M | + | + | + | 75 |
| Nerve Trigeminal                          | M | M | M | + | + | + | M | + | + | M | M | + | + | + | + | 56 |
| Peripheral Nerve, Sciatic                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88 |
| Spinal Cord                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |

RESPIRATORY SYSTEM

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 3  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 3  |
| Carcinoma, Metastatic, Thyroid Gland        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Osteosarcoma, Metastatic, Bone              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Osteosarcoma, Metastatic, Skeletal Muscle   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Osteosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mediastinum                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

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+ .. Tissue examined microscopically  
X .. Lesion present  
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Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE                          | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |  |
|---------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|--|
|                                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |  |
| 0 W/kg                                      | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |  |
|                                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |  |
|                                             | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               |  |
|                                             | 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5               |  |
|                                             | 0           | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 |                 |  |
|                                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |  |
|                                             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |  |
|                                             | 1           | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |  |
|                                             | 7           | 7 | 8 | 9 | 9 | 0 | 2 | 4 | 4 | 7 | 8 | 8 | 8 | 1 |                 |  |
|                                             | 2           | 7 | 4 | 3 | 5 | 9 | 0 | 2 | 3 | 8 | 3 | 5 | 6 | 5 |                 |  |
|                                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |  |
| Hepatocellular Carcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |  |
| Nose                                        | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b>       |  |
| Trachea                                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b>       |  |
| <b>SPECIAL SENSES SYSTEM</b>                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |  |
| Eye                                         | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b>       |  |
| Harderian Gland                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b>       |  |
| Adenoma                                     |             |   |   |   |   |   | X |   |   |   |   |   |   |   | <b>4</b>        |  |
| <b>URINARY SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |  |
| Kidney                                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b>       |  |
| Renal Mesenchymal Tumor                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |  |
| Renal Tubule, Adenoma                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>        |  |
| Urinary Bladder                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b>       |  |
| <b>SYSTEMIC LESIONS</b>                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |  |
| Multiple Organ                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b>       |  |
| Histiocytic Sarcoma                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>8</b>        |  |
| Lymphoma Malignant                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>        |  |

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

M .. Missing tissue  
A .. Autolysis precludes evaluation  
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| B6C3F1 MICE FEMALE | 2.5 W/kg | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |
|--------------------|----------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------------|------|------|
|                    |          | 0033        | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 |                   | 0033 | 0033 |
|                    |          | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females (cont...) |      |      |
|                    |          | 0047        | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 | 0047 |                   | 0047 | 0047 |

ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                          | M | + | + | M | M | A | + | A | + | M | + | A | + | + | M | + | + | M | + | + | + | + | + |
| Intestine Large, Cecum               | A | + | + | + | + | + | + | A | A | A | + | A | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Large, Colon               | A | + | + | + | + | + | + | A | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum              | A | + | + | + | + | + | + | A | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum            | A | + | + | + | A | + | + | A | A | + | + | A | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum               | A | + | + | + | A | A | + | A | + | + | + | A | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum             | A | + | + | + | A | + | + | A | A | + | + | A | + | + | A | + | + | + | + | + | + | + | + |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                      |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma               |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |
| Hepatocellular Carcinoma             |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Brain      |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                            |   |   |   |   | + |   | + |   |   | + |   |   | + |   |   | + | + |   |   | + |   | + |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Lipoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Pancreas                             | + | + | + | + | + | M | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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Lab: IIT

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | females<br>(cont...) |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|----------------------|
|                    | 0<br>3<br>3           | 0<br>2<br>6<br>2      | 0<br>4<br>9<br>3      | 0<br>5<br>7<br>9      | 0<br>6<br>2<br>6      | 0<br>6<br>3<br>9      | 0<br>6<br>5<br>6      | 0<br>6<br>8<br>6      | 0<br>6<br>9<br>5      | 0<br>6<br>9<br>8      | 0<br>7<br>0<br>3      | 0<br>7<br>0<br>6      | 0<br>7<br>1<br>5      | 0<br>7<br>2<br>3      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      |                       |           |                      |
| 2.5 W/kg           | 0<br>1<br>0<br>4<br>7 | 0<br>0<br>9<br>8<br>9 | 0<br>0<br>9<br>9<br>2 | 0<br>0<br>9<br>6<br>7 | 0<br>1<br>0<br>2<br>1 | 0<br>1<br>0<br>4<br>1 | 0<br>1<br>0<br>1<br>2 | 0<br>0<br>9<br>6<br>6 | 0<br>0<br>9<br>5<br>8 | 0<br>0<br>9<br>7<br>2 | 0<br>0<br>9<br>2<br>0 | 0<br>1<br>0<br>7<br>3 | 0<br>0<br>9<br>7<br>8 | 0<br>1<br>0<br>7<br>0 | 0<br>1<br>0<br>1<br>3 | 0<br>0<br>9<br>5<br>1 | 0<br>0<br>9<br>5<br>3 | 0<br>0<br>9<br>7<br>4 | 0<br>0<br>9<br>8<br>6 | 0<br>0<br>9<br>9<br>1 | 0<br>1<br>0<br>2<br>2 | 0<br>0<br>9<br>5<br>7 | 0<br>0<br>9<br>5<br>6 | 0<br>0<br>9<br>5<br>0 |           |                      |

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

CARDIOVASCULAR SYSTEM

|                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta                                         | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Sarcoma, Metastatic, Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

ENDOCRINE SYSTEM

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

GENERAL BODY SYSTEM

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

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 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                                | 2.5 W/kg | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |  |  |
|---------------------------------------------------|----------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|--|--|
|                                                   |          | 0<br>3<br>3 | 0<br>2<br>6<br>2 | 0<br>4<br>9<br>3 | 0<br>5<br>7<br>9 | 0<br>6<br>2<br>6 | 0<br>6<br>3<br>9 | 0<br>6<br>5<br>6 | 0<br>6<br>8<br>9 | 0<br>6<br>9<br>5 | 0<br>6<br>9<br>8 | 0<br>7<br>0<br>3 | 0<br>7<br>0<br>6 | 0<br>7<br>1<br>5 | 0<br>7<br>2<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>9 | 0<br>7<br>4<br>0 |           |                      | 0<br>7<br>4<br>0 | 0<br>7<br>4<br>0 |  |  |
| Nerve Trigeminal                                  |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | M                | M                | M                | M                | M                | M                | +         | M                    | M                | M                |  |  |
| Peripheral Nerve, Sciatic                         |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                |  |  |
| Spinal Cord                                       |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |  |  |
| <b>RESPIRATORY SYSTEM</b>                         |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Lung                                              |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |  |  |
| Alveolar/Bronchiolar Adenoma                      |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Alveolar/Bronchiolar Carcinoma                    |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Granular Cell Tumor Malignant, Metastatic, Uterus |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Osteosarcoma, Metastatic, Bone                    |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Osteosarcoma, Metastatic, Brain                   |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Sarcoma, Metastatic, Skeletal Muscle              |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Nose                                              |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |  |  |
| Trachea                                           |          | +           | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |                  |  |  |
| <b>SPECIAL SENSES SYSTEM</b>                      |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Eye                                               |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |                  |  |  |
| Harderian Gland                                   |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |                  |  |  |
| Adenocarcinoma                                    |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Adenoma                                           |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| <b>URINARY SYSTEM</b>                             |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |  |  |
| Kidney                                            |          | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |                  |  |  |

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

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



| B6C3F1 MICE FEMALE<br>2.5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                                | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                                |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |
|                                |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4                    |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                                |             | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|                                |             | 6 | 9 | 0 | 0 | 0 | 0 | 1 | 3 | 5 | 6 | 7 | 8 | 8 | 0 | 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 2 | 3 | 8 |                      |
|                                |             | 8 | 4 | 0 | 2 | 5 | 8 | 4 | 0 | 1 | 1 | 4 | 5 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 3 | 1 | 4 | 8 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |

ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder                          | + | + | + | + | M | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangiosarcoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma               |   |   |   |   |   | X |   |   | X |   |   | X |   | X |   | X |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple     |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Brain      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Lipoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                  | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |      |
|-------------------------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|------|
|                                                 | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |      |
|                                                 | 0740        | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 | 0740 |                      | 0740 |
| Salivary Glands                                 | +           | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| Stomach, Forestomach<br>Squamous Cell Papilloma | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| Stomach, Glandular                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| <b>CARDIOVASCULAR SYSTEM</b>                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |      |
| Aorta                                           | +           | +    | +    | +    | +    | +    | +    | +    | +    | I    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| Heart<br>Sarcoma, Metastatic, Skeletal Muscle   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| <b>ENDOCRINE SYSTEM</b>                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |      |
| Adrenal Cortex                                  | +           | +    | +    | +    | +    | +    | +    | +    | I    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| Adrenal Medulla                                 | +           | +    | +    | +    | +    | +    | +    | +    | I    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| Islets, Pancreatic                              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
| Parathyroid Gland                               | +           | +    | M    | +    | +    | M    | M    | M    | +    | M    | M    | +    | +    | +    | M    | +    | +    | +    | +    | M    | M    | M    | +    | +    |                      |      |
| Pituitary Gland<br>Pars Distalis, Adenoma       | +           | +    | +    | +    | I    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | I    | +    | +    | +    | +    | +    |                      |      |
|                                                 | X           |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      | X    |      |      | X    |      |                      |      |
| Thyroid Gland<br>Follicular Cell, Adenoma       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |      |
|                                                 |             |      |      | X    |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |      |
| <b>GENERAL BODY SYSTEM</b>                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |      |
| Tissue NOS                                      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | +                    |      |

\* .. 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

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| <b>2.5 W/kg</b>           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                           |             | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |   |
|                           |             | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                           |             | 6 | 9 | 0 | 0 | 0 | 1 | 3 | 5 | 6 | 7 | 8 | 8 | 0 | 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 | 2 | 3 | 8 |   |   |   |   |   |   |   |
|                           |             | 8 | 4 | 0 | 2 | 5 | 8 | 4 | 0 | 1 | 1 | 4 | 5 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 3 | 1 | 4 | 8 | 8 |   |   |   |   |   |   |   |   |   |

females  
(cont...)

Hemangiosarcoma

X

**GENITAL SYSTEM**

Clitoral Gland

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

Ovary

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

Adenocarcinoma, Metastatic, Uterus

Cystadenoma

X

X

Uterus

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

Adenocarcinoma

Granular Cell Tumor Malignant

Hemangiosarcoma

Leiomyosarcoma

X

X

**HEMATOPOIETIC SYSTEM**

Bone Marrow

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

Lymph Node

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

Bronchial, Adenocarcinoma, Metastatic, Uterus

Iliac, Hemangiosarcoma

Pancreatic, Adenocarcinoma, Metastatic, Uterus

X

Lymph Node, Mandibular

M + + M + M + + M M + + + + + + + + + + + + + + + + I +

Lymph Node, Mesenteric

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

Adenocarcinoma, Metastatic, Uterus

Hemangiosarcoma

Sarcoma, Metastatic, Skeletal Muscle

X

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

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



Experiment Number: 20105 - 75  
Test Type: CHRONIC  
Route: Whole Body Exposure  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
Time Report Requested: 14:32:43  
First Dose M/F: 06/18/12 / 06/18/12  
Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                    |  | DAY ON TEST           |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | females<br>(cont...) |
|---------------------------------------------------|--|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----------------------|
|                                                   |  | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0           | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      |   |                      |
| ANIMAL ID                                         |  | 0<br>0<br>9<br>6<br>8 | 0<br>0<br>9<br>9<br>0<br>4 | 0<br>1<br>0<br>0<br>0 | 0<br>1<br>0<br>0<br>1 | 0<br>1<br>0<br>0<br>3 | 0<br>1<br>0<br>1<br>5 | 0<br>0<br>0<br>3<br>8 | 0<br>0<br>9<br>5<br>4 | 0<br>0<br>9<br>6<br>1 | 0<br>0<br>9<br>7<br>1 | 0<br>0<br>9<br>8<br>4 | 0<br>0<br>9<br>8<br>5 | 0<br>0<br>9<br>0<br>6 | 0<br>1<br>0<br>0<br>9 | 0<br>1<br>0<br>2<br>9 | 0<br>1<br>0<br>3<br>9 | 0<br>0<br>9<br>4<br>9 | 0<br>0<br>9<br>5<br>9 | 0<br>0<br>9<br>6<br>9 | 0<br>0<br>9<br>7<br>6 | 0<br>0<br>9<br>8<br>3 | 0<br>0<br>9<br>1<br>4 | 0<br>1<br>0<br>2<br>8 |   |                      |
| Nerve Trigeminal                                  |  | M                     | +                          | M                     | M                     | +                     | M                     | M                     | M                     | +                     | M                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M |                      |
| Peripheral Nerve, Sciatic                         |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| Spinal Cord                                       |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| <b>RESPIRATORY SYSTEM</b>                         |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Lung                                              |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| Alveolar/Bronchiolar Adenoma                      |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Alveolar/Bronchiolar Carcinoma                    |  |                       |                            |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X |                      |
| Granular Cell Tumor Malignant, Metastatic, Uterus |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X |                      |
| Osteosarcoma, Metastatic, Bone                    |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Osteosarcoma, Metastatic, Brain                   |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Sarcoma, Metastatic, Skeletal Muscle              |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Nose                                              |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| Trachea                                           |  | +                     | +                          | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| <b>SPECIAL SENSES SYSTEM</b>                      |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Eye                                               |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| Harderian Gland                                   |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |
| Adenocarcinoma                                    |  |                       |                            |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Adenoma                                           |  |                       |                            |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |   |                      |
| <b>URINARY SYSTEM</b>                             |  |                       |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |
| Kidney                                            |  | +                     | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |                      |

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

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



|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>2.5 W/kg</b>           |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                           |             | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 6 | 9 | 0 | 0 | 0 | 1 | 3 | 5 | 6 | 7 | 8 | 8 | 0 | 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 2 | 3 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
|                           |             | 8 | 4 | 0 | 2 | 5 | 8 | 4 | 0 | 1 | 1 | 4 | 5 | 6 | 9 | 9 | 9 | 9 | 9 | 6 | 3 | 1 | 4 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |

females  
(cont...)

Adenocarcinoma, Metastatic, Uterus

Urinary Bladder

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

**SYSTEMIC LESIONS**

Multiple Organ

Histiocytic Sarcoma

Leukemia Erythrocytic

Lymphoma Malignant

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

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                           |                 |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                              |
|---------------------------|-----------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST     | 0<br>7<br>4<br>4 | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>7      | 0<br>7<br>4<br>7      | 0<br>7<br>4<br>7      | 0<br>7<br>4<br>7      | 0<br>7<br>4<br>7      | 0<br>7<br>4<br>7      | 0<br>7<br>4<br>7      | <b>females<br/>(cont...)</b> |
|                           | <b>2.5 W/kg</b> | ANIMAL ID        | 0<br>1<br>0<br>4<br>9 | 0<br>0<br>9<br>4<br>8 | 0<br>0<br>9<br>5<br>6 | 0<br>0<br>9<br>8<br>2 | 0<br>1<br>0<br>0<br>1 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>3<br>4 | 0<br>1<br>0<br>4<br>5 | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>6<br>6 | 0<br>1<br>0<br>8<br>7 | 0<br>1<br>0<br>8<br>8 | 0<br>1<br>0<br>1<br>2 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>0<br>4<br>7 | 0<br>0<br>9<br>2<br>7 | 0<br>0<br>9<br>7<br>9 | 0<br>0<br>9<br>9<br>9 | 0<br>0<br>9<br>9<br>9 | 0<br>0<br>9<br>9<br>9 | 0<br>0<br>9<br>9<br>9 |                              |

ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                          | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |   |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |   |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |   |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + |   |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | A | + | + | + | + | + |   |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangiosarcoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma               |   |   | X |   |   | X |   | X |   | X |   |   | X | X | X |   | X |   |   |   | X |   |   |   |
| Hepatocellular Adenoma, Multiple     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Hepatocellular Carcinoma             |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Brain      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                            |   |   |   |   |   | + | + |   |   |   |   |   |   |   | + |   |   |   |   | + |   | + |   |   |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fat, Lipoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

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

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

| B6C3F1 MICE FEMALE                              | 2.5 W/kg | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|-------------------------------------------------|----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                                                 |          | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                      |
|                                                 |          | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |                      |
|                                                 |          | 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 |                      |
|                                                 |          | 1           | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |                      |
|                                                 |          | 0           | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 |                      |
|                                                 |          | 4           | 4 | 5 | 6 | 8 | 0 | 1 | 2 | 3 | 4 | 4 | 6 | 8 | 1 | 2 | 3 | 3 | 4 | 2 | 7 | 9 | 9 | 9 | 0 | 0 |                      |
|                                                 |          | 9           | 8 | 6 | 4 | 2 | 8 | 9 | 3 | 5 | 4 | 6 | 7 | 8 | 5 | 4 | 6 | 7 | 8 | 5 | 7 | 0 | 5 | 6 | 9 | 3 |                      |
| Salivary Glands                                 |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Stomach, Forestomach<br>Squamous Cell Papilloma |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Stomach, Glandular                              |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>CARDIOVASCULAR SYSTEM</b>                    |          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Aorta                                           |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Heart<br>Sarcoma, Metastatic, Skeletal Muscle   |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>ENDOCRINE SYSTEM</b>                         |          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Adrenal Cortex                                  |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Adrenal Medulla                                 |          | +           | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Islets, Pancreatic                              |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Parathyroid Gland                               |          | +           | + | + | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + | + |   |                      |
| Pituitary Gland<br>Pars Distalis, Adenoma       |          | +           | + | + | + | + | I | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Thyroid Gland<br>Follicular Cell, Adenoma       |          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>GENERAL BODY SYSTEM</b>                      |          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Tissue NOS                                      |          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b><br><br><b>2.5 W/kg</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                                  |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                                                  |             | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID                                        | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                                  | 1           | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |   |
|                                                  | 0           | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |   |
|                                                  | 4           | 4 | 5 | 6 | 8 | 0 | 1 | 2 | 3 | 4 | 4 | 6 | 8 | 1 | 2 | 3 | 3 | 4 | 2 | 7 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 1 |   |
|                                                  | 9           | 8 | 6 | 4 | 2 | 8 | 9 | 3 | 5 | 4 | 6 | 7 | 8 | 5 | 4 | 6 | 7 | 8 | 5 | 7 | 0 | 5 | 6 | 9 | 3 |   |   |   |   |   |   |

females  
(cont...)

Hemangiosarcoma

**GENITAL SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |   |   |   |   |
| Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cystadenoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenocarcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granular Cell Tumor Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**HEMATOPOIETIC SYSTEM**

|                                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                                     |   |   |   |   |   |   | + |   |   | + |   | + | + |   | + |   | + |   |   | + |   |   | + |   |   |   |   |   |   |   |
| Bronchial, Adenocarcinoma, Metastatic, Uterus  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Iliac, Hemangiosarcoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Adenocarcinoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                         | + | M | + | + | + | + | + | + | + | M | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lymph Node, Mesenteric                         | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + |
| Adenocarcinoma, Metastatic, Uterus             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemangiosarcoma                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 |
|                           | 4           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 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 |
| 1                         |             | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 0                         |             | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 0 |
| 4                         |             | 4 | 5 | 6 | 8 | 0 | 1 | 2 | 3 | 4 | 4 | 6 | 8 | 1 | 2 | 3 | 3 | 4 | 2 | 7 | 9 | 9 | 9 | 0 |

females (cont...)

Splen Hemangiosarcoma + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Thymus + + + + + + M + + + + M + + + + + + + + + + + + + + + + +

INTEGUMENTARY SYSTEM

Mammary Gland Adenoma + + + M + + + + + + + + + + + + + + + + + + + + + +

Skin Subcutaneous Tissue, Fibrosarcoma + + + + + + + + + + + + + + + + + + + + + + + + + + + +  
 Subcutaneous Tissue, Hemangioma  
 Subcutaneous Tissue, Malignant Fibrous Histiocytoma

MUSCULOSKELETAL SYSTEM

Bone Osteosarcoma + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Skeletal Muscle Adenocarcinoma, Metastatic, Uterus Hemangiosarcoma Sarcoma + + + + + + + + + + + + + + + + + + + + + + + + + + + +

NERVOUS SYSTEM

Brain Osteosarcoma, Metastatic, Uncertain Primary Site + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Brain Trigeminal Ganglion + + + + + + + + + M + + + + + + + + + + + + + + + + + +

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE                          | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | females<br>(cont...) |  |  |
|---------------------------------------------|-------------|---------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|
|                                             |             | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
| 2.5 W/kg                                    | ANIMAL ID   | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
|                                             |             | 4 5 5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 7 0 0 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
|                                             |             | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
|                                             |             | 1 0 0 0 0 1 1 1 1 1 1 0 0 1 1 1 1 1 0 0 0 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
| 0 9 9 9 9 0 0 0 0 0 0 9 9 0 0 0 0 0 9 9 9 9 |             |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
| 4 4 5 6 8 0 1 2 3 4 4 6 8 1 2 3 3 4 2 7 9 9 |             |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |
| 9 8 6 4 2 8 9 3 5 4 6 7 8 5 4 6 7 8 5 7 0 5 |             |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |  |  |

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nerve Trigeminal          | M | M | M | + | M | M | + | M | M | M | M | M | M | M | M | M | M | M | + | + | M | + | M | + |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

RESPIRATORY SYSTEM

|                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Granular Cell Tumor Malignant, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Bone                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Brain                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skeletal Muscle              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

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

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                           |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
|---------------------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |
|                           |                 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                              |
|                           | <b>2.5 W/kg</b> | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |                              |
|                           |                 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 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 | <b>females<br/>(cont...)</b> |
|                           |                 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |                              |
|                           |                 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 0 |                              |
|                           |                 | 4 | 4 | 5 | 6 | 8 | 0 | 1 | 2 | 3 | 4 | 4 | 6 | 8 | 1 | 2 | 3 | 3 | 4 | 4 | 2 | 7 | 9 | 9 | 9 | 0 |                              |
|                           |                 | 9 | 8 | 6 | 4 | 2 | 8 | 9 | 3 | 5 | 4 | 6 | 7 | 8 | 5 | 4 | 6 | 7 | 8 | 5 | 7 | 0 | 5 | 6 | 9 | 3 |                              |

Adenocarcinoma, Metastatic, Uterus

Urinary Bladder

+ + + + + + + | + + + + + + + + + + + + +

**SYSTEMIC LESIONS**

Multiple Organ

Histiocytic Sarcoma  
 Leukemia Erythrocytic  
 Lymphoma Malignant

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

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |
| <b>2.5 W/kg</b>           |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |  |
|                           |             | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |
|                           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |  |
|                           |             | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 |  |
|                           |             | 0 | 1 | 1 | 5 | 4 | 4 | 5 | 6 | 8 | 8 | 1 | 2 | 3 |  |
|                           |             | 7 | 1 | 4 | 0 | 6 | 7 | 4 | 2 | 0 | 1 | 7 | 6 | 1 |  |
| <b>* TOTALS</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**ALIMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Gallbladder                          | + | + | + | + | + | + | + | + | + | + | + | + | + | M | <b>75</b> |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>82</b> |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>85</b> |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b> |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>82</b> |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b> |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | M | <b>88</b> |
| Hemangiosarcoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hepatocellular Adenoma               | X |   |   |   |   |   |   | X |   | X |   |   |   |   | <b>20</b> |
| Hepatocellular Adenoma, Multiple     |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |
| Hepatocellular Carcinoma             |   |   |   |   |   | X |   |   |   |   |   |   |   |   | <b>5</b>  |
| Osteosarcoma, Metastatic, Brain      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Mesentery                            |   | + |   |   |   |   |   |   |   |   | + |   |   |   | <b>24</b> |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Fat, Lipoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg       | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |
|--------------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
|                                      | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |
|                                      |             | 5               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |           |
|                                      |             | 0               | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |
|                                      |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |
|                                      |             | 1               | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |           |
|                                      |             | 0               | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 |           |
|                                      |             | 0               | 1 | 1 | 5 | 4 | 4 | 5 | 6 | 8 | 8 | 1 | 2 | 3 |           |
|                                      |             | 7               | 1 | 4 | 0 | 6 | 7 | 4 | 2 | 0 | 1 | 7 | 6 | 2 |           |
|                                      |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Salivary Glands                      |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Stomach, Forestomach                 |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Squamous Cell Papilloma              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Stomach, Glandular                   |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| <b>CARDIOVASCULAR SYSTEM</b>         |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Aorta                                |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Heart                                |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Sarcoma, Metastatic, Skeletal Muscle |             |                 |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| <b>ENDOCRINE SYSTEM</b>              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Adrenal Cortex                       |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Adrenal Medulla                      |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Islets, Pancreatic                   |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Parathyroid Gland                    |             | +               | + | + | M | + | M | M | + | + | M | M | + | + | <b>59</b> |
| Pituitary Gland                      |             | +               | + | + | + | + | I | + | + | + | + | + | I | + | <b>79</b> |
| Pars Distalis, Adenoma               |             |                 |   |   |   |   |   |   |   |   |   |   |   |   | <b>8</b>  |
| Thyroid Gland                        |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Follicular Cell, Adenoma             |             |                 |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| <b>GENERAL BODY SYSTEM</b>           |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Tissue NOS                           |             |                 |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 2.5 W/kg           |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                    |             | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                    | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
|                    |             | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 |
|                    |             | 0 | 1 | 1 | 5 | 4 | 4 | 5 | 6 | 8 | 8 | 8 | 1 | 2 | 3 | 3 |
|                    |             | 7 | 1 | 4 | 0 | 6 | 7 | 4 | 2 | 0 | 1 | 7 | 6 | 1 | 2 | 2 |
| <b>* TOTALS</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Hemangiosarcoma

1

**GENITAL SYSTEM**

Clitoral Gland

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

82

Ovary

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

84

Adenocarcinoma, Metastatic, Uterus

2

Cystadenoma

2

Uterus

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

89

Adenocarcinoma

2

Granular Cell Tumor Malignant

1

Hemangiosarcoma

1

Leiomyosarcoma

1

**HEMATOPOIETIC SYSTEM**

Bone Marrow

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

89

Lymph Node

+

21

Bronchial, Adenocarcinoma, Metastatic, Uterus

1

Iliac, Hemangiosarcoma

1

Pancreatic, Adenocarcinoma, Metastatic,

1

Uterus

Lymph Node, Mandibular

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

79

Lymph Node, Mesenteric

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

86

Adenocarcinoma, Metastatic, Uterus

1

Hemangiosarcoma

1

Sarcoma, Metastatic, Skeletal Muscle

1

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                      | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|-----------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                                     | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
| Spleen                                              |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87       |
| Hemangiosarcoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3        |
| Thymus                                              |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 83       |
| <b>INTEGUMENTARY SYSTEM</b>                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Mammary Gland                                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87       |
| Adenoma                                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Skin                                                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89       |
| Subcutaneous Tissue, Fibrosarcoma                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Subcutaneous Tissue, Hemangioma                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Subcutaneous Tissue, Malignant Fibrous Histiocytoma |             |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1        |
| <b>MUSCULOSKELETAL SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Bone                                                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89       |
| Osteosarcoma                                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2        |
| Skeletal Muscle                                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89       |
| Adenocarcinoma, Metastatic, Uterus                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Hemangiosarcoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2        |
| Sarcoma                                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| <b>NERVOUS SYSTEM</b>                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Brain                                               |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88       |
| Osteosarcoma, Metastatic, Uncertain Primary Site    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Brain Trigeminal Ganglion                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 82       |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                    | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                                   | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 |          |
| ANIMAL ID                                         | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                                   | 1                | 1                | 1                | 1                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 1                | 1                | 1                |          |
|                                                   | 0                | 0                | 0                | 0                | 9                | 9                | 9                | 9                | 9                | 9                | 0                | 0                | 0                | 0                |          |
|                                                   | 0                | 1                | 1                | 5                | 4                | 4                | 5                | 6                | 8                | 8                | 8                | 1                | 2                | 3                |          |
|                                                   | 7                | 1                | 4                | 0                | 6                | 7                | 4                | 2                | 0                | 1                | 7                | 6                | 1                | 2                |          |
| Nerve Trigeminal                                  | M                | +                | M                | +                | M                | M                | M                | M                | M                | +                | +                | M                | M                | +                | 30       |
| Peripheral Nerve, Sciatic                         | I                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88       |
| Spinal Cord                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| <b>RESPIRATORY SYSTEM</b>                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Lung                                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Alveolar/Bronchiolar Adenoma                      |                  |                  | X                |                  | X                |                  |                  | X                |                  |                  |                  |                  |                  |                  | 6        |
| Alveolar/Bronchiolar Carcinoma                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3        |
| Granular Cell Tumor Malignant, Metastatic, Uterus |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| Osteosarcoma, Metastatic, Bone                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| Osteosarcoma, Metastatic, Brain                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| Sarcoma, Metastatic, Skeletal Muscle              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| Nose                                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Trachea                                           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87       |
| <b>SPECIAL SENSES SYSTEM</b>                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Eye                                               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Harderian Gland                                   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | I                | 88       |
| Adenocarcinoma                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| Adenoma                                           |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  | 8        |
| <b>URINARY SYSTEM</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Kidney                                            | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |                 |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |   |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               |   |
|                           |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5               |   |
|                           |             | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               |   |
| <b>2.5 W/kg</b>           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |   |
|                           |             | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1               |   |
|                           |             | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0               |   |
|                           |             | 0 | 1 | 1 | 5 | 4 | 4 | 5 | 6 | 8 | 8 | 8 | 1 | 2               | 3 |
|                           |             | 7 | 1 | 4 | 0 | 6 | 7 | 4 | 2 | 0 | 1 | 7 | 6 | 1               | 2 |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

Adenocarcinoma, Metastatic, Uterus

1

Urinary Bladder

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

86

**SYSTEMIC LESIONS**

Multiple Organ

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

89

Histiocytic Sarcoma

3

Leukemia Erythrocytic

1

Lymphoma Malignant

X X

9

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | A | A | + | A | A | A | + | + | + | + | M | M | A | + | + | + | A | A | A | M | A | + | + | + | + |
| Intestine Large, Cecum             | + | A | A | + | A | A | + | A | + | + | A | A | + | + | + | + | A | A | + | + | A | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | A | A | + | + | A | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | A | A | M | + | A | + | + | + | + |
| Intestine Small, Duodenum          | + | + | A | + | A | A | A | + | + | + | A | A | A | + | + | + | A | M | + | + | A | + | + | + | + |
| Intestine Small, Ileum             | A | A | A | + | A | A | A | A | + | + | A | M | A | + | + | M | A | A | + | + | A | + | + | + | + |
| Intestine Small, Jejunum           | + | A | + | + | A | A | + | A | + | + | A | + | A | + | + | A | A | A | + | + | A | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   | X |   |   | X |   |   | X |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   | + |   |   | + | + |   | + | + | + | + | + |   |   |   |   | + | + |   | + | + |   |
| Fat, Lipoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Pancreas                           | A | A | + | + | + | A | + | + | + | + | + | M | + | + | + | + | A | + | + | + | + | + | + | + |   |
| Acinus, Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + |   |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stomach, Forestomach | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + |

CARDIOVASCULAR SYSTEM

|                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta                                   | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Osteosarcoma, Metastatic, Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                                         |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

ENDOCRINE SYSTEM

|                                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                                        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Bilateral, Pheochromocytoma Benign | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + |
| Islets, Pancreatic                                    | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                                     | + | M | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + |
| Thyroid Gland<br>Follicular Cell, Adenoma             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |

GENERAL BODY SYSTEM

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

GENITAL SYSTEM

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland        | + | + | + | + | M | M | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                 | A | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + |
| Cystadenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Luteoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Teratoma Benign       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tubulostromal Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leiomyosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular         | + | + | + | + | M | + | + | M | M | + | M | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + |
| Lymph Node, Mesenteric         | M | + | A | + | M | M | + | + | + | M | A | M | + | + | M | M | M | + | + | + | + | + | + | + | + | + | + |
| Spleen                         | A | + | + | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                         | + | + | + | + | M | + | + | + | + | + | + | + | + | M | M | + | + | + | + | M | + | + | M | + | + | + | + |
| Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

INTEGUMENTARY SYSTEM

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

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

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



| B6C3F1 MICE FEMALE | 5 W/kg | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | ANIMAL ID | females<br>(cont...) |    |    |    |    |    |    |    |
|--------------------|--------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------|----------------------|----|----|----|----|----|----|----|
|                    |        | 02          | 04 | 05 | 05 | 05 | 05 | 06 | 06 | 06 | 06 | 06 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |           |                      | 07 | 07 |    |    |    |    |    |
|                    |        | 19          | 99 | 11 | 33 | 55 | 99 | 44 | 66 | 66 | 66 | 66 | 99 | 99 | 99 | 00 | 11 | 11 | 22 | 22 | 22 | 22        | 33                   | 33 | 33 | 33 | 33 | 33 | 33 | 33 |
|                    |        | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00        | 00                   | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
|                    |        | 11          | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11        | 11                   | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
|                    |        | 66          | 33 | 00 | 99 | 99 | 99 | 22 | 00 | 88 | 77 | 00 | 44 | 00 | 88 | 22 | 55 | 77 | 22 | 55 | 33 | 66        | 77                   | 33 | 44 | 55 | 55 | 55 | 55 | 55 |
|                    |        | 33          | 11 | 99 | 66 | 88 | 55 | 33 | 44 | 44 | 11 | 55 | 11 | 88 | 99 | 88 | 99 | 22 | 66 | 77 | 55 | 99        | 66                   | 77 | 22 | 99 | 66 | 66 | 66 | 66 |

Adenoma X

Skin + + + + + + + + + + + + + + + + + + + + + + + +  
 Subcutaneous Tissue, Fibrosarcoma X X  
 Subcutaneous Tissue, Malignant Fibrous Histiocytoma

**MUSCULOSKELETAL SYSTEM**

Bone + + + + + + + + + + + + + + + + + + + + + + + +  
 Osteosarcoma X  
 Skeletal Muscle + + + + + + + + + + + + + + + + + + + + + + + +

**NERVOUS SYSTEM**

Brain + + + + + + + + + + + + + + + + + + + + + + + +  
 Brain Trigeminal Ganglion + M + + + + + + + + + M M M + + + + M + + + + +  
 Nerve Trigeminal + + + + + M + + + M + + + + + M M M + M + + M M  
 Peripheral Nerve, Sciatic + + + + + + + + + + + + + + + + + + + + + + + +  
 Spinal Cord + + + + + + + + + + + + + + + + + + + + + + + +

**RESPIRATORY SYSTEM**

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females (cont...) |   |   |   |   |  |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------|---|---|---|---|--|
|                    | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |   |   |   |   |  |
| 5 W/kg             | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                 | 0 | 0 | 0 | 0 |  |
|                    | 2           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                 | 7 | 7 | 7 | 7 |  |
|                    | 1           | 9 | 1 | 3 | 5 | 9 | 4 | 4 | 6 | 6 | 9 | 9 | 9 | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3                 | 3 | 3 | 3 | 3 |  |
|                    | 9           | 9 | 1 | 3 | 3 | 7 | 4 | 6 | 7 | 9 | 2 | 2 | 5 | 4 | 5 | 6 | 0 | 0 | 5 | 7 | 1 | 9 | 9                 | 9 | 9 | 9 | 9 |  |
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                 | 0 | 0 | 0 | 0 |  |
|                    | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                 | 1 | 1 | 1 | 1 |  |
|                    | 1           | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1                 | 1 | 2 | 2 | 2 |  |
|                    | 6           | 3 | 0 | 9 | 9 | 9 | 2 | 0 | 8 | 7 | 0 | 4 | 0 | 8 | 2 | 5 | 7 | 2 | 5 | 3 | 6 | 7 | 3                 | 4 | 5 | 5 |   |  |
|                    | 3           | 1 | 9 | 6 | 8 | 5 | 3 | 4 | 4 | 1 | 5 | 1 | 8 | 9 | 8 | 9 | 2 | 6 | 7 | 5 | 9 | 6 | 2                 | 9 | 6 | 6 |   |  |

|                                |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|---------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Osteosarcoma, Metastatic, Bone | X                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nose                           | + + + + + + + + + + + + + + + + + + + + + + + +   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trachea                        | + + + + + + + + + + + + + + + + M + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

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

SYSTEMIC LESIONS

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

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             |   |   | X | X |   | X |   |   |   |   |   | X |   | X |   | X |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          | + |   |   |   |   |   |   |   | + | + | + |   |   | + | + |   |   |   |   | + |   | + |
| Fat, Lipoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Acinus, Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Stomach, Forestomach + + + + + + + + + + + + + + + + + + + + + + + +

Stomach, Glandular + + + + + + + + + + + + + + + + + + + + + + + +

**CARDIOVASCULAR SYSTEM**

Aorta + + + + + + + + + + + + + + + + + + + + + + + +

Heart + + + + + + + + + + + + + + + + + + + + + + + +  
 Osteosarcoma, Metastatic, Bone

**ENDOCRINE SYSTEM**

Adrenal Cortex + + + + + + + + + + + + + + + + + + + + + + + +

Adrenal Medulla + + + + + + + + + + + + + + + M + + + + + + + + + +  
 Bilateral, Pheochromocytoma Benign

Islets, Pancreatic + + + + + + + + + + + + + + + + + + + + + + + +

Parathyroid Gland + + + M M M I + + + M + + M + M M M + M M + + +

Pituitary Gland + + + + + + I + + + + + + + + + + + + + + + + +  
 Pars Distalis, Adenoma X X

Thyroid Gland + + + + I + + + + + + + + + + + + + + + + + + +  
 Follicular Cell, Adenoma

**GENERAL BODY SYSTEM**

Tissue NOS +

**GENITAL SYSTEM**

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE<br>5 W/kg   | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | females<br>(cont...) |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|                                | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |
|                                |             | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0         |                      |
|                                |             | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1         |                      |
|                                |             | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2         |                      |
|                                |             | 5 | 6 | 6 | 7 | 8 | 9 | 4 | 5 | 6 | 8 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 5 | 9 | 9 | 1 | 3 | 3 | 4         |                      |
|                                |             | 8 | 0 | 4 | 9 | 3 | 3 | 6 | 2 | 2 | 0 | 3 | 1 | 2 | 8 | 5 | 9 | 6 | 9 | 1 | 2 | 0 | 0 | 8 | 2         |                      |
| Clitoral Gland                 |             | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + |           |                      |
| Ovary                          |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Cystadenoma                    |             |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | I |   | + |           |                      |
| Luteoma                        |             |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Teratoma Benign                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Tubulostromal Adenoma          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Uterus                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Adenoma                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Leiomyosarcoma                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| <b>HEMATOPOIETIC SYSTEM</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Bone Marrow                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Hemangiosarcoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Lymph Node                     |             |   |   |   | + |   |   |   |   | + | + | + |   |   |   |   |   |   |   |   |   |   |   | + |           |                      |
| Lymph Node, Mandibular         |             | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Lymph Node, Mesenteric         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Spleen                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Hemangiosarcoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Thymus                         |             | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |
| Osteosarcoma, Metastatic, Bone |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| <b>INTEGUMENTARY SYSTEM</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |
| Mammary Gland                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                      |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

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

Adenoma

|                                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Skin                                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrosarcoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Malignant Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain Trigeminal Ganglion | + | + | + | + | + | M | + | + | + | M | M | + | + | + | + | M | + | + | + | + | M | + | + |   |
| Nerve Trigeminal          | + | + | M | M | + | M | + | + | + | + | + | M | M | M | M | + | + | + | M | + | + | M | M |   |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

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

Osteosarcoma, Metastatic, Bone

Nose + + + + + + + + + + + + + + + + + + + + + + + + +

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

**SPECIAL SENSES SYSTEM**

Eye + + + + + + + + + + + + + + + + + + + + + + + + +

Harderian Gland Adenocarcinoma + + + + + + + + + + + + + + + + + + + + + + + + +  
 Adenoma X X

**URINARY SYSTEM**

Kidney + + + + + + + + + + + + + + + + + + + + + + + + +

Urinary Bladder + + + + + + + + + + + + + + + + + + + + + M + + +

**SYSTEMIC LESIONS**

Multiple Organ + + + + + + + + + + + + + + + + + + + + + + + + +  
 Histiocytic Sarcoma  
 Leukemia Granulocytic  
 Lymphoma Malignant X X X

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

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

| B6C3F1 MICE FEMALE | 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 |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 5 W/kg             |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                    |             | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                    | 2           | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |   |
|                    | 4           | 5 | 5 | 5 | 8 | 1 | 1 | 3 | 4 | 5 | 8 | 0 | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 1 | 3 | 4 |   |
|                    | 8           | 6 | 7 | 8 | 2 | 3 | 7 | 9 | 5 | 3 | 6 | 0 | 2 | 9 | 4 | 4 | 0 | 7 | 8 | 5 | 7 | 4 | 7 | 4 |   |

females  
(cont...)

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | M | + | + | + | + | + | + | M |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             | X |   |   |   |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   | + |   |   |   | + |   | + |   |   |   | + |   |   | + |   |   |   |   |   | + |
| Fat, Lipoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Acinus, Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE                 | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |
|------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|
|                                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
| 5 W/kg                             | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |  |
|                                    | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 |                      |  |
|                                    | 4           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|                                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|                                    | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |  |
|                                    | 2           | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 |                      |  |
|                                    | 4           | 5 | 5 | 5 | 8 | 1 | 1 | 3 | 4 | 5 | 8 | 0 | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 1 | 3 | 4 | 4 |                      |  |
|                                    | 8           | 6 | 7 | 8 | 2 | 3 | 7 | 9 | 5 | 3 | 6 | 0 | 2 | 9 | 4 | 4 | 0 | 7 | 8 | 5 | 7 | 4 | 7 | 4 | 7 |                      |  |
| Stomach, Forestomach               | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |
| Stomach, Glandular                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |
| <b>CARDIOVASCULAR SYSTEM</b>       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Aorta                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Heart                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Osteosarcoma, Metastatic, Bone     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| <b>ENDOCRINE SYSTEM</b>            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Adrenal Cortex                     | +           | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Adrenal Medulla                    | +           | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Bilateral, Pheochromocytoma Benign |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Islets, Pancreatic                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Parathyroid Gland                  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | + | + | + | M | I | + | M |   |                      |  |
| Pituitary Gland                    | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Pars Distalis, Adenoma             |             |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |                      |  |
| Thyroid Gland                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |
| Follicular Cell, Adenoma           |             |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |                      |  |
| <b>GENERAL BODY SYSTEM</b>         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |
| Tissue NOS                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |

\* .. 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



| B6C3F1 MICE FEMALE<br>5 W/kg | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|                              | 0744        | 0744 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 | 0745 |                      |
| ANIMAL ID                    | 0148        | 0116 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111 | 0111                 |
|                              | 1122        | 1111 | 1111 | 1111 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122 | 1122                 |
|                              | 4455        | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455 | 4455                 |
|                              | 8866        | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866 | 8866                 |

Adenoma X

Skin + + + + + + + + + + + + + + + + + + + + + + + + + +  
 Subcutaneous Tissue, Fibrosarcoma  
 Subcutaneous Tissue, Malignant Fibrous Histiocytoma X

**MUSCULOSKELETAL SYSTEM**

Bone + + + + + + + + + + + + + + + + + + + + + + + + + +  
 Osteosarcoma  
 Skeletal Muscle + + + + + + + + + + + + + + + + + + + + + + + + + +

**NERVOUS SYSTEM**

Brain + + + + + + + + + + + + + + + + + + + + + + + + + +  
 Brain Trigeminal Ganglion + + + + + + + + M + M + + + + + + + M + + + + M  
 Nerve Trigeminal + M M M M + + M + + + + + M M + + + M M + M + M +  
 Peripheral Nerve, Sciatic + + + M + + + + + + + + + + + + + + + + + + + +  
 Spinal Cord + + + + + + + + + + + + + + + + + + + + + + + + + +

**RESPIRATORY SYSTEM**

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

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

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

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

Osteosarcoma, Metastatic, Bone

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nose    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma  | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma         |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

URINARY SYSTEM

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

SYSTEMIC LESIONS

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Granulocytic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

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

Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 5 W/kg             |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                    |             | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                    | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                    |             | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 |
|                    |             | 6 | 6 | 6 | 7 | 8 | 0 | 2 | 4 | 5 | 5 | 6 | 7 | 7 | 1 | 2 | 2 | 2 |
|                    |             | 0 | 1 | 8 | 5 | 1 | 6 | 7 | 0 | 1 | 4 | 5 | 3 | 7 | 6 | 0 | 0 | 0 |
| <b>* TOTALS</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 87 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 72 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 80 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 85 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 84 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 80 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 76 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 80 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   | X |   | 17 |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatocellular Carcinoma, Multiple |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          | + | + |   |   |   | + | + | + | + | + |   |   |   |   | + |   |   | 34 |
| Fat, Lipoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 85 |
| Acinus, Adenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                    | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | 87 |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>5 W/kg       | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                    | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>1 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>2 |          |
| ANIMAL ID                          | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |          |
|                                    | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |          |
|                                    | 2                | 1                | 1                | 1                | 1                | 2                | 2                | 2                | 2                | 1                | 1                | 1                | 2                | 2                | 2                |          |
|                                    | 6                | 6                | 6                | 7                | 8                | 0                | 2                | 4                | 5                | 5                | 6                | 7                | 7                | 1                | 2                |          |
|                                    | 0                | 1                | 8                | 5                | 1                | 6                | 7                | 0                | 1                | 4                | 5                | 3                | 7                | 6                | 0                |          |
| Stomach, Forestomach               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87               |          |
| Stomach, Glandular                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 85               |          |
| <b>CARDIOVASCULAR SYSTEM</b>       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Aorta                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89               |          |
| Heart                              | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |          |
| Osteosarcoma, Metastatic, Bone     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>ENDOCRINE SYSTEM</b>            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Adrenal Cortex                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87               |          |
| Adrenal Medulla                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 84               |          |
| Bilateral, Pheochromocytoma Benign |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| Islets, Pancreatic                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89               |          |
| Parathyroid Gland                  | +                | M                | M                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | 65               |          |
| Pituitary Gland                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88               |          |
| Pars Distalis, Adenoma             |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  |                  | 8                |          |
| Thyroid Gland                      | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88               |          |
| Follicular Cell, Adenoma           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>GENERAL BODY SYSTEM</b>         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Tissue NOS                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |          |
| <b>GENITAL SYSTEM</b>              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>5 W/kg   | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
|                                | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
|                                |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |                 |
|                                |             | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |                 |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                                |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |
|                                |             | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 |                 |
|                                |             | 6 | 6 | 6 | 7 | 8 | 0 | 2 | 4 | 5 | 5 | 6 | 7 | 7 | 1 |                 |
|                                |             | 0 | 1 | 8 | 5 | 1 | 6 | 7 | 0 | 1 | 4 | 5 | 3 | 7 | 6 |                 |
|                                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |
| Clitoral Gland                 |             | + | + | + | + | + | M | + | + | M | + | + | + | + | + | <b>81</b>       |
| Ovary                          |             | + | + | + | + | + | + | + | + | + | + | M | + | + | + | <b>84</b>       |
| Cystadenoma                    |             |   |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>6</b>        |
| Luteoma                        |             |   |   |   |   |   | X |   |   |   |   |   |   |   |   | <b>2</b>        |
| Teratoma Benign                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |
| Tubulostromal Adenoma          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |
| Uterus                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b>       |
| Adenoma                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |
| Leiomyosarcoma                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |
| <b>HEMATOPOIETIC SYSTEM</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
| Bone Marrow                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b>       |
| Hemangiosarcoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |
| Lymph Node                     |             |   |   | + |   |   |   | + |   |   | + |   |   |   | + | <b>18</b>       |
| Lymph Node, Mandibular         |             | + | + | + | + | + | + | M | + | + | + | + | + | + | + | <b>76</b>       |
| Lymph Node, Mesenteric         |             | + | I | + | + | + | + | + | + | + | M | + | + | + | + | <b>75</b>       |
| Spleen                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b>       |
| Hemangiosarcoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>        |
| Thymus                         |             | + | + | + | + | + | + | M | + | + | + | + | + | + | + | <b>82</b>       |
| Osteosarcoma, Metastatic, Bone |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>        |
| <b>INTEGUMENTARY SYSTEM</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
| Mammary Gland                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b>       |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                              | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                              |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |          |
|                              |             | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |          |
|                              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                              |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                              |             | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 |   |          |
|                              |             | 6 | 6 | 6 | 7 | 8 | 0 | 2 | 4 | 5 | 5 | 6 | 7 | 7 | 1 | 2 |          |
|                              |             | 0 | 1 | 8 | 5 | 1 | 6 | 7 | 0 | 1 | 4 | 5 | 3 | 7 | 6 | 0 |          |

Adenoma 2

Skin + + + + + + + + + + + + + + 90  
 Subcutaneous Tissue, Fibrosarcoma X 3  
 Subcutaneous Tissue, Malignant Fibrous Histiocytoma 1

MUSCULOSKELETAL SYSTEM

Bone + + + + + + + + + + + + + + 90  
 Osteosarcoma 1

Skeletal Muscle + + + + + + + + + + + + + + 90

NERVOUS SYSTEM

Brain + + + + + + + + + + + + + + 90

Brain Trigeminal Ganglion + + + + + + + + + + + + + M 75

Nerve Trigeminal M + + M M + + M + + + M M M M 52

Peripheral Nerve, Sciatic + + + + + + + + + + + + + + 89

Spinal Cord + + + + + + + + + + + + + + 90

RESPIRATORY SYSTEM

Lung + + + + + + + + + + + + + + 90  
 Alveolar/Bronchiolar Adenoma 4  
 Alveolar/Bronchiolar Carcinoma 3  
 Fibrosarcoma, Metastatic, Skin 1  
 Hepatocellular Carcinoma, Metastatic, Liver 1

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

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First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>5 W/kg   | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                                |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |          |
|                                |             | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |          |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                                |             | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 |          |
|                                |             | 6 | 6 | 6 | 7 | 8 | 0 | 2 | 4 | 5 | 5 | 6 | 7 | 7 | 1 | 2 | 2 |          |
|                                |             | 0 | 1 | 8 | 5 | 1 | 6 | 7 | 0 | 1 | 4 | 5 | 3 | 7 | 6 | 0 | 0 |          |
| Osteosarcoma, Metastatic, Bone |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Nose                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Trachea                        |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89       |
| <b>SPECIAL SENSES SYSTEM</b>   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Eye                            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Harderian Gland                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89       |
| Adenocarcinoma                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Adenoma                        |             |   |   |   |   |   |   |   | X | X | X |   |   |   | X |   |   | 8        |
| <b>URINARY SYSTEM</b>          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Kidney                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88       |
| Urinary Bladder                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 83       |
| <b>SYSTEMIC LESIONS</b>        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Multiple Organ                 |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90       |
| Histiocytic Sarcoma            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2        |
| Leukemia Granulocytic          |             |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 2        |
| Lymphoma Malignant             |             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 6        |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                           |                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|----------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | <b>10 W/kg</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |   |   |
|                           |                | 2           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |   |   |   |   |
|                           |                | 2           | 8 | 0 | 0 | 3 | 9 | 2 | 3 | 5 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |   |   |
|                           |                | 3           | 4 | 0 | 2 | 3 | 7 | 2 | 5 | 3 | 9 | 4 | 5 | 9 | 4 | 4 | 5 | 9 | 4 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |   |   |
| ANIMAL ID                 |                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |   |
|                           |                | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                           |                | 3           | 3 | 4 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 3 | 3 | 3 | 3 |   |   |
|                           |                | 9           | 7 | 5 | 7 | 8 | 6 | 9 | 8 | 9 | 9 | 5 | 1 | 7 | 9 | 3 | 7 | 2 | 5 | 6 | 7 | 7 | 9 | 9 | 2 | 4 | 4 | 8 | 2 | 4 | 4 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |   |
|                           |                | 0           | 5 | 1 | 4 | 6 | 6 | 3 | 8 | 4 | 8 | 0 | 2 | 8 | 1 | 2 | 7 | 8 | 5 | 5 | 1 | 9 | 5 | 1 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

females  
(cont...)

Leiomyosarcoma, Metastatic, Uterus  
Squamous Cell Papilloma

Stomach, Glandular

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

CARDIOVASCULAR SYSTEM

Aorta

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

Heart

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

Osteosarcoma, Metastatic, Bone

X

ENDOCRINE SYSTEM

Adrenal Cortex

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

Adrenal Medulla

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

Pheochromocytoma Benign

X

Islets, Pancreatic

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

Adenoma

Parathyroid Gland

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

Pituitary Gland

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

Pars Distalis, Adenoma

Pars Distalis, Carcinoma

Pars Distalis, Fibrosarcoma, Metastatic, Skin

X

Thyroid Gland

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

Follicular Cell, Adenoma

GENERAL BODY SYSTEM

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

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



Experiment Number: 20105 - 75  
Test Type: CHRONIC  
Route: Whole Body Exposure  
Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA  
CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
Time Report Requested: 14:32:43  
First Dose M/F: 06/18/12 / 06/18/12  
Lab: IIT

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

females  
(cont...)

Thymus M M + + M M + + + + + M + M + + + + + + + + +

INTEGUMENTARY SYSTEM

Mammary Gland Adenocarcinoma + + + + + + + + + + + + + M M + + + + + + + + + + + X

Skin Squamous Cell Carcinoma + + + + + + + + + + + + + + + + + + + + + + + + +  
Subcutaneous Tissue, Fibroma, Multiple  
Subcutaneous Tissue, Fibrosarcoma X  
Subcutaneous Tissue, Fibrosarcoma, Multiple  
Subcutaneous Tissue, Hemangiosarcoma

MUSCULOSKELETAL SYSTEM

Bone Osteosarcoma + + + + + + + + + + + + + + + + + + + + + + + + + X X

Skeletal Muscle Leiomyosarcoma, Metastatic, Uterus + + + + + + + + + + + + + + + + + + + + + + + + +

NERVOUS SYSTEM

Brain Carcinoma, Metastatic, Pituitary Gland + + + + + + + + + + + + + + + + + + + + + + + + +  
Fibrosarcoma, Metastatic, Skin X

Brain Trigeminal Ganglion + + + M M + + + + + M + M + M + M + + + + + + + + +

Nerve Trigeminal + + + + + + + + + + + + + + + + M + + + M + M

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>10 W/kg | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | females<br>(cont...) |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      |
|                               | 2           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |           |                      |
|                               | 2           | 8 | 0 | 0 | 3 | 9 | 2 | 3 | 5 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |           |                      |
|                               | 3           | 4 | 0 | 2 | 3 | 7 | 2 | 5 | 3 | 9 | 4 | 5 | 4 | 4 | 5 | 9 | 4 | 1 | 9 | 9 | 9 | 9 | 9 | 9 |           |                      |
|                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      |
|                               | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |                      |
|                               | 3           | 3 | 4 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 4 | 3 | 4 | 4 | 4 | 3 | 3 | 3 | 4 | 4 |           |                      |
|                               | 9           | 7 | 5 | 7 | 8 | 6 | 9 | 8 | 9 | 9 | 5 | 1 | 7 | 9 | 3 | 7 | 2 | 5 | 6 | 7 | 7 | 9 | 2 | 4 |           |                      |
|                               | 0           | 5 | 1 | 4 | 6 | 6 | 3 | 8 | 4 | 8 | 0 | 2 | 8 | 1 | 2 | 7 | 8 | 5 | 5 | 1 | 9 | 5 | 1 | 8 |           |                      |

Peripheral Nerve, Sciatic

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

Spinal Cord

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

Osteosarcoma, Metastatic, Bone

X

RESPIRATORY SYSTEM

Lung

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

Alveolar/Bronchiolar Adenoma

Alveolar/Bronchiolar Adenoma, Multiple

Alveolar/Bronchiolar Carcinoma

X

Osteosarcoma, Metastatic, Bone

X X

Squamous Cell Carcinoma, Metastatic, Skin

Nose

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

Respiratory Epithelium, Adenoma

Trachea

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

SPECIAL SENSES SYSTEM

Eye

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

Harderian Gland

Adenocarcinoma

Adenoma

+ + + + + + + + + X + + + + + + + M + + + + +  
X

URINARY SYSTEM

Kidney

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

Urinary Bladder

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

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

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



























Experiment Number: 20105 - 75  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

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

Cell Phone Radiation: CDMA  
 CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017  
 Time Report Requested: 14:32:43  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE<br>10 W/kg             | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | females<br>(cont...) |
|-------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                                           | 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 |                      |
|                                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |
| Peripheral Nerve, Sciatic                 |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 |                      |
| Spinal Cord                               |             | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 3 |                      |
| Osteosarcoma, Metastatic, Bone            |             | 2 | 3 | 3 | 3 | 4 | 5 | 6 | 7 | 9 | 0 | 0 | 3 | 4 | 6 | 6 | 8 | 8 | 9 | 1 | 1 | 2 | 4 | 4 | 5 | 6 |                      |
|                                           |             | 2 | 4 | 5 | 8 | 7 | 3 | 6 | 0 | 9 | 0 | 2 | 1 | 2 | 1 | 2 | 1 | 3 | 2 | 7 | 9 | 5 | 1 | 6 | 9 | 8 |                      |
| <b>RESPIRATORY SYSTEM</b>                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Lung                                      |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Alveolar/Bronchiolar Adenoma              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Alveolar/Bronchiolar Adenoma, Multiple    |             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Alveolar/Bronchiolar Carcinoma            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Osteosarcoma, Metastatic, Bone            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Squamous Cell Carcinoma, Metastatic, Skin |             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Nose                                      |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Respiratory Epithelium, Adenoma           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Trachea                                   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| <b>SPECIAL SENSES SYSTEM</b>              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Eye                                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Harderian Gland                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Adenocarcinoma                            |             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Adenoma                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| <b>URINARY SYSTEM</b>                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Kidney                                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Urinary Bladder                           |             | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |
| <b>10 W/kg</b>            |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |  |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |  |
|                           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |
|                           |             | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 |  |
|                           |             | 8 | 0 | 0 | 1 | 2 | 3 | 4 | 6 | 9 | 0 | 1 | 1 | 2 | 2 |  |
|                           |             | 2 | 3 | 5 | 3 | 6 | 3 | 9 | 3 | 7 | 4 | 0 | 1 | 7 | 9 |  |
| <b>* TOTALS</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | <b>73</b> |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b> |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>86</b> |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>77</b> |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>81</b> |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>77</b> |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Hepatocellular Adenoma             |   |   | X |   |   |   |   |   |   |   | X |   | X |   |   | <b>13</b> |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | <b>7</b>  |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>5</b>  |
| Osteosarcoma, Metastatic, Bone     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Mesentery                          |   | + |   |   | + | + | + |   |   |   | + | + | + |   |   | <b>24</b> |
| Leiomyosarcoma, Metastatic, Uterus |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>84</b> |
| Leiomyosarcoma, Metastatic, Uterus |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID |  |                 |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--|-----------------|
|                               |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |  |                 |
|                               |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |           |  |                 |
|                               |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |           |  |                 |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |  |                 |
|                               |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |  |                 |
|                               |             | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |           |  |                 |
|                               |             | 8 | 0 | 0 | 1 | 2 | 3 | 4 | 6 | 9 | 0 | 1 | 1 | 2 | 2 | 5 |           |  |                 |
|                               |             | 2 | 3 | 5 | 3 | 6 | 3 | 9 | 3 | 7 | 4 | 0 | 1 | 7 | 9 | 8 |           |  |                 |
|                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  | <b>* TOTALS</b> |

Leiomyosarcoma, Metastatic, Uterus  
Squamous Cell Papilloma

X

X

1  
1

Stomach, Glandular

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

83

CARDIOVASCULAR SYSTEM

Aorta

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

90

Heart

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

90

Osteosarcoma, Metastatic, Bone

1

ENDOCRINE SYSTEM

Adrenal Cortex

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

88

Adrenal Medulla  
Pheochromocytoma Benign

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

84  
1

Islets, Pancreatic  
Adenoma

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

87  
1

Parathyroid Gland

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

68

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Distalis, Carcinoma  
Pars Distalis, Fibrosarcoma, Metastatic, Skin

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

86  
1  
1  
1

Thyroid Gland  
Follicular Cell, Adenoma

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

88  
1

GENERAL BODY SYSTEM

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>10 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                               | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                               |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |          |
|                               |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |
|                               |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                               |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                               |             | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |          |
|                               |             | 8 | 0 | 0 | 1 | 2 | 3 | 4 | 6 | 9 | 0 | 1 | 1 | 2 | 2 | 5 |          |
|                               |             | 2 | 3 | 5 | 3 | 6 | 3 | 9 | 3 | 7 | 4 | 0 | 1 | 7 | 9 | 8 |          |

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland  | + | + | + | + | + | + | + | + | + | + | + | M | I | + | + | 82 |
| Ovary           | + | + | + | + | M | + | + | I | + | + | + | M | + | + | + | 83 |
| Cystadenoma     |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Luteoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Adenocarcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leiomyosarcoma  |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   | 2  |
| Polyp Stromal   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**HEMATOPOIETIC SYSTEM**

|                                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |
| Lymph Node                                 |   |   | + | + | + |   | + |   |   |   |   |   | + |   |   | 18 |
| Lumbar, Leiomyosarcoma, Metastatic, Uterus |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular                     | + | M | + | + | + | + | I | + | + | + | + | + | + | + | + | 73 |
| Lymph Node, Mesenteric                     | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | 81 |
| Leiomyosarcoma, Metastatic, Uterus         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88 |
| Hemangiosarcoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leiomyosarcoma, Metastatic, Uterus         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>10 W/kg               | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |
|---------------------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
|                                             | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |
|                                             |             | 5               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |           |
|                                             |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |           |
|                                             |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |
|                                             |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |
|                                             |             | 3               | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 |           |
|                                             |             | 8               | 0 | 0 | 1 | 2 | 3 | 4 | 6 | 9 | 0 | 1 | 1 | 2 | 2 | 5         |
|                                             |             | 2               | 3 | 5 | 3 | 6 | 3 | 9 | 3 | 7 | 4 | 0 | 1 | 7 | 9 | 8         |
|                                             |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Thymus                                      |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>82</b> |
| <b>INTEGUMENTARY SYSTEM</b>                 |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Mammary Gland                               |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Adenocarcinoma                              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Skin                                        |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Squamous Cell Carcinoma                     |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Subcutaneous Tissue, Fibroma, Multiple      |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Subcutaneous Tissue, Fibrosarcoma           |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Subcutaneous Tissue, Hemangiosarcoma        |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Bone                                        |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Osteosarcoma                                |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Skeletal Muscle                             |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Leiomyosarcoma, Metastatic, Uterus          |             |                 |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| <b>NERVOUS SYSTEM</b>                       |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Brain                                       |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Carcinoma, Metastatic, Pituitary Gland      |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Fibrosarcoma, Metastatic, Skin              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Brain Trigeminal Ganglion                   |             | +               | + | + | + | + | M | + | + | M | + | + | + | + | M | <b>74</b> |
| Nerve Trigeminal                            |             | M               | + | + | + | + | M | + | M | M | + | M | + | + | M | <b>51</b> |

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

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

Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>10 W/kg             | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |
|-------------------------------------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
|                                           | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |
|                                           |             | 5               | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |           |
|                                           |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |           |
|                                           |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |
|                                           |             | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |
|                                           |             | 3               | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 |           |
|                                           |             | 8               | 0 | 0 | 1 | 2 | 3 | 4 | 6 | 9 | 0 | 1 | 1 | 2 | 2 | 5         |
|                                           |             | 2               | 3 | 5 | 3 | 6 | 3 | 9 | 3 | 7 | 4 | 0 | 1 | 7 | 9 | 8         |
|                                           |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Peripheral Nerve, Sciatic                 |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| Spinal Cord                               |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Osteosarcoma, Metastatic, Bone            |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| <b>RESPIRATORY SYSTEM</b>                 |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Lung                                      |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Alveolar/Bronchiolar Adenoma              |             |                 |   |   |   |   |   | X |   |   |   |   |   |   |   | <b>1</b>  |
| Alveolar/Bronchiolar Adenoma, Multiple    |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Alveolar/Bronchiolar Carcinoma            |             |                 | X |   |   |   |   | X |   |   |   |   |   |   |   | <b>5</b>  |
| Osteosarcoma, Metastatic, Bone            |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Squamous Cell Carcinoma, Metastatic, Skin |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Nose                                      |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>90</b> |
| Respiratory Epithelium, Adenoma           |             |                 |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>1</b>  |
| Trachea                                   |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>88</b> |
| <b>SPECIAL SENSES SYSTEM</b>              |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Eye                                       |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Harderian Gland                           |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>89</b> |
| Adenocarcinoma                            |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Adenoma                                   |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |
| <b>URINARY SYSTEM</b>                     |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
| Kidney                                    |             | +               | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>87</b> |
| Urinary Bladder                           |             | +               | + | + | + | + | + | + | + | + | I | + | + | + | + | <b>85</b> |

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

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



Experiment Number: 20105 - 75

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 08/24/2017

Time Report Requested: 14:32:43

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |
| <b>10 W/kg</b>            |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |  |
|                           | ANIMAL ID   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |
|                           |             | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 |  |
|                           |             | 8 | 0 | 0 | 1 | 2 | 3 | 4 | 6 | 9 | 0 | 1 | 1 | 2 | 2 | 5 |  |
|                           |             | 2 | 3 | 5 | 3 | 6 | 3 | 9 | 3 | 7 | 4 | 0 | 1 | 7 | 9 | 8 |  |
| <b>* TOTALS</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |
| Histiocytic Sarcoma |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Lymphoma Malignant  |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 7  |

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

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