

**Experiment Number:** 20105 - 56

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

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

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

Note: Animals arranged according to days on test.

Experiment Number: 20105 - 56

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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 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
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

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

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

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

**\* TOTALS****ENDOCRINE SYSTEM**

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

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

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

**HEMATOPOIETIC SYSTEM**

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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CAS Number: CELLPRADCDMA

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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 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	0 0 9 4	
ANIMAL ID																	* TOTALS
	0 0 5 0 5	0 0 5 2 5	0 0 5 2 3	0 0 5 3 3	0 0 5 3 3	0 0 5 6	0 0 5 7	0 0 5 8	0 0 5 9	0 0 5 2	0 0 5 2	0 0 5 5	0 0 5 9	0 0 5 0	0 0 5 0	0 0 5 3	
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	
Peripheral Nerve, Tibial	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	

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

+ .. Tissue examined microscopically

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Species/Strain: RATS/HSD

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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	* TOTALS															
HARLAN SPRAGUE DAWLEY RATS MALE 0.0W/kg(CDMA)chr	ANIMAL ID	0 0 5 0 5																
		Spinal Cord, Cervical	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
		Spinal Cord, Lumbar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		Spinal Cord, Thoracic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		Trigeminal Ganglion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		RESPIRATORY SYSTEM																
		Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		SPECIAL SENSES SYSTEM																
		Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		URINARY SYSTEM																
		Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10
		SYSTEMIC LESIONS																
		Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

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**Route:** Whole Body Exposure

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## **ALIMENTARY SYSTEM**

## CARDIOVASCULAR SYSTEM

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

Lab: IIT

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

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

**NONE**

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

\* .. 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 4	0 0 9 4	0 0 9 4	0 0 9 4	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 6	0 0 9 6	0 0 9 6	0 0 9 6			
HARLAN SPRAGUE DAWLEY RATS MALE 1.5W/kg(CDMA)chr	ANIMAL ID	0 1 3 4 9	0 1 3 6 3	0 1 3 7 0	0 1 3 7 1	0 1 3 8 5	0 1 3 9 7	0 1 4 0 4	0 1 4 0 6	0 1 3 8 8	0 1 4 1 1	0 1 3 4 2	0 1 3 4 7	0 1 3 5 0	0 1 3 5 0	0 1 3 4 0		
		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		
<b>SYSTEMIC LESIONS</b>																		
Multiple Organ		+	+	+	+	+	+	+	+	+	+	+	+	+	+	10		

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Lab: IIT

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
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	5	5	5	5	6	6	6	6	6	6	5	5	6	6	6	6
	5	8	9	9	0	0	1	2	3	3	6	9	2	2	2	4
	8	1	6	8	1	3	3	1	2	4	8	5	6	7	7	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
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

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

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X .. Lesion present

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

**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
Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10

**HEMATOPOIETIC SYSTEM**

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

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X .. Lesion present

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Species/Strain: RATS/HSD

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Lab: IIT

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

\* .. 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

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

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 4	0 0 9 4	0 0 9 4	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 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 8 8	0 1 5 9 9	0 1 6 9 0													
		8 1	6 8	8 1	3 3	3 3	1 2	2 3	3 3	6 6	9 6	2 5	2 5	6 6	6 7	6 7		
		Peripheral Nerve, Tibial															9	
		Spinal Cord, Cervical															10	
		Spinal Cord, Lumbar															10	
		Spinal Cord, Thoracic															10	
Trigeminal Ganglion																	10	
<b>RESPIRATORY SYSTEM</b>																		
Lung																	10	
Nose																	10	
Trachea																	9	
<b>SPECIAL SENSES SYSTEM</b>																		
Eye																	10	
Harderian Gland																	10	
<b>URINARY SYSTEM</b>																		
Kidney																	10	
Urinary Bladder																	10	
<b>SYSTEMIC LESIONS</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

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

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

\* TOTALS

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

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

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

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

# ALIMENTARY SYSTEM

## CARDIOVASCULAR SYSTEM

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

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20105 - 56

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

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

**Test Type: CHRONIC**

## Cell Phone Radiation: CDMA

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

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADCDMA

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

**Species/Strain:** RATS/HSD

Lab: IIT

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

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

**NONE**

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

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

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

X .. Lesion present

Experiment Number: 20105 - 56

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: RATS/HSD

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

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<br>0<br>9<br>4            | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>6      | * TOTALS |  |
| HARLAN SPRAGUE DAWLEY RATS<br>MALE<br>6.0W/kg(CDMA)chr | ANIMAL ID   | 0<br>1<br>7<br>9<br>6       | 0<br>1<br>8<br>0<br>5 | 0<br>1<br>8<br>1<br>0 | 0<br>1<br>8<br>2<br>3 | 0<br>1<br>8<br>2<br>4 | 0<br>1<br>8<br>3<br>8 | 0<br>1<br>8<br>4<br>8 | 0<br>1<br>8<br>5<br>2 | 0<br>1<br>8<br>5<br>0 | 0<br>1<br>8<br>5<br>9 | 0<br>1<br>8<br>6<br>2 | 0<br>1<br>8<br>6<br>1 | 0<br>1<br>8<br>6<br>8 | 0<br>1<br>8<br>6<br>9 | 0<br>1<br>8<br>6<br>6 |          |  |
|  |             | Bone Marrow                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             | Lymph Node, Mandibular      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             | Lymph Node, Mesenteric      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             | Spleen                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             | Thymus                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
|  |             | <b>INTEGUMENTARY SYSTEM</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Mammary Gland  |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Skin   |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| <b>MUSCULOSKELETAL SYSTEM</b>                          |             |                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Bone   |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Skeletal Muscle  |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| <b>NERVOUS SYSTEM</b>                                  |             |                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Brain  |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Nerve Trigeminal                                       |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Peripheral Nerve, Sciatic                              |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Peripheral Nerve, Tibial                               |             | +                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |

\* .. 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

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

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>4             | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>4      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>6      | 0<br>0<br>9<br>6      |    |          |  |
| HARLAN SPRAGUE DAWLEY RATS<br>MALE<br>6.0W/kg(CDMA)chr | ANIMAL ID   | 0<br>1<br>7<br>9<br>6        | 0<br>1<br>8<br>0<br>5 | 0<br>1<br>8<br>1<br>0 | 0<br>1<br>8<br>2<br>3 | 0<br>1<br>8<br>2<br>4 | 0<br>1<br>8<br>3<br>8 | 0<br>1<br>8<br>4<br>8 | 0<br>1<br>8<br>5<br>2 | 0<br>1<br>8<br>5<br>0 | 0<br>1<br>8<br>5<br>9 | 0<br>1<br>8<br>6<br>2 | 0<br>1<br>8<br>6<br>1 | 0<br>1<br>8<br>6<br>8 | 0<br>1<br>8<br>6<br>9 |    |          |  |
|  |             | Spinal Cord, Cervical        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Spinal Cord, Lumbar          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Spinal Cord, Thoracic        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Trigeminal Ganglion          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | <b>RESPIRATORY SYSTEM</b>    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |  |
|  |             | Lung                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Nose                         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Trachea                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | <b>SPECIAL SENSES SYSTEM</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |  |
|  |             | Eye                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Harderian Gland              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | <b>URINARY SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |  |
|  |             | Kidney                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
|  |             | Urinary Bladder              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10 |          |  |
| <b>SYSTEMIC LESIONS</b>                                |             |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |          |  |
| 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

BLANK .. Not examined microscopically

**Experiment Number:** 20105 - 56

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

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

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

\*\*\* 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

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

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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br><b>0.0W/kg(CDMA)chr</b> | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**\* 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 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |

\* .. 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

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

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>0.0W/kg(CDMA)chr | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |
|--|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
|  |             | 0<br>0<br>9<br>3           |  |
| ANIMAL ID  |             | 0<br>0<br>6<br>0<br>1<br>6 | 0<br>0<br>6<br>0<br>2<br>0 | 0<br>0<br>6<br>5<br>5<br>0 | 0<br>0<br>6<br>6<br>7<br>7 | 0<br>0<br>6<br>7<br>8<br>3 | 0<br>0<br>6<br>8<br>8<br>2 | 0<br>0<br>6<br>8<br>8<br>5 | 0<br>0<br>6<br>0<br>0<br>0 | 0<br>0<br>6<br>7<br>0<br>7 | 0<br>0<br>6<br>1<br>1<br>8 | 0<br>0<br>6<br>3<br>3<br>8 | 0<br>0<br>6<br>4<br>4<br>0 | 0<br>0<br>6<br>6<br>6<br>2 | 0<br>0<br>6<br>7<br>0<br>2 |  |
|  | *           | * TOTALS                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |

## 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

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

## HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

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

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<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>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>3 | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 |             |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>0.0W/kg(CDMA)chr | ANIMAL ID   |                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |
|  |             | 0<br>0<br>6<br>0            | 0<br>0<br>6<br>0 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>7      | 0<br>0<br>7      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>7      | 0<br>0<br>6      | 0<br>0<br>7 |
| 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               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |
| Peripheral Nerve, Tibial                                 |             | + + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |
| Spinal Cord, Cervical                                    |             | + + + + + + + + + + + + + + | 10               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |
| Spinal Cord, Lumbar                                      |             | + + + + + + + + + + + + + + | 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

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

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>0.0W/kg(CDMA)chr | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|  |                          | 0<br>0<br>9<br>3 |    |          |
| 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 |          |
| <b>SYSTEMIC LESIONS</b>                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Multiple Organ   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10 |          |

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

+ .. Tissue examined microscopically

X .. Lesion present

| .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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Species/Strain: RATS/HSD

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

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

**ALIMENTARY SYSTEM**

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

**CARDIOVASCULAR SYSTEM**

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

\* .. 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

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

## 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

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

## HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ .. Tissue examined microscopically

X .. Lesion present

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

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

+ .. Tissue examined microscopically

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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  |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>1.5W/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  |
|  |             | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 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  |
|  |             | 4        | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 5 | 5  |
|  |             | 8        | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 6 | 7 | 0 | 0 | 3 |    |
|  |             | 4        | 8 | 8 | 8 | 0 | 3 | 6 | 8 | 9 | 8 | 4 | 2 | 2 | 7 | 9 |    |
|  |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| 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 |
| <b>SYSTEMIC LESIONS</b>                                  |             |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Multiple Organ   |             | +        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ .. Tissue examined microscopically

X .. Lesion present

| .. 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

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

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        |
|  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        |
|  | 6           | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 7 | 7 | 7        |
|  | 6           | 6 | 8 | 9 | 1 | 2 | 3 | 3 | 4 | 5 | 6 | 8 | 0 | 2 | 5 |          |
|  | 4           | 9 | 0 | 4 | 3 | 6 | 1 | 3 | 8 | 0 | 6 | 8 | 5 | 8 | 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 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

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

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

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

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

**NONE**

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically: Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

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

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

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      |                       |          |  |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>3.0W/kg(CDMA)chr | ANIMAL ID   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|  |             | 0<br>1<br>6<br>6<br>4 | 0<br>1<br>6<br>6<br>9 | 0<br>1<br>6<br>6<br>9 | 0<br>1<br>7<br>2<br>3 | 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>6<br>6<br>6 | 0<br>1<br>7<br>6<br>8 | 0<br>1<br>7<br>6<br>8 | 0<br>1<br>7<br>7<br>5 | 0<br>1<br>7<br>7<br>8 | 0<br>1<br>7<br>7<br>5 | 0<br>1<br>7<br>7<br>3 | 0<br>1<br>7<br>7<br>3 |          |  |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Lymph Node, Mandibular                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Lymph Node, Mesenteric                                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Spleen   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Thymus   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| INTEGUMENTARY SYSTEM                                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Mammary Gland  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Skin   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| MUSCULOSKELETAL SYSTEM                                   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Bone   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Skeletal Muscle  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| NERVOUS SYSTEM   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Brain  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Nerve Trigeminal   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Peripheral Nerve, Sciatic                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Peripheral Nerve, Tibial                                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |  |
| Spinal Cord, Cervical                                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 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

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

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<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>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>3      | 0<br>0<br>9<br>3      | 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>9 | 0<br>1<br>6<br>6<br>8 | 0<br>1<br>7<br>7<br>9 | 0<br>1<br>7<br>7<br>1 | 0<br>1<br>7<br>7<br>2 | 0<br>1<br>7<br>7<br>3 | 0<br>1<br>7<br>7<br>3 | 0<br>1<br>7<br>7<br>4 | 0<br>1<br>7<br>7<br>5 | 0<br>1<br>7<br>7<br>6 | 0<br>1<br>7<br>7<br>6 | 0<br>1<br>7<br>7<br>8 | 0<br>1<br>7<br>7<br>8 | 0<br>1<br>7<br>7<br>5 | 0<br>1<br>7<br>7<br>8 |
| Spinal Cord, Lumbar                                      |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Spinal Cord, Thoracic                                    |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Trigeminal Ganglion                                      |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>RESPIRATORY SYSTEM</b>                                |             |                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung   |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nose   |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Trachea  |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>SPECIAL SENSES SYSTEM</b>                             |             |                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye  |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Harderian Gland  |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>URINARY SYSTEM</b>                                    |             |                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney   |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Urinary Bladder  |             | + + + + + + + + + + + + + + + + | 10                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>SYSTEMIC LESIONS</b>                                  |             |                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 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

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

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 | 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           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 | 6 | 6 | 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 |
|  | 8           | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 9 | 9 | 9 | 9 |
|  | 8           | 8 | 8 | 0 | 0 | 1 | 1 | 3 | 5 | 6 | 7 | 7 | 0 | 4 | 5 |   |
|  | 2           | 3 | 7 | 0 | 9 | 1 | 8 | 6 | 7 | 6 | 5 | 7 | 4 | 1 | 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 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

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

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** RATS/HSD

## 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

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically: Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

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

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

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      |                       |                       |
| HARLAN SPRAGUE DAWLEY RATS<br>FEMALE<br>6.0W/kg(CDMA)chr | ANIMAL ID   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             | 0<br>1<br>8<br>8<br>8 | 0<br>1<br>9<br>9<br>8 | 0<br>1<br>9<br>9<br>0 | 0<br>1<br>9<br>9<br>0 | 0<br>1<br>9<br>9<br>1 | 0<br>1<br>9<br>9<br>1 | 0<br>1<br>9<br>9<br>3 | 0<br>1<br>9<br>9<br>3 | 0<br>1<br>9<br>9<br>5 | 0<br>1<br>9<br>9<br>6 | 0<br>1<br>9<br>9<br>7 | 0<br>1<br>9<br>9<br>7 | 0<br>1<br>9<br>9<br>0 | 0<br>1<br>9<br>9<br>4 | 0<br>1<br>9<br>9<br>5 | 0<br>0<br>0<br>0<br>0 |
|  |             | 2<br>3                | 7<br>0                | 9<br>1                | 8<br>8                | 6<br>6                | 7<br>7                | 6<br>6                | 5<br>5                | 7<br>7                | 4<br>4                | 1<br>1                | 0<br>0                |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 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                    |
| Peripheral Nerve, Tibial                                 |             | + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10                    |
| Spinal Cord, Cervical                                    |             | + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10                    |
| Spinal Cord, Lumbar                                      |             | + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 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

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

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<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>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>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>8<br>8   | 0<br>1<br>9<br>9<br>8 |
| Spinal Cord, Thoracic                                    |             | + + + + + + + + + + + + |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10                    |
| 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                    |
| <b>SYSTEMIC LESIONS</b>                                  |             |                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 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