

**Experiment Number:** 20105 - 59

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 01/02/2018

**Time Report Requested:** 12:00:01

**First Dose M/F:** 09/16/12 / 09/16/12

**Lab:** IIT

Final 2 - Data Changes through 12-15-17 GSM Rats SSAC Only

**NTP Study Number:** C20105

**Lock Date:** 12/29/2015

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** 25017 SSAC

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.2.3\_002

**PWG Approval Date:** NONE

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Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 0.0W/kg(GSM)chr	DAY ON TEST															
		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
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6

\* TOTALS

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

## CARDIOVASCULAR SYSTEM

Aorta	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

\* .. 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

HARLAN SPRAGUE DAWLEY RATS MALE 0.0W/kg(GSM)chr	DAY ON TEST																
		0 0 9 4	0 0 9 6	0 0 9 4													
ANIMAL ID	0 0 5 0 5	0 0 5 0 5	0 0 5 2 2	0 0 2 2 2	0 0 3 3 3	0 0 3 3 3	0 0 5 5 5										
	Nerve Trigeminal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Peripheral Nerve, Sciatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Peripheral Nerve, Tibial	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Spinal Cord, Cervical	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Spinal Cord, Lumbar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Spinal Cord, Thoracic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Trigeminal Ganglion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
<b>RESPIRATORY SYSTEM</b>																	
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
<b>SPECIAL SENSES SYSTEM</b>																	
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
<b>URINARY SYSTEM</b>																	

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

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Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 1.5W/kg(GSM)chr	DAY ON TEST															
		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
	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8
	1	2	2	3	4	4	4	6	6	7	8	9	0	0	0	0
	1	0	3	9	1	5	6	0	1	9	2	4	2	3	3	9
	* TOTALS															

## ALIMENTARY SYSTEM

Esophagus	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10

## CARDIOVASCULAR SYSTEM

Aorta	+	+	+		+	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	----

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		0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	
ANIMAL ID	0 0 7 1 1	0 0 7 2 0	0 0 7 3 3	0 0 7 4 9	0 0 7 4 1	0 0 7 4 5	0 0 7 4 6	0 0 7 6 0	0 0 7 6 1	0 0 7 7 9	0 0 7 7 2	0 0 7 8 4	0 0 7 9 2	0 0 8 0 2	0 0 8 0 3	0 0 8 0 9	
	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

\* TOTALS

Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

**ENDOCRINE SYSTEM**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

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		0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4		
Testis		+	+	+			+	+	+	+		+	+	+	+	+	10	
<b>HEMATOPOIETIC SYSTEM</b>																		
Bone Marrow		+	+	+			+	+	+	+		+	+	+	+	+	10	
Lymph Node, Mandibular		+	+	+			+	+	+	+		+	+	+	+	+	10	
Lymph Node, Mesenteric		+	+	+			+	+	+	+		+	+	+	+	+	10	
Spleen		+	+	+			+	+	+	+		+	+	+	+	+	10	
Thymus		+	+	+			+	+	+	+		+	+	+	+	+	10	
<b>INTEGUMENTARY SYSTEM</b>																		
Mammary Gland		+	+	+			+	+	+	+		+	+	+	+	+	10	
Skin		+	+	+			+	+	+	+		+	+	+	+	+	10	
<b>MUSCULOSKELETAL SYSTEM</b>																		
Bone		+	+	+			+	+	+	+		+	+	+	+	+	10	
Skeletal Muscle		+	+	+			+	+	+	+		+	+	+	+	+	10	
<b>NERVOUS SYSTEM</b>																		
Brain		+	+	+			+	+	+	+		+	+	+	+	+	10	

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		0096	0094	0094	0096	0096	0096	0094	0094	0094	0094	0096	0094	0094	0094	0094	0094		
		0077	0077	0077	0077	0077	0077	0077	0077	0077	0077	0077	0078	0088	0088	0088			
		1122	2233	3444	4466	6611	0099	2277	8900	8900	8900	8900	8900	8900	8900	8900			
		1100	0399	1155	6600	1199	2299	4242	2244	2244	2244	2244	2233	2233	2233	2233			
<b>RESPIRATORY SYSTEM</b>																			
Lung		+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	10	
Nose		+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	10	
Trachea		+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	10	
<b>SPECIAL SENSES SYSTEM</b>																			
Eye		+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	10	
Harderian Gland		+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	10	
<b>URINARY SYSTEM</b>																			

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## **SYSTEMIC LESIONS**

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

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		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
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	4	6	4	4	4	4	4	6	4	6	4	6	4	4	4	4	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
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	0	0
	2	2	2	2	3	4	4	5	5	5	6	6	6	9	0	2	
	1	2	5	9	6	0	8	2	6	8	7	9	5	6	5		
	* TOTALS																

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+			+	+	+					10
Intestine Large, Cecum	+	+	+	+	+	+	+			+	+	+					10
Intestine Large, Colon	+	+	+	+	+	+	+			+	+	+					10
Intestine Large, Rectum	+	+	+	+	+	+	+			+	+	+					10
Intestine Small, Duodenum	+	+	+	+	+	+	+			+	+	+					10
Intestine Small, Ileum	+	+	+	+	+	+	+			+	+	+					10
Intestine Small, Jejunum	+	+	+	+	+	+	+			+	+	+					10
Liver	+	+	+	+	+	+	+			+	+	+					10
Pancreas	+	+	+	+	+	+	+			+	+	+					10
Salivary Glands	+	+	+	+	+	+	+			+	+	+					10
Stomach, Forestomach	+	+	+	+	+	+	+			+	+	+					10
Stomach, Glandular	+	+	+	+	+	+	+			+	+	+					10

## CARDIOVASCULAR SYSTEM

Aorta	+	+	+	+	+	+	+			+	+	+					10
-------	---	---	---	---	---	---	---	--	--	---	---	---	--	--	--	--	----

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		0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6		
Testis		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>HEMATOPOIETIC SYSTEM</b>																	
Bone Marrow		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Lymph Node, Mandibular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Spleen		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Thymus		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>INTEGUMENTARY SYSTEM</b>																	
Mammary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>MUSCULOSKELETAL SYSTEM</b>																	
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Skeletal Muscle		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>NERVOUS SYSTEM</b>																	
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	

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HARLAN SPRAGUE DAWLEY RATS MALE 3.0W/kg(GSM)chr	DAY ON TEST																* TOTALS
		0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 6	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 5		
ANIMAL ID	0 0 9 2 1	0 0 9 2 2	0 0 9 2 5	0 0 9 3 5	0 0 9 4 0	0 0 9 4 8	0 0 9 5 2	0 0 9 5 6	0 0 9 8 8	0 0 9 7	0 0 9 9	0 0 9 5	0 0 9 6	0 0 9 5	0 0 9 5		
	Nerve Trigeminal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Peripheral Nerve, Sciatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Peripheral Nerve, Tibial	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Spinal Cord, Cervical	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Spinal Cord, Lumbar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Spinal Cord, Thoracic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Trigeminal Ganglion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>RESPIRATORY SYSTEM</b>																	
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>SPECIAL SENSES SYSTEM</b>																	
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>URINARY SYSTEM</b>																	

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20105 - 59

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 01/02/2018

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Time Report Requested:** 12:00:01

**First Dose M/F:** 09/16/12 / 09/16/12

Lab: IIT

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(GSM)chr	DAY ON TEST															
		0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 6	0 0 9 6	0 0 9 6	0 0 9 6	
ANIMAL ID		0 1 1 3 2	0 1 1 4 2	0 1 1 5 3	0 1 1 7 3	0 1 1 8 5	0 1 1 8 6	0 1 1 9 2	0 1 1 0 4	0 1 1 2 2	0 1 1 2 6	0 1 1 1 1	0 1 1 2 2	0 1 1 3 3	0 1 1 2 3	0 1 1 2 3

\* TOTALS

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

## CARDIOVASCULAR SYSTEM

Aorta	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(GSM)chr	DAY ON TEST																
		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
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

\* TOTALS

Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

## ENDOCRINE SYSTEM

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	M	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	8
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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BLANK .. Not examined microscopically

Experiment Number: 20105 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(GSM)chr	DAY ON TEST ANIMAL ID																	* TOTALS
		0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4												
Testis		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>HEMATOPOIETIC SYSTEM</b>																		
Bone Marrow		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Lymph Node, Mandibular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Spleen		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Thymus		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>INTEGUMENTARY SYSTEM</b>																		
Mammary Gland		+	+	+	M	+	+	+	+	+	+	+	M				8	
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>MUSCULOSKELETAL SYSTEM</b>																		
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Skeletal Muscle		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>NERVOUS SYSTEM</b>																		
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(GSM)chr	DAY ON TEST																* TOTALS
		0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 6	0 0 9 6	0 0 9 6										
ANIMAL ID	0 1 1 3 2	0 1 1 4 2	0 1 1 4 3	0 1 1 5 3	0 1 1 7 3	0 1 1 8 5	0 1 1 8 6	0 1 1 9 2	0 1 1 0 4	0 1 1 2 2	0 1 1 2 6	0 1 1 1 1	0 1 1 2 2	0 1 1 3 3	0 1 1 2 3	0 1 1 2 3	* TOTALS
	Nerve Trigeminal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Peripheral Nerve, Sciatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Peripheral Nerve, Tibial	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Spinal Cord, Cervical	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Spinal Cord, Lumbar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Spinal Cord, Thoracic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Trigeminal Ganglion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
RESPIRATORY SYSTEM	Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
SPECIAL SENSES SYSTEM																	
Eye		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
	Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

		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
		9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
		4	4	4	4	4	4	6	4	4	6	4	6	4	6	4	6
<b>HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(GSM)chr</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
			1	1	1	1	1	1	1	1	2	2	2	2	2	2	2
			3	4	4	4	5	7	8	8	9	0	1	1	2	3	3
			2	2	7	8	3	3	5	6	2	4	2	6	1	2	3
<b>* TOTALS</b>																	
Kidney																	
+																	
Urinary Bladder																	
+																	
<b>SYSTEMIC LESIONS</b>																	
Multiple Organ																	
+																	

\*\*\* 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(GSM)chr	DAY ON TEST															
		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
	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7

\* TOTALS

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

## CARDIOVASCULAR SYSTEM

Aorta	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(GSM)chr	DAY ON TEST																* TOTALS
		0 0 9 3	0 0 9 3	0 0 9 6	0 0 9 6	0 0 9 3	0 0 9 3	0 0 9 3									
ANIMAL ID	0 0 6 0 1 6	0 0 6 0 1 2	0 0 6 3 2 0	0 0 6 4 3 8	0 0 5 4 0 0	0 0 6 5 2 0	0 0 6 6 7 7	0 0 6 7 3 3	0 0 6 7 6 6	0 0 6 8 2 5	0 0 6 8 0 0	0 0 6 8 5 0	0 0 7 0 0 2				
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>ENDOCRINE SYSTEM</b>																	
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>GENERAL BODY SYSTEM</b>																	
NONE																	
<b>GENITAL SYSTEM</b>																	
Clitoral Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
<b>HEMATOPOIETIC 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(GSM)chr	DAY ON TEST ANIMAL ID																* TOTALS
		0 0 9 3	0 0 9 3	0 0 9 6	0 0 9 6	0 0 9 3	0 0 9 6										
Bone Marrow		+	+	+		+		+	+	+	+	+	+	+	+	10	
Lymph Node, Mandibular		+	+	+		+		+	+	+	+	+	+	+	+	10	
Lymph Node, Mesenteric		+	+	+		+		+	+	+	+	+	+	+	+	10	
Spleen		+	+	+		+		+	+	+	+	+	+	+	+	10	
Thymus		+	+	+		+		+	+	+	+	+	+	+	+	10	
<b>INTEGUMENTARY SYSTEM</b>																	
Mammary Gland		+	+	+		+		+	+	+	+	+	+	+	+	10	
Skin		+	+	+		+		+	+	+	+	+	+	+	+	10	
<b>MUSCULOSKELETAL SYSTEM</b>																	
Bone		+	+	+		+		+	+	+	+	+	+	+	+	10	
Skeletal Muscle		+	+	+		+		+	+	+	+	+	+	+	+	10	
<b>NERVOUS SYSTEM</b>																	
Brain		+	+	+		+		+	+	+	+	+	+	+	+	10	
Nerve Trigeminal		+	+	+		+		+	+	+	+	+	+	+	+	10	
Peripheral Nerve, Sciatic		+	+	+		+		+	+	+	+	+	+	+	+	10	

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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BLANK .. Not examined microscopically

Experiment Number: 20105 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(GSM)chr	DAY ON TEST															
		0 0 9 3	0 0 9 3	0 0 9 6	0 0 9 6	0 0 9 3	0 0 9 6									
ANIMAL ID																* TOTALS
	0 0 6 0 1 6	0 0 6 0 1 2	0 0 6 0 2 3	0 0 6 0 3 4	0 0 6 0 4 5	0 0 6 0 5 6	0 0 6 0 6 7	0 0 6 0 7 7	0 0 6 0 7 8	0 0 6 0 8 8	0 0 6 0 8 0	0 0 6 0 8 2	0 0 6 0 8 5	0 0 6 0 8 0	0 0 6 0 8 2	
Peripheral Nerve, Tibial	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Spinal Cord, Cervical	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Spinal Cord, Lumbar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Spinal Cord, Thoracic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Trigeminal Ganglion	+	+	+	+	+	+		+	+	+	+	+	+	+	+	9
<b>RESPIRATORY SYSTEM</b>																
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
<b>SPECIAL SENSES SYSTEM</b>																
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
<b>URINARY SYSTEM</b>																
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(GSM)chr	DAY ON TEST																
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	3	3	6	3	6	6	3	6	3	3	3	3	3	3	3	3	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
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7
	0	1	1	2	3	4	5	6	6	7	7	7	8	8	8	0	0
	6	2	7	0	8	0	0	2	7	3	6	2	5	0	0	2	*

\* TOTALS

SYSTEMIC LESIONS

Multiple Organ

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

10

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

+ .. Tissue examined microscopically

X .. Lesion present

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Experiment Number: 20105 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(GSM)chr | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |             | 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 |
|   | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 |
|   | 3           | 3 | 4 | 5 | 5 | 6 | 7 | 8 | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 1 |
|   | 4           | 5 | 9 | 0 | 5 | 7 | 7 | 2 | 3 | 6 | 5 | 8 | 3 | 6 | 5 | * |

\* TOTALS

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |

## CARDIOVASCULAR SYSTEM

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

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

| DAY ON TEST                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|
|                             | 0<br>0<br>9<br>3           | 0<br>0<br>9<br>3 |
| ANIMAL ID                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS         |
|                             | 0<br>0<br>8<br>3<br>4<br>4 | 0<br>0<br>8<br>8<br>5<br>5 | 0<br>0<br>8<br>8<br>5<br>6 | 0<br>0<br>8<br>8<br>5<br>7 | 0<br>0<br>8<br>8<br>7<br>7 | 0<br>0<br>8<br>8<br>8<br>2 | 0<br>0<br>8<br>8<br>8<br>3 | 0<br>0<br>8<br>8<br>8<br>6 | 0<br>0<br>8<br>8<br>9<br>5 | 0<br>0<br>8<br>8<br>9<br>8 | 0<br>0<br>8<br>8<br>9<br>3 | 0<br>0<br>8<br>8<br>9<br>6 | 0<br>0<br>8<br>8<br>9<br>5 | 0<br>0<br>8<br>8<br>9<br>1 | 0<br>0<br>8<br>8<br>9<br>5 | 10               |
| Heart                       | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| <b>ENDOCRINE SYSTEM</b>     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |
| Adrenal Cortex              | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| Adrenal Medulla             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| Islets, Pancreatic          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| Parathyroid Gland           | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | M                          |                            |                            |                            |                            | 8                |
| Pituitary Gland             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| Thyroid Gland               | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| <b>GENERAL BODY SYSTEM</b>  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |
| NONE                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |
| <b>GENITAL SYSTEM</b>       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |
| Clitoral Gland              | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| Ovary                       | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| Uterus                      | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 10               |
| <b>HEMATOPOIETIC 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

|   | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |    | * TOTALS |  |
|---|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|------------------|----|----------|--|
|   |             | 0<br>0<br>9<br>3           | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 |    |          |  |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(GSM)chr | ANIMAL ID   | 0<br>0<br>8<br>3<br>4<br>5 | 0<br>0<br>8<br>3<br>4<br>5 | 0<br>0<br>8<br>3<br>5<br>6 | 0<br>0<br>8<br>7<br>6<br>7 | 0<br>0<br>8<br>8<br>7<br>2 | 0<br>0<br>8<br>8<br>8<br>3 | 0<br>0<br>8<br>8<br>8<br>6 | 0<br>0<br>8<br>9<br>9<br>5 | 0<br>0<br>9<br>9<br>9<br>8 | 0<br>0<br>9<br>0<br>0<br>3 | 0<br>0<br>9<br>0<br>0<br>6 | 0<br>0<br>9<br>0<br>0<br>5 |                  |                  |    |          |  |
|   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
|   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
|   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
|   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
|   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| <b>INTEGUMENTARY SYSTEM</b>                             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |    |          |  |
| Mammary Gland   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| Skin  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |    |          |  |
| Bone  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| Skeletal Muscle   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| <b>NERVOUS SYSTEM</b>                                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |    |          |  |
| Brain   |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| Nerve Trigeminal  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |
| Peripheral Nerve, Sciatic                               |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                | +                | 10 |          |  |

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

|   | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | * TOTALS |  |
|---|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------|----------|--|
|   |             | 0<br>0<br>9<br>3           |        |          |  |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(GSM)chr | ANIMAL ID   | 0<br>0<br>8<br>3<br>4<br>5 | 0<br>0<br>8<br>3<br>4<br>5 | 0<br>0<br>8<br>3<br>5<br>6 | 0<br>0<br>8<br>7<br>6<br>7 | 0<br>0<br>8<br>8<br>7<br>2 | 0<br>0<br>8<br>8<br>8<br>3 | 0<br>0<br>8<br>8<br>8<br>6 | 0<br>0<br>8<br>9<br>9<br>5 | 0<br>0<br>9<br>9<br>9<br>8 | 0<br>0<br>9<br>0<br>0<br>3 | 0<br>0<br>9<br>0<br>0<br>6 | 0<br>0<br>9<br>0<br>0<br>5 | 0<br>0<br>9<br>0<br>0<br>5 | 0<br>0<br>9<br>0<br>0<br>5 |        |          |  |
|   |             | 4<br>5                     | 9<br>0                     | 5<br>5                     | 7<br>6                     | 7<br>2                     | 3<br>3                     | 6<br>6                     | 5<br>5                     | 8<br>8                     | 3<br>3                     | 6<br>6                     | 5<br>5                     | 8<br>8                     | 3<br>3                     | 6<br>6 | 5<br>5   |  |
|   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | * TOTALS |  |
|   |             | Peripheral Nerve, Tibial   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
|   |             | Spinal Cord, Cervical      |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
|   |             | Spinal Cord, Lumbar        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| Spinal Cord, Thoracic                                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| Trigeminal Ganglion                                     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| <b>RESPIRATORY SYSTEM</b>                               |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |          |  |
| Lung  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| Nose  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| Trachea   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| <b>SPECIAL SENSES SYSTEM</b>                            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |          |  |
| Eye   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| Harderian Gland   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| <b>URINARY SYSTEM</b>                                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |          |  |
| Kidney  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |
| Urinary Bladder   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | 10       |  |

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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Experiment Number: 20105 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(GSM)chr | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID   | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|   | 3           | 3 | 3 | 6 | 3 | 6 | 3 | 3 | 3 | 6 | 3 | 3 | 6 | 3 | 6 | 6 | 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 |
|   | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 |
|   | 3           | 3 | 4 | 5 | 5 | 6 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 0 | 0 | 1 |   |
|   | 4           | 5 | 9 | 0 | 5 | 7 | 7 | 2 | 3 | 6 | 5 | 8 | 3 | 6 | 5 |   |   |

\* TOTALS

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + +

10

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

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Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(GSM)chr | DAY ON TEST               |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|---|---------------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|   |                           | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>3 |
| ANIMAL ID   |                           | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>5<br>7 | 0<br>1<br>0<br>6<br>9 | 0<br>0<br>7<br>7 | 0<br>0<br>8<br>3 | 0<br>0<br>8<br>2 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>0 | 0<br>0<br>9<br>4 | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>2 | 0<br>0<br>1<br>6 | * TOTALS         |
|   |                           | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Esophagus                 | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Intestine Large, Cecum    | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Intestine Large, Colon    | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Intestine Large, Rectum   | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Intestine Small, Duodenum | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Intestine Small, Ileum    | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Intestine Small, Jejunum  | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Liver                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Pancreas                  | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Salivary Glands           | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Stomach, Forestomach      | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |
|   | Stomach, Glandular        | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10               |

## CARDIOVASCULAR SYSTEM

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

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(GSM)chr | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |                       | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      |                       |
| ANIMAL ID   | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>5<br>7 | 0<br>1<br>0<br>6<br>9 | 0<br>0<br>0<br>7<br>3 | 0<br>1<br>0<br>7<br>2 | 0<br>1<br>0<br>8<br>2 | 0<br>1<br>0<br>8<br>9 | 0<br>1<br>0<br>9<br>0 | 0<br>1<br>0<br>9<br>4 | 0<br>1<br>0<br>9<br>5 | 0<br>1<br>0<br>9<br>6 | 0<br>1<br>1<br>2<br>1 | 0<br>1<br>1<br>2<br>6 | 0<br>1<br>1<br>2<br>6 | 0<br>1<br>1<br>2<br>6 | 0<br>1<br>1<br>2<br>6 |
|   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
| Heart   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| <b>ENDOCRINE SYSTEM</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| Adrenal Medulla   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| Islets, Pancreatic                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| Parathyroid Gland                                       | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 9                     |
| Pituitary Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| Thyroid Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| <b>GENERAL BODY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| NONE  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>GENITAL SYSTEM</b>                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Clitoral Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| Ovary   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| Uterus  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |
| <b>HEMATOPOIETIC 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

|   | DAY ON TEST |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |  |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|--|
|   |             | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3 |    |          |  |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(GSM)chr | ANIMAL ID   | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>4<br>7 | 0<br>1<br>0<br>5<br>9 | 0<br>1<br>0<br>6<br>9 | 0<br>0<br>7<br>7 | 0<br>0<br>8<br>3 | 0<br>0<br>8<br>2 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>0 | 0<br>0<br>9<br>4 | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>2 |    |          |  |
|   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
|   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
|   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
|   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
|   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| <b>INTEGUMENTARY SYSTEM</b>                             |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |  |
| Mammary Gland   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| Skin  |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |  |
| Bone  |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| Skeletal Muscle   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| <b>NERVOUS SYSTEM</b>                                   |             |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |  |
| Brain   |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| Nerve Trigeminal  |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |
| Peripheral Nerve, Sciatic                               |             | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |  |

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

+ .. Tissue examined microscopically

X .. Lesion present

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Species/Strain: RATS/HSD

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Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

|   | DAY ON TEST |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|---|-------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|   |             | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>3 |    |          |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(GSM)chr | ANIMAL ID   | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>5<br>7 | 0<br>1<br>0<br>6<br>9 | 0<br>0<br>7<br>7 | 0<br>0<br>8<br>3 | 0<br>0<br>8<br>2 | 0<br>0<br>9<br>9 | 0<br>0<br>9<br>0 | 0<br>0<br>9<br>4 | 0<br>0<br>9<br>5 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>1 | 0<br>0<br>1<br>2 | 0<br>0<br>1<br>6 |    |          |
|   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
|   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
|   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
|   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
|   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| <b>RESPIRATORY SYSTEM</b>                               |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Lung  |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| Nose  |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| Trachea   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| <b>SPECIAL SENSES SYSTEM</b>                            |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Eye   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| Harderian Gland   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| <b>URINARY SYSTEM</b>                                   |             |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Kidney  |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |
| Urinary Bladder   |             | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |

\* .. 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 - 59

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Route: Whole Body Exposure

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Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

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First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(GSM)chr | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|   |             | 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        |
|   | 1           | 1 | 1 | 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 | 1 | 1 | 1 | 1        |
|   | 4           | 4 | 4 | 5 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 9 | 0 | 2 | 2 | 2 | 2        |
|   | 4           | 7 | 9 | 4 | 0 | 2 | 3 | 2 | 9 | 0 | 4 | 5 | 6 | 1 | 6 |   |          |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|   |             | + |   | + |   | + |   | + | + | + | + | + | + | + | + | + | 10       |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |

SYSTEMIC LESIONS

Multiple Organ

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

10

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

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| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(GSM)chr | DAY ON TEST |                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|---|-------------|---------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|   |             | 0<br>0<br>9<br>6          | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>3 |
| ANIMAL ID   |             | * TOTALS                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|   | 0           | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|   | 1           | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|   | 2           | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|   | 3           | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|   | 6           | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Esophagus   |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Intestine Large, Cecum                                  |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Intestine Large, Colon                                  |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Intestine Large, Rectum                                 |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Intestine Small, Duodenum                               |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Intestine Small, Ileum                                  |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Intestine Small, Jejunum                                |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Liver   |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Pancreas  |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Salivary Glands   |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Stomach, Forestomach                                    |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Stomach, Glandular                                      |             | + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

## ALIMENTARY SYSTEM

|                           |                           |    |
|---------------------------|---------------------------|----|
| Esophagus                 | + + + + + + + + + + + + + | 10 |
| Intestine Large, Cecum    | + + + + + + + + + + + + + | 10 |
| Intestine Large, Colon    | + + + + + + + + + + + + + | 10 |
| Intestine Large, Rectum   | + + + + + + + + + + + + + | 10 |
| Intestine Small, Duodenum | + + + + + + + + + + + + + | 10 |
| Intestine Small, Ileum    | + + + + + + + + + + + + + | 10 |
| Intestine Small, Jejunum  | + + + + + + + + + + + + + | 10 |
| Liver                     | + + + + + + + + + + + + + | 10 |
| Pancreas                  | + + + + + + + + + + + + + | 10 |
| Salivary Glands           | + + + + + + + + + + + + + | 10 |
| Stomach, Forestomach      | + + + + + + + + + + + + + | 10 |
| Stomach, Glandular        | + + + + + + + + + + + + + | 10 |

## CARDIOVASCULAR SYSTEM

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

\* .. 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 - 59

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 01/02/2018

Time Report Requested: 12:00:01

First Dose M/F: 09/16/12 / 09/16/12

Lab: IIT

|   | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|   |             | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      |                       |          |  |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(GSM)chr | ANIMAL ID   | 0<br>1<br>2<br>3<br>6 | 0<br>1<br>2<br>3<br>9 | 0<br>1<br>2<br>6<br>3 | 0<br>1<br>2<br>6<br>9 | 0<br>1<br>2<br>7<br>5 | 0<br>1<br>2<br>8<br>9 | 0<br>1<br>2<br>9<br>0 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>1<br>3 |          |  |
|   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 10                    |          |  |
|   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 10                    |          |  |
|   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 10                    |          |  |
|   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 10                    |          |  |
|   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 10                    |          |  |
| <b>INTEGUMENTARY SYSTEM</b>                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Mammary Gland   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |
| Skin  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Bone  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |
| Skeletal Muscle   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |
| <b>NERVOUS SYSTEM</b>                                   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Brain   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |
| Nerve Trigeminal  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |
| Peripheral Nerve, Sciatic                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |  |

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|   | DAY ON TEST |                          |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|---|-------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|   |             | 0<br>0<br>9<br>6         | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>6 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 |                  |          |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(GSM)chr | ANIMAL ID   | 0<br>1<br>2<br>3<br>6    | 0<br>1<br>2<br>3<br>9 | 0<br>1<br>2<br>6<br>3 | 0<br>1<br>2<br>6<br>9 | 0<br>1<br>2<br>7<br>5 | 0<br>1<br>2<br>8<br>9 | 0<br>1<br>3<br>3 | 0<br>1<br>3<br>4 | 0<br>1<br>3<br>5 | 0<br>1<br>3<br>4 | 0<br>1<br>3<br>5 | 0<br>1<br>3<br>4 | 0<br>1<br>3<br>5 | 0<br>1<br>3<br>4 | 0<br>1<br>3<br>5 | * TOTALS |
|   |             | Peripheral Nerve, Tibial |                       | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
|   |             | Spinal Cord, Cervical    |                       | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
|   |             | Spinal Cord, Lumbar      |                       | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
|   |             | Spinal Cord, Thoracic    |                       | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
|   |             | Trigeminal Ganglion      |                       | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| <b>RESPIRATORY SYSTEM</b>                               |             |                          |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Lung  |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Nose  |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Trachea   |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| <b>SPECIAL SENSES SYSTEM</b>                            |             |                          |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Eye   |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Harderian Gland   |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| <b>URINARY SYSTEM</b>                                   |             |                          |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Kidney  |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Urinary Bladder   |             | +                        | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |

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|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |             | 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 |
|   | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|   | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|   | 3           | 3 | 6 | 6 | 7 | 8 | 8 | 9 | 0 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 |
|   | 6           | 9 | 3 | 9 | 9 | 5 | 9 | 3 | 2 | 3 | 4 | 5 | 5 | 4 | 6 |   |   |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* TOTALS

SYSTEMIC LESIONS

Multiple Organ

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

10

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

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+ .. Tissue examined microscopically

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