

**Experiment Number:** 20105 - 56

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Cell Phone Radiation: CDMA

**CAS Number:** CELLPRADCDMA

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

**Time Report Requested:** 13:31:50

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

**Lab:** IIT

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

**NTP Study Number:** C20105B

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 0.0W/kg(CDMA)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(CDMA)chr	DAY ON TEST																
		0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6								
ANIMAL ID	0 0 5 0 5	0 0 5 0 5	0 0 5 2 2	0 0 5 2 2	0 0 3 3 3	0 0 3 3 3	0 0 5 5 5	0 0 5 6 6	0 0 7 7 8	0 0 8 8 9	0 0 8 9 9						
	5 7	7 8	5 5	6 6	8 1	2 2	7 7	6 6	8 8	9 9	2 2	0 0	3 3	<b>* TOTALS</b>			
Heart	+ + + + + + + + + + + +																<b>10</b>
<b>ENDOCRINE SYSTEM</b>																	
Adrenal Cortex	+ + + + + + + + + + + +																<b>10</b>
Adrenal Medulla	+ + + + + + + + + + + +																<b>10</b>
Islets, Pancreatic	+ + + + + + + + + + + +																<b>10</b>
Parathyroid Gland	+ + + + + + + + M + +																<b>9</b>
Pituitary Gland	+ + + + + + + + + + + +																<b>10</b>
Thyroid Gland	+ + + + + + + + + + + +																<b>10</b>

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis

+ + + + + + + + + + + +																<b>10</b>	
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------	--

Preputial Gland

+ + + + + + + + + + + +																<b>10</b>	
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------	--

Prostate

+ + + + + + + + + + + +																<b>10</b>	
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------	--

Seminal Vesicle

+ + + + + + + + + + + +																<b>10</b>	
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------	--

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

Lab: IIT

	DAY ON TEST																	
		0 0 9 4	0 0 9 6	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 6	0 0 9 6	0 0 9 6	0 0 9 6	0 0 9 6	* TOTALS	
HARLAN SPRAGUE DAWLEY RATS MALE <b>0.0W/kg(CDMA)chr</b>	ANIMAL ID	0 0 5 0 5	0 0 5 0 5	0 0 5 2 2	0 0 5 2 2	0 0 3 3 3	0 0 3 3 3	0 0 5 5 6	0 0 6 7 8	0 0 7 8 9	0 0 8 9 2	0 0 9 0 0	0 0 9 0 0	0 0 9 0 0	0 0 9 0 0	0 0 9 0 0	0 0 9 0 0	
		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																		
Skin																		
<b>MUSCULOSKELETAL SYSTEM</b>																		
Bone																		
Skeletal Muscle																		
<b>NERVOUS SYSTEM</b>																		
Brain																		

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

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Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 0.0W/kg(CDMA)chr	DAY ON TEST																
		0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6								
ANIMAL ID	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 6 6	0 0 5 6 6	0 0 5 7 7	0 0 5 8 8	0 0 5 9 9	* 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	
<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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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
<b>HARLAN SPRAGUE DAWLEY RATS MALE 0.0W/kg(CDMA)chr</b>		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	6	4	4	6	4	4	4	6	4	4	6	4	6	6	6
ANIMAL ID		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6
		0	0	0	2	2	2	3	3	3	5	6	7	8	9	0	0
		5	7	8	5	6	8	1	2	7	6	8	9	2	0	3	
<b>* TOTALS</b>																	
Kidney																	
+																	
Urinary Bladder																	
+																	
Multiple Organ																	
+																	

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

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Lab: IIT

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

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

Lab: IIT

	DAY ON TEST																* TOTALS
		0 0 9 6	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6										
<b>HARLAN SPRAGUE DAWLEY RATS MALE 1.5W/kg(CDMA)chr</b>		ANIMAL ID															
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>																	
Epididymis		+ + + + + + + + + + + + +															10
Preputial Gland		+ + + + + + + + + + + + +															10
Prostate		+ + + + + + + + + + + + +															10
Seminal Vesicle		+ + + + + + + + + + + + +															10

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

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HARLAN SPRAGUE DAWLEY RATS MALE 1.5W/kg(CDMA)chr	DAY ON TEST ANIMAL ID																* TOTALS
		0 0 9 6	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	M	+ + + + + + + + + + + + + + + +	9														
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

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

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	DAY ON TEST																	* TOTALS
		0 0 9 6	0 0 9 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 6											
HARLAN SPRAGUE DAWLEY RATS MALE 1.5W/kg(CDMA)chr	ANIMAL ID	0 1 3 4 1	0 1 3 4 2	0 1 3 3 7	0 1 3 3 9	0 1 3 5 0	0 1 3 6 3	0 1 3 7 1	0 1 3 7 9	0 1 3 8 5	0 0 4 9 5	0 1 4 0 7	0 0 4 0 6	0 1 4 1 8	0 0 4 2 0	0 0 4 2 0		
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10		
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10		
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10		
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10		
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10		

## SYSTEMIC LESIONS

Multiple Organ

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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HARLAN SPRAGUE DAWLEY RATS MALE 3.0W/kg(CDMA)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
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	4	6	4	6	4	4	4	4	4	4	6	6	4	4	6	6
	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
	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6
	5	6	8	9	9	9	0	0	1	2	2	2	3	3	3	4
	8	8	1	5	6	8	1	3	3	1	6	7	2	4	7	
																* TOTALS

## ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	M			9
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	M			9
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	M			9
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+			10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+			10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	M			9
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+			10
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+			10
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+			10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	M			9
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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

	DAY ON TEST															
		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 6	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	
HARLAN SPRAGUE DAWLEY RATS MALE 3.0W/kg(CDMA)chr	ANIMAL ID	0 1 5 5 5	0 1 5 5 5	0 1 5 5 5	0 1 5 5 5	0 1 6 6 6										
		8 8	8 1	5 5	6 8	1 3	3 3	1 1	6 6	7 7	2 2	3 3	3 4	3 4	4 7	* TOTALS

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

**ENDOCRINE SYSTEM**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	M	+	+	9
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	M	+	+	+	9

**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

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Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 3.0W/kg(CDMA)chr	DAY ON TEST ANIMAL ID																* TOTALS
		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 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		+	+	+	+	+	+	+	+	+	+	+	M			9	
Lymph Node													+			1	
Lymph Node, Mandibular		+	+	+	+	+	+	+	+	+	+	+	M			9	
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	M			9	
Spleen		+	+	+	+	+	+	+	+	+	+	+	M			9	
Thymus		+	+	+	+	+	+	+	+	+	+	+	+	+		10	
<b>INTEGUMENTARY SYSTEM</b>																	
Mammary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+		10	
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+		10	
<b>MUSCULOSKELETAL SYSTEM</b>																	
Bone		+	+	+	+	+	+	+	+	+	+	+	M			9	
Skeletal Muscle		+	+	+	+	+	+	+	+	+	+	+	M			9	
<b>NERVOUS 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

	DAY ON TEST																* TOTALS		
		0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	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 6	0 0 9 6	0 0 9 6	0 0 9 6				
HARLAN SPRAGUE DAWLEY RATS MALE 3.0W/kg(CDMA)chr	ANIMAL ID	0 1 5 5 5	0 1 5 5 8	0 1 5 5 8	0 1 5 5 1	0 1 6 6 1	0 1 6 6 3	0 1 6 6 3	0 1 6 6 1	0 1 6 6 2	0 1 6 6 2	0 1 6 6 3	0 1 6 6 2	0 1 6 6 4	0 1 6 6 7				
		8 8	8 1	5 5	6 8	8 1	3 3	3 3	1 1	6 6	7 7	2 2	3 3	3 4	4 7				
		+ + + + + + + + + + + + + +															10		
		+ + + + + + + + + + + + + +															10		
		+ + + + + + + + + + + + + +															9		
		+ + + + + + + + + + + + + +															9		
		+ + + + + + + + + + + + + +															10		
		+ + + + + + + + + + + + + +															10		
		+ + + + + + + + + + + + + +															10		
		+ + + + + + + + + + + + + +															10		
<b>RESPIRATORY SYSTEM</b>																			
Lung		+ + + + + + + + + + + + + +															10		
Nose		+ + + + + + + + + + + + + +															10		
Trachea		+ + + + + + + + + + + + + +															9		
<b>SPECIAL SENSES SYSTEM</b>																			
Eye		+ + + + + + + + + + + + + +															10		
Harderian Gland		+ + + + + + + + + + + + + +															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 - 56

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Route: Whole Body Exposure

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P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 3.0W/kg(CDMA)chr	DAY ON TEST															
		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 6	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	
ANIMAL ID	0 1 5 5 5	0 1 5 8 8	0 1 5 9 1	0 1 5 9 5	0 1 5 9 8	0 1 6 0 1	0 1 6 0 3	0 1 6 1 3	0 1 6 2 3	0 1 6 2 1	0 1 6 2 6	0 1 6 2 7	0 1 6 3 2	0 1 6 3 4	0 1 6 4 7	
	* TOTALS															

## URINARY SYSTEM

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

## 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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BLANK .. Not examined microscopically

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(CDMA)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
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	6	5	0	1	8	9	3	4	8	1	2	6	0	9	
	3	9	9	0	1	1	1	2	2	3	4	4	4	5	5	
	4	7	7	8	8	8	8	8	8	8	8	8	8	8	8	
	5	6	5	0	1	8	9	3	4	8	1	2	6	0	9	
	6	9	9	0	1	1	1	2	2	3	4	4	4	5	5	
	7	7	7	8	8	8	8	8	8	8	8	8	8	8	8	
	8	6	5	0	1	8	9	3	4	8	1	2	6	0	9	
	9	9	9	0	1	1	1	2	2	3	4	4	4	5	5	
	10	7	7	8	8	8	8	8	8	8	8	8	8	8	8	
	11	6	5	0	1	8	9	3	4	8	1	2	6	0	9	
	12	9	9	0	1	1	1	2	2	3	4	4	4	5	5	
	13	7	7	8	8	8	8	8	8	8	8	8	8	8	8	
	14	6	5	0	1	8	9	3	4	8	1	2	6	0	9	
	15	9	9	0	1	1	1	2	2	3	4	4	4	5	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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

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

\* .. 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(CDMA)chr	DAY ON TEST ANIMAL ID																* TOTALS
		0	0	0	0	0	0	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	
		6	4	4	4	6	6	6	4	4	4	4	6	4	4	4	
		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	
		7	7	8	8	8	8	8	8	8	8	8	8	8	8	8	
		9	9	0	1	1	1	1	2	2	3	4	4	4	5	5	
		2	6	5	0	1	8	9	3	4	8	1	2	6	0	9	
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		+ + + +											9
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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

	DAY ON TEST																* TOTALS
		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 6	0 0 9 4	0 0 9 6	0 0 9 4	0 0 9 4	0 0 9 4		
HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(CDMA)chr	ANIMAL ID	0 1 7 9 2	0 1 8 0 6	0 1 8 1 5	0 1 8 1 0	0 1 8 1 8	0 1 8 1 9	0 1 8 2 3	0 1 8 2 4	0 1 8 3 8	0 1 8 4 1	0 1 8 4 2	0 1 8 4 6	0 1 8 5 0	0 1 8 5 9	0 1 8 5 9	
		+	+	+												10	
		+	+	+												10	
		+	+	+												10	
		+	+	+												10	
		+	+	+												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>																	

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

DAY ON TEST																	
HARLAN SPRAGUE DAWLEY RATS MALE 6.0W/kg(CDMA)chr		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
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
6	6	4	4	4	6	6	6	4	4	4	4	4	6	4	4	4	4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7	7	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	0	1	1	1	1	2	2	3	4	4	4	5	5	5	5
2	2	6	5	0	1	8	9	3	4	8	1	2	6	0	9		
* TOTALS																	
Kidney			+	+	+				+	+	+	+	+	+	+	+	10
Urinary Bladder			+	+	+				+	+	+	+	+	+	+	+	10
<b>SYSTEMIC LESIONS</b>																	
Multiple Organ			+	+	+				+	+	+	+	+	+	+	+	10

\*\*\* 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(CDMA)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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(CDMA)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										
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	

**HEMATOPOIETIC SYSTEM**

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

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Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

	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 6											
HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(CDMA)chr	ANIMAL ID	0 0 6 0	0 0 6 0	0 0 6 6	0 0 6 6	0 0 5 0	0 0 5 2	0 0 7	0 0 7	0 0 7	0 0 8	0 0 8	0 0 5	0 0 0	0 0 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		

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(CDMA)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 6										
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 2 0 2	0 0 6 7 3 7	0 0 6 7 3 6	0 0 6 8 2 2	0 0 8 8 5 5	0 0 6 8 0 0	0 0 6 0 0 0	0 0 7 0 0 0	0 0 7 7 0 2	0 0 7 7 0 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

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

Lab: IIT

HARLAN SPRAGUE DAWLEY RATS FEMALE 0.0W/kg(CDMA)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	8	8	8	0	0	0
	6	2	7	0	8	0	0	2	7	3	6	2	5	0	0	2	*

\* TOTALS

SYSTEMIC LESIONS

Multiple Organ

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

10

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X .. Lesion present

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(CDMA)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>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 | 0<br>0<br>9<br>6 |    |
| ANIMAL ID  |             | * TOTALS         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
|  | 0           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 1           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 4           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 6           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 4           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 2           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 4           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 7           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 8           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 8           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 0           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 2           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 3           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 |
|  | 3           | + + + +          | + +              | + + + +          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 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

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Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(CDMA)chr | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |     | * 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>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 | 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>6 |     |          |
| 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

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Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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 | 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>6 |    |          |
| <b>HARLAN SPRAGUE DAWLEY RATS<br/>FEMALE<br/>1.5W/kg(CDMA)chr</b> |             | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| 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

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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      | 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>6      |                       |          |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/kg(CDMA)chr | ANIMAL ID   | 0<br>1<br>4<br>6<br>4 | 0<br>1<br>4<br>7<br>2 | 0<br>1<br>4<br>8<br>4 | 0<br>1<br>4<br>8<br>8 | 0<br>1<br>5<br>0<br>0 | 0<br>1<br>5<br>0<br>2 | 0<br>1<br>5<br>0<br>3 | 0<br>1<br>5<br>0<br>6 | 0<br>1<br>5<br>0<br>7 | 0<br>1<br>5<br>0<br>8 | 0<br>1<br>5<br>0<br>9 | 0<br>1<br>5<br>1<br>8 | 0<br>1<br>5<br>1<br>9 | 0<br>1<br>5<br>3<br>8 | 0<br>1<br>5<br>3<br>9 |          |
|  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     |          |
|  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     |          |
|  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 5                     | 5                     | 5                     | 5                     | 5                     | 5                     | 5                     | 5                     |          |
|  |             | +                     | 7                     | 8                     | 8                     | 9                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 1                     | 3                     | 3                     |          |
|  |             | 4                     | 2                     | 4                     | 8                     | 8                     | 0                     | 2                     | 3                     | 6                     | 7                     | 8                     | 9                     | 8                     | 8                     | 9                     |          |
| Peripheral Nerve, Tibial                                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Spinal Cord, Cervical                                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Spinal Cord, Lumbar                                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Spinal Cord, Thoracic                                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Trigeminal Ganglion                                      |             | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       | 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

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M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

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

SYSTEMIC LESIONS

Multiple Organ

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

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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(CDMA)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 |
|  | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|  | 3           | 6 | 3 | 3 | 6 | 3 | 6 | 3 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 6 |
|  | 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 |
|  | 6           | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  | 6           | 6 | 6 | 8 | 8 | 9 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 5 | 5 | 5 |
|  | 4           | 6 | 9 | 0 | 8 | 4 | 5 | 3 | 6 | 8 | 1 | 3 | 8 | 0 | 0 | 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(CDMA)chr | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * 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 | 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 | 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 |    |          |
| 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

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A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

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

+ .. Tissue examined microscopically

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A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(CDMA)chr | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * 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 | 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 | 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>6 |    |          |
| Peripheral Nerve, Sciatic                                |                          | +                | +                | +                | +                | +                | +                | +                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 10 |          |
| Peripheral Nerve, Tibial                                 |                          | +                | +                | +                | +                | +                | +                | +                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 10 |          |
| Spinal Cord, Cervical                                    |                          | +                | +                | +                | +                | +                | +                | +                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 10 |          |
| Spinal Cord, Lumbar                                      |                          | +                | +                | +                | +                | +                | +                | +                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 10 |          |
| Spinal Cord, Thoracic                                    |                          | +                | +                | +                | +                | +                | +                | +                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 10 |          |
| Trigeminal Ganglion                                      |                          | +                | +                | +                | +                | +                | +                | +                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 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 |          |

\* .. 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(CDMA)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               | 6 | 3 | 3 | 6 | 3 | 6 | 3 | 3 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 6      |
|  | 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      |
|  | 6               | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7      |
|  | 6               | 6 | 6 | 8 | 8 | 9 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 5 | 5 | 5 | 5      |
|  | 4               | 6 | 9 | 0 | 8 | 4 | 5 | 3 | 6 | 8 | 1 | 3 | 8 | 0 | 0 | 3 | *      |
|  |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | TOTALS |
|  | Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10     |
|  | Multiple Organ  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10     |

**SYSTEMIC LESIONS**

Multiple Organ

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

10

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(CDMA)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>3      | 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>3      | 0<br>0<br>9<br>3      |  |
| ANIMAL ID  |             | 0<br>1<br>8<br>7<br>5 | 0<br>1<br>8<br>8<br>7 | 0<br>1<br>8<br>8<br>2 | 0<br>1<br>8<br>8<br>3 | 0<br>1<br>9<br>0<br>7 | 0<br>1<br>9<br>0<br>4 | 0<br>1<br>9<br>0<br>9 | 0<br>1<br>9<br>1<br>1 | 0<br>1<br>9<br>1<br>8 | 0<br>1<br>9<br>1<br>6 | 0<br>1<br>9<br>1<br>1 | 0<br>1<br>9<br>1<br>0 | 0<br>1<br>9<br>1<br>7 | 0<br>1<br>9<br>1<br>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

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(CDMA)chr | 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>3      | 0<br>0<br>9<br>3      | 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>3      |    |          |
| ANIMAL ID  | 0<br>1<br>8<br>7<br>5   | 0<br>1<br>8<br>8<br>7 | 0<br>1<br>8<br>8<br>2 | 0<br>1<br>8<br>8<br>3 | 0<br>1<br>9<br>0<br>7 | 0<br>1<br>9<br>0<br>4 | 0<br>1<br>9<br>0<br>9 | 0<br>1<br>9<br>1<br>1 | 0<br>1<br>9<br>1<br>8 | 0<br>1<br>9<br>1<br>6 | 0<br>1<br>9<br>4<br>1 | 0<br>1<br>9<br>5<br>0 | 0<br>1<br>9<br>5<br>7 | 0<br>1<br>9<br>5<br>6 | 0<br>1<br>9<br>6<br>6 |    |          |
|  | Heart                   | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10 |          |
|  | <b>ENDOCRINE SYSTEM</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
|  | Adrenal Cortex          | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10 |          |
|  | Adrenal Medulla         | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10 |          |
|  | Islets, Pancreatic      | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10 |          |
|  | Parathyroid Gland       | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 9  |          |
|  | Pituitary Gland         | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10 |          |
|  | Thyroid Gland           | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10 |          |
| <b>GENERAL BODY SYSTEM</b>                               |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| NONE   |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| <b>GENITAL SYSTEM</b>                                    |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Clitoral Gland   |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Ovary  |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| Uterus   |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |
| <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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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>3      | 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>6      | 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(CDMA)chr | ANIMAL ID   | 0<br>1<br>8<br>7<br>5 | 0<br>1<br>8<br>8<br>7 | 0<br>1<br>8<br>8<br>2 | 0<br>1<br>8<br>8<br>3 | 0<br>0<br>9<br>0<br>7 | 0<br>1<br>9<br>0<br>0 | 0<br>0<br>9<br>1<br>4 | 0<br>1<br>9<br>1<br>9 | 0<br>1<br>9<br>1<br>1 | 0<br>1<br>9<br>1<br>8 | 0<br>1<br>9<br>1<br>6 | 0<br>1<br>9<br>4<br>1 | 0<br>1<br>9<br>5<br>0 | 0<br>1<br>9<br>5<br>7 | 0<br>1<br>9<br>6<br>6 |          |  |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Bone Marrow  |             | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10       |  |
| Lymph Node, Mandibular                                   |             | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 9        |  |
| Lymph Node, Mesenteric                                   |             | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10       |  |
| Spleen   |             | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10       |  |
| Thymus   |             | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10       |  |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Mammary Gland  |             | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | + + + +               | 10       |  |
| Adenocarcinoma   |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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>3      | 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>6      | 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(CDMA)chr | ANIMAL ID   | 0<br>1<br>8<br>7<br>5    | 0<br>1<br>8<br>8<br>7 | 0<br>1<br>8<br>8<br>2 | 0<br>1<br>8<br>8<br>3 | 0<br>1<br>9<br>0<br>7 | 0<br>1<br>9<br>0<br>0 | 0<br>1<br>9<br>0<br>4 | 0<br>1<br>9<br>1<br>9 | 0<br>1<br>9<br>1<br>1 | 0<br>1<br>9<br>1<br>8 | 0<br>1<br>9<br>1<br>6 | 0<br>1<br>9<br>1<br>1 | 0<br>1<br>9<br>1<br>0 | 0<br>1<br>9<br>1<br>7 | 0<br>1<br>9<br>1<br>6 |          |
|  |             | Peripheral Nerve, Tibial |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10                    |          |
|  |             | Spinal Cord, Cervical    |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |          |
|  |             | Spinal Cord, Lumbar      |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |          |
|  |             | Spinal Cord, Thoracic    |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |          |
|  |             | Trigeminal Ganglion      |                       | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | 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 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: CDMA

CAS Number: CELLPRADCDMA

Date Report Requested: 01/02/2018

Time Report Requested: 13:31:50

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

Lab: IIT

| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(CDMA)chr | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |           | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|  |           | 6           | 6 | 3 | 3 | 3 | 3 | 6 | 3 | 3 | 3 | 3 | 6 | 6 | 3 | 3 | 3 |
|  |           | 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 |
|  |           | 8           | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|  |           | 7           | 7 | 8 | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 3 | 4 | 5 | 5 | 6 | 6 |
|  |           | 5           | 7 | 2 | 3 | 7 | 0 | 4 | 9 | 1 | 8 | 6 | 1 | 0 | 7 | 6 | 6 |

\* TOTALS

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + +

10

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

\* .. 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