

**Experiment Number:** 00058 - 04

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

## Black Cohosh

CAS Number: 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

2-year Core Mice\_Final 1

**NTP Study Number:** C00058B

**Lock Date:** 10/02/2018

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** 25022 ACCK 25021 TSAC 25020 NATD  
25019 MSAC

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Female

TDMSE Version: 3.0.2.3\_002

**PWG Approval Date:** **NONE**

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**First Dose M/F:** NA / 04/09/12

## Lab: BAT

B6C3F1/N MICE FEMALE	0 mg/kg	ANIMAL ID	DAY ON TEST																							
			07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
			29	2	9	1	0	1	3	0	2	1	3	1	3	1	3	1	2	3	2	4	9	2	9	
			00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00
			00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00
			00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00
			2	3	4	5	6	7	9	0	1	2	5	6	8	9	0	1	2	3	4	5	6	7	9	0

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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2) Mild      4) Marked

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## Lab: BAT

## CARDIOVASCULAR SYSTEM

### Aorta

### Polyarteritis Nodosa

## Blood Vessel

Heart

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
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CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

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

females  
(cont...)

Cardiomyopathy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	X
Mineral																							1
Polyarteritis Nodosa																							
Valve, Degeneration, Myxomatous																							
Valve, Inflammation, Acute																							

**ENDOCRINE SYSTEM**

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia, Focal																								1
Hypertrophy, Focal																								
Bilateral, Vacuolation, Cytoplasmic, Focal																								3

Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia, Focal																								

Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hyperplasia																								1

Parathyroid Gland	+	M	M	+	+	+	M	+	+	M	+	+	+	M	+	M	+	+	+	+	+	+	+
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Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Pars Distalis, Atypia Cellular																								2
Pars Distalis, Hyperplasia, Focal																								1
Pars Distalis, Hypertrophy																								2
Pars Intermedia, Hyperplasia, Focal																								

Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
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**GENERAL BODY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically M .. Missing tissue  
X .. Lesion present A .. Autolysis precludes evaluation  
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**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## **INTEGUMENTARY SYSTEM**

## Mammary Gland

Skin

### **Subcutaneous Tissue, Fibrosis**

## MUSCULOSKELETAL SYSTEM

Bone

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M .. Missing tissue

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Black Cohosh

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CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

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

females  
(cont...)

Respiratory Epithelium, Inflammation, Chronic Active

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

X

Phthisis Bulbi

Cornea, Inflammation, Chronic Active

Lens, Cataract

1

2

Harderian Gland

+ +

4

Fibrosis

Hyperplasia

4

**URINARY SYSTEM**

Kidney

+ +

1

Infarct, Chronic

Infiltration Cellular, Lymphocyte

Nephropathy, Chronic Progressive

Polyarteritis Nodosa

Renal Tubule, Cyst

1

1

1

2

1

1

1

1

1

X

X

Urinary Bladder

+ +

Infiltration Cellular, Lymphocyte

Polyarteritis Nodosa

+ +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

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 Black Cohosh  
 CAS Number: 84776-26-1

Date Report Requested: 12/10/2020  
 Time Report Requested: 11:32:38  
 First Dose M/F: NA / 04/09/12  
 Lab: BAT

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

### ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Gallbladder                            | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | M | M | 46    |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Inflammation, Acute                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Ulcer                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Polyarteritis Nodosa                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Epithelium, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Peyer's Patch, Hyperplasia, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 3.3 |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Angiectasis                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Basophilic Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6     |
| Clear Cell Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3     |
| Eosinophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7     |
| Fatty Change                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Intrahepatocellular Erythrocytes       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2     |
| Necrosis                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.0 |

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Lab: BAT

| B6C3F1/N MICE FEMALE                  | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |          |
|---------------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|
|                                       |             | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |          |          |
| 0 mg/kg                               | ANIMAL ID   | 2<br>3 | 2<br>2 | 2<br>3 | 3<br>3 | 7<br>3 | 3<br>3 | 3<br>3 | 2<br>2 | 9<br>2 | 3<br>1 | 3<br>0 | 6<br>2 | 3<br>2 | 1<br>6 | 9<br>0 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>0   | * TOTALS |
|                                       |             | 0<br>0   |          |
| Pigment                               |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1 1.0    |
| Tension Lipidosis                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 2 1.5    |
| Bile Duct, Cyst                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1        |
| Hepatocyte, Atrophy                   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1 2.0    |
| Mesentery                             |             | +<br>2 |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 6        |
| Inflammation, Granulomatous           |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1 2.0    |
| Fat, Necrosis                         |             |        | +<br>2 |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 4 3.0    |
| Pancreas                              |             | +<br>+ | 50       |          |
| Acinar Cell, Vacuolation, Cytoplasmic |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1 1.0    |
| Acinus, Atrophy                       |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 3 2.3    |
| Salivary Glands                       |             | +<br>+ | 50       |          |
| Polyarteritis Nodosa                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1 2.0    |
| Stomach, Forestomach                  |             | +<br>+ | 50       |          |
| Diverticulum                          |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1        |
| Stomach, Glandular                    |             | +<br>+ | 50       |          |
| Mineral                               |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1        |
| Polyarteritis Nodosa                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1 2.0    |

## CARDIOVASCULAR SYSTEM

|                      |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|----------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Aorta                |  | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1     |
| Polyarteritis Nodosa |  |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0 |
| Blood Vessel         |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Heart                |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |

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Lab: BAT

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

\* TOTALS

|                                 |   |   |   |     |
|---------------------------------|---|---|---|-----|
| Cardiomyopathy                  | 1 | 1 | 8 | 1.0 |
| Mineral                         |   |   | 1 |     |
| Polyarteritis Nodosa            |   | 2 | 2 | 1.5 |
| Valve, Degeneration, Myxomatous |   |   | 1 | 1.0 |
| Valve, Inflammation, Acute      |   | 4 | 1 | 4.0 |

## ENDOCRINE SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Adrenal Cortex                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Hyperplasia, Focal                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Hypertrophy, Focal                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Bilateral, Vacuolation, Cytoplasmic, Focal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 2.5 |
| Adrenal Medulla                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Hyperplasia, Focal                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Islets, Pancreatic                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Hyperplasia                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  | 1.6 |
| Parathyroid Gland                          | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | + | + | 41 |     |
| Pituitary Gland                            | + | + | + | + | + | + | M | + | + | + | 1 | + | + | + | + | + | + | + | + | + | + | 49 |     |
| Pars Distalis, Atypia Cellular             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Pars Distalis, Hyperplasia, Focal          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  | 1.4 |
| Pars Distalis, Hypertrophy                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1.0 |
| Pars Intermedia, Hyperplasia, Focal        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Thyroid Gland                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |

## GENERAL BODY SYSTEM

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

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 00058 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Black Cohosh  
 CAS Number: 84776-26-1

Date Report Requested: 12/10/2020  
 Time Report Requested: 11:32:38  
 First Dose M/F: NA / 04/09/12  
 Lab: BAT

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

NONE

## GENITAL SYSTEM

Clitoral Gland

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Ovary

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Atrophy

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| 3 | 3 | 4 | 4 | 2 | 1 | 3 | 3 | 2 | 4 | 3 | 2 | 3 | 4 | M | 3 | + | + | 4 | + | 3 | 35 | 3.1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|

Cyst, Epithelial

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| X | X | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Infiltration Cellular, Lymphocyte

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Thrombus

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Follicle, Cyst

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 10 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|

Germinal Epithelium, Hyperplasia

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Rete Ovarii, Cyst

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Uterus

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Angiectasis

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Inflammation, Acute

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 5 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Endometrium, Hyperplasia, Cystic

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| 1 | 2 | 2 | 2 | 1 | 1 | 4 | 2 | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 | 2 | 1 | 2 | 41 | 2.2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|

Endometrium, Metaplasia, Squamous

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 1 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

Vagina

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Inflammation, Acute

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 3 | 21 | 1.2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|

Epithelium, Hyperplasia, Squamous

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| 1 | 2 | 2 | 2 | 2 | 2 | 3 | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 2 | 2 | 1 | 2 | 3 | 31 | 2.1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|

## HEMATOPOIETIC SYSTEM

Bone Marrow

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Hypercellularity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

\* .. Total animals with tissue examined microscopically: Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
|----------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                      |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| B6C3F1/N MICE FEMALE |   | 0 mg/kg     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 7                    | 7 | 7           | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 4 | 0 | 7 | 4 | 0 | 7 | 5 | 0 | 7 | 7 | 7        | 7 |
| 2                    | 3 | 2           | 2 | 3 | 3 | 3 | 7 | 3 | 3 | 3 | 2 | 9 | 3 | 6 | 3 | 1 | 2 | 3 | 2 | 3 | 3 | 0        | 3 |
| 9                    | 0 | 9           | 9 | 1 | 0 | 9 | 3 | 3 | 2 | 9 | 2 | 1 | 0 | 2 | 0 | 6 | 9 | 3 | 3 | 3 | 0 | 6        | 1 |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 3                    | 3 | 3           | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6        | 7 |
| 3                    | 4 | 8           | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 1 | 3 | 5 | 6 | 8 | 0 | 2 | 3 | 4 | 5 | 6 | 7        | 8 |
| Fibro-Osseous Lesion |   | 1           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |
| Skeletal Muscle      |   | +           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |   |

**NERVOUS SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |  |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|--|
| Brain                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |  |
| Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   | 1  | 1.0 |  |
| Polyarteritis Nodosa         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   | 2  | 1.5 |  |
| Medulla, Necrosis            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |  |
| Peripheral Nerve             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2   |  |
| Spinal Cord                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2   |  |
| Axon, Degeneration           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   | 1  | 1.0 |  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Hemorrhage  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   | 1  | 2.0 |     |
| Infiltration Cellular, Histiocyte                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2.0 |     |
| Alveolus, Epithelium, Hyperplasia                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 2.5 |     |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Olfactory Epithelium, Atrophy                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   | 1  | 1.0 |     |
| Olfactory Epithelium, Metaplasia, Respiratory         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  | 1.0 |     |
| Respiratory Epithelium, Accumulation, Hyaline Droplet |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   | 1  | 1.2 |     |
| Respiratory Epithelium, Hyperplasia                   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   | 1  | 1.0 |     |
| Respiratory Epithelium, Inflammation, Acute           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 2   | 1.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 3) Moderate
- 2) Mild
- 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: Gavage**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 00058 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL  
 Black Cohosh  
 CAS Number: 84776-26-1

Date Report Requested: 12/10/2020  
 Time Report Requested: 11:32:38  
 First Dose M/F: NA / 04/09/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>30 mg/kg | DAY ON TEST<br>ANIMAL ID | females<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|--------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                  |                          | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  | 6                        | 7                    | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                                  | 0                        | 2                    | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 7 | 2 | 3 | 3 | 3 | 3 | 3 |
|                                  | 0                        | 7                    | 9 | 4 | 1 | 1 | 2 | 2 | 0 | 3 | 0 | 1 | 3 | 3 | 9 | 0 | 1 | 0 | 8 | 1 | 1 | 2 | 2 | 0 | 0 |
|                                  | 0                        | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  | 0                        | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  | 7                        | 7                    | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                  | 1                        | 2                    | 3 | 4 | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 0 | 3 | 5 | 8 | 0 | 3 | 4 | 6 | 7 | 8 |

### ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Gallbladder                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Peyer's Patch, Hyperplasia, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   | 2 |  |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Basophilic Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |  |
| Clear Cell Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Eosinophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Chronic Active           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Intrahepatocellular Erythrocytes       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Tension Lipidosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mesentery                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Fat, Necrosis                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## CARDIOVASCULAR SYSTEM

# **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

#### M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>30 mg/kg  | DAY ON TEST<br>ANIMAL ID | females<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|--------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                   |                          | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                   |                          | 6                    | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                                   |                          | 0                    | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 7 | 2 | 3 | 3 | 3 | 3 | 3 |   |
|                                   |                          | 0                    | 7 | 9 | 4 | 1 | 1 | 2 | 2 | 0 | 3 | 0 | 1 | 3 | 3 | 2 | 9 | 1 | 0 | 8 | 1 | 1 | 2 | 2 | 0 |   |
|                                   |                          | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                   |                          | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                   |                          | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                   |                          | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                                   |                          | 1                    | 2 | 3 | 4 | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 0 | 3 | 5 | 8 | 0 | 3 | 4 | 6 | 7 | 8 |
| Adrenal Medulla                   |                          | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Islets, Pancreatic                |                          | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Parathyroid Gland                 |                          | +                    | + | + | + | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Pituitary Gland                   |                          | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Pars Distalis, Hyperplasia, Focal |                          |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pars Distalis, Hypertrophy        |                          |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thyroid Gland                     |                          | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Infiltration Cellular, Lymphocyte |                          |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Follicle, Dilation                |                          |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Clitoral Gland

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| +                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Atrophy                        | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 2 | 4 | 4 | 4 | 2 | 4 |
| Cyst, Epithelial, Multiple     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cyst, Epithelial               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thrombus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Follicle, Cyst                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Follicle, Cyst, Multiple       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Interstitial Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

| B6C3F1/N MICE FEMALE<br>30 mg/kg  |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|-----------------------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
|                                   |   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |   |
| ANIMAL ID                         | 6 | 7           | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7                    | 7 |   |
|                                   | 0 | 2           | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3                    | 3 |   |
| Uterus                            | + | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    | + |   |
| Adenomyosis                       |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |                      |   |   |
| Angiectasis                       |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Dilation                          |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   | 2 |
| Inflammation, Acute               |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Endometrium, Hyperplasia, Cystic  |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   | 1 |
| Vagina                            | + | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    | + |   |
| Inflammation, Acute               |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   | 1 |
| Epithelium, Hyperplasia, Cystic   |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   | 1 |
| Epithelium, Hyperplasia, Squamous | 1 | 1           |   | 3 | 2 | 3 | 1 | 4 | 2 |   | 2 |   | 2 | 3 | 3 | 2 | 1 | 3 |   | 1 | 1 | 1 | 2                    | 3 | 3 |

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade.

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M = Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked





**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

Date Report Requested: 12/10/2020

**Time Report Requested:** 11:32:38

First Dose M/F: NA / 04/09/12

## Lab: BAT

## Urinary Bladder

## **females (cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

| .. Insufficient tissue

## M .. Missing tissue

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Gavage

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE | 30 mg/kg | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|----------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                      |          |           | 0           | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 |
|                      |          |           | 3           | 3 | 4 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 8 | 3 | 3 | 5 | 2 | 3 | 3 | 2 | 9 |
|                      |          |           | 3           | 2 | 0 | 1 | 2 | 3 | 0 | 1 | 3 | 9 | 2 | 9 | 0 | 2 | 3 | 0 | 9 | 8 | 2 | 1 | 8 | 4 | 3 | 0 | 2 | 9 |
|                      |          |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |          |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |          |           | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                      |          |           | 0           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 |
|                      |          |           | 9           | 1 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 3 | 4 | 7 | 8 | 9 | 0 | 0 |

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BEANK ... Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-

**Date Report Requested:** 12/10/2020

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>30 mg/kg  | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|-----------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                   |                          | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>4<br>2 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>2<br>3<br>9 | 0<br>7<br>3<br>3<br>9 | 0<br>7<br>3<br>3<br>0 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>9 | 0<br>6<br>8<br>8<br>8 | 0<br>7<br>3<br>2<br>2 | 0<br>7<br>3<br>1<br>1 | 0<br>6<br>5<br>8<br>8 | 0<br>7<br>2<br>4<br>4 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>0<br>9 | 0<br>7<br>3<br>3<br>9 | 0<br>7<br>3<br>3<br>9 | 0<br>7<br>3<br>3<br>9 | 0<br>7<br>3<br>3<br>9 |          |
| Adrenal Medulla                   |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Islets, Pancreatic                |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Parathyroid Gland                 |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | M                     | +                     | 45                    |          |
| Pituitary Gland                   |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Pars Distalis, Hyperplasia, Focal |                          | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 8 1.9                 |          |
| Pars Distalis, Hypertrophy        |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0                 |          |
| Thyroid Gland                     |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Infiltration Cellular, Lymphocyte |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0                 |          |
| Follicle, Dilation                |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0                 |          |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Clitoral Gland                 |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49     |
| Ovary                          |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50     |
| Atrophy                        |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 38 3.4 |
| Cyst, Epithelial, Multiple     |   |   | 4 | 4 | 4 | 4 | 3 | 4 | 1 | 3 | 2 | 3 | 4 | 3 | 4 | 4 | 4 | 4 | 4 |   | 2      |
| Cyst, Epithelial               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Thrombus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Follicle, Cyst                 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3      |
| Follicle, Cyst, Multiple       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Interstitial Cell, Hyperplasia |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

First Dose M/F: NA / 04/09/12

## Lab: BAT

## **HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|-----|
| Bone Marrow<br>Hypercellularity         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 | 2   | 1.5 |
| Lymph Node                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |     |
| Lymph Node, Mandibular                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |     |
| Atrophy                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 3.0 |     |
| Hyperplasia, Lymphocyte                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  | 4   | 3.3 |
| Pigment                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1.0 |     |
| Lymph Node, Mesenteric                  | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |     |     |
| Extramedullary Hematopoiesis            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 1   | 2.0 |
| Hyperplasia, Lymphocyte                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 | 2.3 |     |
| Spleen                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |     |
| Extramedullary Hematopoiesis, Increased | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 21 |     |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

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**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

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## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

Lab: BAT

## Urinary Bladder

**\* TOTALS**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

## M .. Missing tissue

A .. Autolysis precludes evaluation

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Gavage

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

Time Report Requested: 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST | females<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                      |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      | 7           | 7                    | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 |
|                      | 3           | 2                    | 7 | 3 | 3 | 3 | 9 | 3 | 3 | 3 | 2 | 3 | 2 | 7 | 3 | 3 | 3 | 8 | 3 | 3 | 3 |
|                      | 0           | 9                    | 5 | 2 | 2 | 1 | 0 | 2 | 2 | 0 | 9 | 3 | 9 | 3 | 1 | 1 | 2 | 1 | 3 | 3 | 1 |
| 100 mg/kg            | ANIMAL ID   | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      | 1           | 1                    | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                      | 4           | 4                    | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 |
|                      | 1           | 3                    | 5 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## CARDIOVASCULAR SYSTEM

## Blood Vessel

Heart  
Cardiomyopathy

## **ENDOCRINE SYSTEM**

## Adrenal Cortex Subcapsular, Hyperplasia

\* .. Total animals with tissue examined  
† .. Tissue examined microscopically

## ion and mean severity grade

+ .. Tissue examined

M .. Missing tissue

**BLANK** Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked



Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|--|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| B6C3F1/N MICE FEMALE                     |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | females<br>(cont...) |
| 100 mg/kg                                |  | 7           | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 |                      |
|  |  | 3           | 2 | 7 | 3 | 3 | 3 | 9 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 8 | 3 | 3 | 3 |                      |
|  |  | 0           | 9 | 5 | 2 | 2 | 1 | 0 | 2 | 2 | 0 | 9 | 3 | 3 | 1 | 1 | 2 | 1 | 3 | 3 | 0 |                      |
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |
|  |  | 4           | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 |                      |
|  |  | 1           | 3 | 5 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |
|  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Pigment                                  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1                    |
| Thrombus                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                    |
| Bilateral, Follicle, Cyst                |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                    |
| Bursa, Cyst                              |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                    |
| Follicle, Cyst                           |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                    |
| Germinal Epithelium, Hyperplasia         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1                    |
| Interstitial Cell, Hyperplasia           |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |
| Uterus                                   |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Angiectasis                              |  | 1           | 4 | 4 | 4 | 1 | 1 | 4 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 2 | 3                    |
| Inflammation, Acute                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1                    |
| Endometrium, Hyperplasia, Cystic         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |
| Vagina                                   |  | +           | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Inflammation, Acute                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1                    |
| Epithelium, Hyperplasia, Squamous        |  | 3           | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |
| <b>HEMATOPOIETIC SYSTEM</b>              |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Bone Marrow                              |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Hypercellularity                         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |
| Necrosis                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4                    |
| Lymph Node                               |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4                    |
| Lumbar, Angiectasis                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1                    |
| Lymph Node, Mandibular                   |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |
| Hyperplasia, Lymphocyte                  |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |
| Infiltration Cellular, Plasma Cell       |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |
| Sinus, Infiltration Cellular, Neutrophil |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2                    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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1-4 .. Lesion qualified as:

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Gavage

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE |   | 100 mg/kg | ANIMAL ID | DAY ON TEST | Clinical Observations |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|----------------------|---|-----------|-----------|-------------|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|                      |   |           |           |             | 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
| 7                    | 7 | 6         | 7         | 7           | 7                     | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 |
| 3                    | 2 | 7         | 3         | 3           | 3                     | 9 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 |
| 0                    | 0 | 9         | 5         | 2           | 2                     | 1 | 0 | 2 | 2 | 0 | 9 | 3 | 9 | 3 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 3 | 3 | 3 | 0                    | 1 |
| 0                    | 0 | 0         | 0         | 0           | 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 0                    | 0 | 0         | 0         | 0           | 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 1                    | 1 | 1         | 1         | 1           | 1                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |
| 4                    | 4 | 4         | 4         | 4           | 4                     | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7                    | 7 |
| 1                    | 3 | 5         | 6         | 7           | 8                     | 9 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 6 | 7 | 0 | 1 | 4 | 5                    | 5 |

## Harderian Gland Hyperplasia

## **URINARY SYSTEM**

Kidney

#### **Infiltration Cellular, Lymphocyte**

### **Nephropathy, Chronic Progressive**

#### **Renal Tubule, Accumulation, Hyaline Droplet**

## Urinary Bladder

#### Infiltration Cellular, Lymphocyte

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: Gavage**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | 100 mg/kg | ANIMAL ID                  | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |                            |                            |
|----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                      |           |                            | 0<br>7<br>3<br>3           | 0<br>6<br>5<br>1           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>9           | 0<br>7<br>3<br>3           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>9           | 0<br>5<br>9<br>9           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>3           |
|                      |           | 0<br>0<br>1<br>1<br>7<br>6 | 0<br>0<br>1<br>1<br>8<br>0 | 0<br>0<br>1<br>1<br>8<br>1 | 0<br>0<br>1<br>1<br>8<br>8 | 0<br>0<br>1<br>1<br>8<br>8 | 0<br>0<br>1<br>1<br>9<br>9 | 0<br>0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>0<br>9 |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: Gavage**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 00058 - 01

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

Black Cohosh

**CAS Number:** 84776-26-

**Date Report Requested:** 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>100 mg/kg |                 | DAY ON TEST | GROSS PATHOLOGY |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
|-----------------------------------|-----------------|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                                   |                 |             | GROSS PATHOLOGY |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| ANIMAL ID                         | GROSS PATHOLOGY |             |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
|                                   | 0               | 0           | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |   |
| 7                                 | 6               | 7           | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7        |   |
| 3                                 | 5               | 3           | 3               | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3        | 3 |
| 3                                 | 1               | 0           | 1               | 1 | 9 | 1 | 0 | 3 | 9 | 3 | 3 | 3 | 2 | 9 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 2 | 3        | 3 |
| 0                                 | 0               | 0           | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 0                                 | 0               | 0           | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 1                                 | 1               | 1           | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 2 |
| 7                                 | 8               | 8           | 8               | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 6                                 | 0               | 1           | 3               | 4 | 5 | 8 | 9 | 0 | 1 | 3 | 4 | 5 | 6 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9        | 9 |

## **GENERAL BODY SYSTEM**

Tissue NOS + 1  
Fat, Necrosis 4 1 4.0

## GENITAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## \* TOTALS

## **INTEGUMENTARY SYSTEM**

MUSCULOSKELETAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

**ANK .. Not examined microscopically**

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | 100 mg/kg | ANIMAL ID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|----------------------|-----------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                      |           |           | 0<br>7<br>6<br>3<br>3 | 0<br>7<br>3<br>1<br>0 | 0<br>7<br>3<br>1<br>1 | 0<br>7<br>3<br>0<br>3 |                       |                       |
|                      |           |           | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>1<br>1<br>1<br>1 | 0<br>0<br>0<br>0<br>0 |                       |                       |
|                      |           |           | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>0<br>0<br>0 |                       |                       |
|                      |           |           | 7<br>8<br>8<br>8<br>6 | 8<br>8<br>8<br>8<br>0 | 8<br>8<br>8<br>8<br>9 | 8<br>8<br>8<br>8<br>9 | 9<br>9<br>9<br>9<br>0 | 9<br>9<br>9<br>9<br>1 | 9<br>9<br>9<br>9<br>3 | 9<br>9<br>9<br>9<br>4 | 9<br>9<br>9<br>9<br>6 | 9<br>9<br>9<br>9<br>7 | 9<br>9<br>9<br>9<br>9 | 0<br>0<br>0<br>0<br>0 | 1<br>2<br>2<br>2<br>1 | 2<br>2<br>2<br>2<br>2 | 0<br>0<br>0<br>0<br>3 | 4<br>2<br>2<br>0<br>4 | 5<br>2<br>2<br>0<br>5 | 6<br>7<br>0<br>7<br>6 |
|                      |           |           | 0<br>1<br>3<br>4<br>5 | 1<br>3<br>3<br>4<br>5 | 8<br>9<br>9<br>8<br>9 |                       |

## **NERVOUS SYSTEM**

## RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|-----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 | 1  | 1.0 |
| Hemorrhage                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  | 1.0 |
| Infiltration Cellular, Lymphocyte             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2  | 2.0 |
| Alveolus, Epithelium, Hyperplasia             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2  | 1.5 |
| 2   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 | 1  | 2.0 |
| Olfactory Epithelium, Accumulation, Hyaline   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  | 2.0 |
| Droplet                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
| Olfactory Epithelium, Atrophy                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  | 3.0 |
| Olfactory Epithelium, Metaplasia, Respiratory |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5  | 1.0 |
| Respiratory Epithelium, Accumulation, Hyaline |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 15 | 1.3 |
| Droplet                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
| Respiratory Epithelium, Hyperplasia           | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 9  | 1.0 |
| Respiratory Epithelium, Inflammation, Acute   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  | 1.0 |
| Respiratory Epithelium, Inflammation, Chronic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  | 1.0 |
| Active  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |     |
| Trachea                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |     |
|   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |    |    |     |

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## SPECIAL SENSES SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 12/10/2020

**Test Type: CHRONIC**

## Black Cohosh

**Time Report Requested:** 11:32:38

## Route: GAVAGE

**CAS Number:** 84776-26-1

First Dose M/F: NA / 04/09/12

**Species/Strain:** MICE/B6C3F1/N

## Lab: BAT

| B6C3F1/N MICE FEMALE |   | 300 mg/kg | ANIMAL ID | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | females<br>(cont...) |   |   |
|----------------------|---|-----------|-----------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|---|---|
|                      |   |           |           | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 06 | 04 | 07 | 06 | 07 | 05 | 07 | 07 | 06 | 07 | 06                   |   |   |
| 1                    | 3 | 2         | 2         | 1           | 1  | 1  | 1  | 1  | 3  | 9  | 7  | 5  | 9  | 5  | 3  | 2  | 9  | 3  | 2  | 9  | 3  | 0                    | 2 | 0 |
| 0                    | 0 | 0         | 0         | 0           | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0                    | 0 | 0 |
| 0                    | 0 | 0         | 0         | 0           | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0                    | 0 | 0 |
| 2                    | 2 | 2         | 2         | 2           | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2                    | 2 | 2 |
| 1                    | 1 | 1         | 1         | 1           | 1  | 1  | 1  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 3  | 3  | 3  | 3  | 3  | 3  | 4                    | 4 | 4 |
| 1                    | 2 | 3         | 4         | 7           | 8  | 9  | 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 0  | 2  | 3  | 4  | 7  | 8  | 9                    | 1 | 2 |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE          | 300 mg/kg | DAY ON TEST | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |  |  |
|-------------------------------|-----------|-------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|--|--|
|                               |           |             | 0731      | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 | 0731 |                      |  |  |
| Thymus                        |           |             | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    |  |  |
| <b>INTEGUMENTARY SYSTEM</b>   |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Mammary Gland                 |           |             | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    |  |  |
| Skin                          |           |             | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    |  |  |
| Erosion                       |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Epidermis, Hyperplasia        |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| <b>MUSCULOSKELETAL SYSTEM</b> |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Bone                          |           |             | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    |  |  |
| Fibro-Osseous Lesion          |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Joint, Degeneration           |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Skeletal Muscle               |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| <b>NERVOUS SYSTEM</b>         |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Brain                         |           |             | +         | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    |  |  |
| Hemorrhage                    |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Polyarteritis Nodosa          |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Peripheral Nerve              |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Spinal Cord                   |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Polyarteritis Nodosa          |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| Axon, Degeneration            |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |
| <b>RESPIRATORY SYSTEM</b>     |           |             |           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                     |           | DAY ON TEST | B6C3F1/N MICE FEMALE |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |  |  |  |
|---------------------|-----------|-------------|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|--|--|--|
|                     |           |             | 0731                 | 0732   | 0732   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   | 0731   |                      |  |  |  |
| 300 mg/kg           | ANIMAL ID | 002111      | 002111               | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | 002111 | females<br>(cont...) |  |  |  |
|                     |           | X           |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
|                     |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
|                     |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
|                     |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
|                     |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
| Glomerulus, Amyloid |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X                    |  |  |  |
| Renal Tubule, Cyst  |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
| Urinary Bladder     |           | +           | +                    | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |                      |  |  |  |
| Fibrosis            |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |
| Ulcer               |           |             |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE | 300 mg/kg | DAY ON TEST |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | * TOTALS    |          |
|----------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|
|                      |           |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>5<br>2      | 0<br>0<br>2 | 0<br>7<br>1 | 0<br>2<br>9 | 0<br>7<br>3 | 0<br>0<br>2 | 0<br>7<br>3 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>3 | 0<br>7<br>0 | 0<br>7<br>1 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>4 | 0<br>6<br>3 | 0<br>7<br>1 | 0<br>7<br>2 | 0<br>7<br>3 |          |
| ANIMAL ID            |           |             | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>1 | 0<br>0<br>2 | 0<br>0<br>5 | 0<br>0<br>4 | 0<br>0<br>5 | 0<br>0<br>5 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>7 |          |
|                      |           |             | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>1 | 0<br>0<br>2 | 0<br>0<br>5 | 0<br>0<br>4 | 0<br>0<br>5 | 0<br>0<br>5 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>7 | * TOTALS |

## ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|----|
| Esophagus                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Gallbladder                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | +     | 49 |
| Intestine Large, Cecum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Intestine Large, Colon                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Intestine Large, Rectum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Intestine Small, Duodenum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Intestine Small, Ileum                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Intestine Small, Jejunum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Peyer's Patch, Hyperplasia, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | 2 2.0 |    |
| Liver                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |    |
| Clear Cell Focus                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1     |    |
| Eosinophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1     |    |
| Extramedullary Hematopoiesis           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |    |
| Intrahepatocellular Erythrocytes       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2     |    |
| Necrosis                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |    |
| Tension Lipidosis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |    |
| Mesentery                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   | 2     |    |
| Pancreas                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49    |    |
| Acinus, Atrophy                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   | 1 2.0 |    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosl

**CAS Number:** 84776-26-

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## CARDIOVASCULAR SYSTEM

## **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

**Date Report Requested:** 12/10/2020

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: Gavage**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

CAS Number: 84776-26-1

**Date Report Requested:** 12/10/2020

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**First Dose M/F:** NA / 04/09/12

## Lab: BAT

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Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>300 mg/kg                     | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | * TOTALS |
|---|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|----|----------|
|   |                          | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>2 | 0<br>7<br>2<br>9 | 0<br>6<br>0<br>3 | 0<br>7<br>1<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>6<br>7<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 | 0<br>6<br>7<br>4 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 | 0<br>6<br>7<br>3 | 0<br>7<br>2<br>9 |   |   |    |          |
| Lung  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50 |          |
| Infiltration Cellular, Histiocyte                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 2.0    |
| Polyarteritis Nodosa                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 1.0    |
| Alveolus, Epithelium, Hyperplasia                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 3.0    |
| Nose  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50 |          |
| Olfactory Epithelium, Metaplasia, Respiratory         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 7 1.0    |
| Respiratory Epithelium, Accumulation, Hyaline Droplet |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 13 1.2   |
| Respiratory Epithelium, Hyperplasia                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 13 1.0   |
| Respiratory Epithelium, Inflammation, Chronic         |                          | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 1.0    |
| Respiratory Epithelium, Inflammation, Chronic Active  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 1.0    |
| Trachea   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50 |          |
| <b>SPECIAL SENSES SYSTEM</b>                          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    |          |
| Eye   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50 |          |
| Anterior Chamber, Inflammation, Acute                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 2.0    |
| Ciliary Body, Inflammation, Acute                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 2.0    |
| Cornea, Inflammation, Acute                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 2.0    |
| Harderian Gland                                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50 |          |
| Hyperplasia   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 4 1.8    |
| <b>URINARY SYSTEM</b>                                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    |          |
| Kidney  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | 50 |          |
| Infiltration Cellular, Lymphocyte                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 1 2.0    |
| Nephropathy, Chronic Progressive                      |                          | 1                |                  | 1                |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |    | 20 1.1   |

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+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Gavage

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

First Dose M/F: NA / 04/09/12

## Lab: BAT

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## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 12/10/2020

**Test Type: CHRONIC**

## Black Cohosh

**Time Report Requested:** 11:32:38

**Route:** Gavage

**CAS Number:** 84776-26-1

First Dose M/F: NA / 04/09/12

**Species/Strain:** MICE/B6C3F1/N

Lab: BAT

| DAY ON TEST |   | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |
|-------------|---|----------------------|---|---|---|---|---|---|---|---|---|------------|---|---|---|---|---|---|---|---|---|----------------------|--|
|             |   | 1000 mg/kg           |   |   |   |   |   |   |   |   |   | 2000 mg/kg |   |   |   |   |   |   |   |   |   |                      |  |
| ANIMAL ID   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|             | 7 | 7                    | 3 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7          | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |  |
|             | 3 | 3                    | 8 | 6 | 9 | 3 | 3 | 3 | 3 | 2 | 3 | 3          | 0 | 1 | 5 | 1 | 0 | 1 | 9 | 2 | 1 |                      |  |
|             | 3 | 1                    | 2 | 6 | 5 | 0 | 1 | 0 | 1 | 0 | 2 | 1          | 5 | 1 | 0 | 1 | 9 | 2 | 9 | 0 | 2 |                      |  |
|             | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |
|             | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

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**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

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Black Cohosh

Time Report Requested: 11:32:38

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CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>6<br>6<br>2      | 0<br>9<br>5<br>0      | 0<br>3<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>5      | 0<br>6<br>9<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>1<br>0      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      |                       |                       |  |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                             |  | ANIMAL ID   | 0<br>0<br>2<br>8<br>1 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>8<br>3 | 0<br>0<br>2<br>8<br>4 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>0<br>3 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>0<br>6 | 0<br>0<br>3<br>0<br>7 | 0<br>0<br>3<br>0<br>8 | 0<br>0<br>3<br>0<br>9 |  |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| <b>1000 mg/kg</b>           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
|                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |





**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE |  | DAY ON TEST | TEST DATA |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | TESTER SIGNATURE |    |                  |  |
|----------------------|--|-------------|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------|----|------------------|--|
|                      |  |             | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0                |    |                  |  |
|                      |  | ANIMAL ID   | 07        | 07 | 07 | 07 | 04 | 07 | 07 | 01 | 07 | 07 | 05 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 06 | 05 | 07               | 07 | TESTER SIGNATURE |  |
|                      |  |             | 3         | 3  | 3  | 3  | 7  | 2  | 3  | 7  | 3  | 3  | 4  | 3  | 2  | 3  | 2  | 3  | 3  | 3  | 2  | 6  | 8                | 1  | 2                |  |
|                      |  |             | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0                | 0  | 0                |  |
|                      |  |             | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0                | 0  | 0                |  |
|                      |  |             | 3         | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3                | 3  | 3                |  |
|                      |  |             | 1         | 1  | 1  | 1  | 1  | 1  | 2  | 2  | 2  | 2  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 4  | 4  | 4  | 4                | 4  | 5                |  |
|                      |  |             | 3         | 4  | 5  | 6  | 7  | 8  | 4  | 5  | 6  | 7  | 8  | 0  | 1  | 3  | 4  | 5  | 7  | 8  | 0  | 1  | 2                | 5  | 6                |  |

## **ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Peyer's Patch, Hyperplasia, Lymphocyte      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 4 | 2.3   |
| Peyer's Patch, Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 1 | 2.0   |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50    |
| Angiectasis                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 2.0   |
| Clear Cell Focus                            |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 4 |       |
| Eosinophilic Focus                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |       |
| Extramedullary Hematopoiesis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 1.0   |
| Fatty Change                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 1 | 1.0   |
| Hemorrhage                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 1.0   |
| Hepatodiaphragmatic Nodule                  |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1 |       |
| Mixed Cell Focus                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |       |
| Necrosis                                    |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 1 | 1 | 8 1.1 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
| Clitoral Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | 49 |     |
| Ovary                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |     |
| Angiectasis               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Atrophy                   | 2 |   |   | 4 |   | 4 | 3 |   | 2 | 3 |   | 2 |   | 3 | 2 |   | 2 | 2 | 4 | 4 | 4 |   |   | 30 | 2.6 |
| Cyst, Epithelial          | X | X |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   | 6  |     |
| Polyarteritis Nodosa      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  | 1.0 |
| Thrombus                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Bilateral, Follicle, Cyst |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |     |
| Bursa, Cyst               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |     |
| Follicle, Cyst            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 8  |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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2) Mild 4) Marked

Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE               | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |                            |                            |                            |
|------------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                                    |             | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>0           | 0<br>7<br>3<br>0           | 0<br>1<br>0<br>1           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>2           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>3           | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>9           | 0<br>6<br>6<br>6           | 0<br>5<br>8<br>9           | 0<br>7<br>1<br>6           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>3           | 0<br>7<br>4<br>6           | 0<br>7<br>5<br>9           |                            |                            |                            |                            |
| 1000 mg/kg                         | ANIMAL ID   | 0<br>0<br>0<br>3<br>1<br>3 | 0<br>0<br>0<br>3<br>1<br>4 | 0<br>0<br>0<br>3<br>1<br>5 | 0<br>0<br>0<br>3<br>1<br>6 | 0<br>0<br>0<br>3<br>1<br>7 | 0<br>0<br>0<br>3<br>1<br>8 | 0<br>0<br>0<br>3<br>2<br>4 | 0<br>0<br>0<br>3<br>2<br>5 | 0<br>0<br>0<br>3<br>2<br>6 | 0<br>0<br>0<br>3<br>2<br>7 | 0<br>0<br>0<br>3<br>3<br>8 | 0<br>0<br>0<br>3<br>3<br>0 | 0<br>0<br>0<br>3<br>3<br>1 | 0<br>0<br>0<br>3<br>3<br>3 | 0<br>0<br>0<br>3<br>3<br>4 | 0<br>0<br>0<br>3<br>3<br>5 | 0<br>0<br>0<br>3<br>3<br>7 | 0<br>0<br>0<br>3<br>4<br>8 | 0<br>0<br>0<br>3<br>4<br>0 | 0<br>0<br>0<br>3<br>4<br>1 | 0<br>0<br>0<br>3<br>4<br>2 | 0<br>0<br>0<br>3<br>4<br>5 | 0<br>0<br>0<br>3<br>4<br>6 | 0<br>0<br>0<br>3<br>4<br>9 | 0<br>0<br>0<br>3<br>5<br>0 |
| Germinal Epithelium, Hyperplasia   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>1.0                   |                            |                            |                            |                            |                            |                            |
| Interstitial Cell, Hyperplasia     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>2.0                   |                            |                            |                            |                            |                            |                            |
| Rete Ovarii, Cyst                  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |                            |                            |                            |                            |                            |
| Uterus                             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 50                         |                            |                            |                            |                            |                            |                            |
| Angiectasis                        |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3<br>2.0                   |                            |                            |                            |                            |                            |                            |
| Hemorrhage                         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>2.0                   |                            |                            |                            |                            |                            |                            |
| Polyarteritis Nodosa               |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>1.0                   |                            |                            |                            |                            |                            |                            |
| Endometrium, Hyperplasia, Cystic   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 45<br>2.3                  |                            |                            |                            |                            |                            |                            |
| Endometrium, Metaplasia, Squamous  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>1.0                   |                            |                            |                            |                            |                            |                            |
| Vagina                             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 50                         |                            |                            |                            |                            |                            |                            |
| Congestion                         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3<br>2.0                   |                            |                            |                            |                            |                            |                            |
| Inflammation, Acute                |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>1.3                   |                            |                            |                            |                            |                            |                            |
| Polyarteritis Nodosa               |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>1.0                   |                            |                            |                            |                            |                            |                            |
| Epithelium, Hyperplasia, Squamous  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 33<br>2.4                  |                            |                            |                            |                            |                            |                            |
| <b>HEMATOPOIETIC SYSTEM</b>        |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
| Bone Marrow                        |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 50                         |                            |                            |                            |                            |                            |                            |
| Angiectasis                        |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>3.0                   |                            |                            |                            |                            |                            |                            |
| Hypercellularity                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 4                          |                            |                            |                            |                            |                            |                            |
| Lymph Node                         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 7                          |                            |                            |                            |                            |                            |                            |
| Lumbar, Hyperplasia, Lymphocyte    |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>4.0                   |                            |                            |                            |                            |                            |                            |
| Lymph Node, Mandibular             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 50                         |                            |                            |                            |                            |                            |                            |
| Hyperplasia, Lymphocyte            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 7<br>2.6                   |                            |                            |                            |                            |                            |                            |
| Infiltration Cellular, Plasma Cell |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1<br>4.0                   |                            |                            |                            |                            |                            |                            |
| Lymph Node, Mesenteric             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 50                         |                            |                            |                            |                            |                            |                            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 00058 - 04

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|   |            | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>0      | 0<br>1<br>0<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>6<br>8<br>9      | 0<br>5<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |          |    |       |     |
|---|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|----|-------|-----|
|   |            | ANIMAL ID   | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>9 | * TOTALS |    |       |     |
| B6C3F1/N MICE FEMALE                    | 1000 mg/kg |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |       |     |
| Atrophy                                 |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 4  | 1 4.0 |     |
| Hyperplasia, Lymphocyte                 |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 7  | 2.4   |     |
| Infiltration Cellular, Histiocyte       |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  | 4.0   |     |
| Inflammation, Chronic Active            |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  | 2.0   |     |
| Spleen                                  |            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50 |       |     |
| Extramedullary Hematopoiesis, Increased |            |             |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 11    |     |
| Hyperplasia, Lymphocyte                 |            |             | 1                     | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 7     | 1.7 |
| Pigment                                 |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  | 1.0   |     |
| White Pulp, Atrophy                     |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 4  | 2 4.0 |     |
| Thymus                                  |            |             | +                     | +                     | +                     | +                     |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 46 |       |     |
| <b>INTEGUMENTARY SYSTEM</b>             |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |       |     |
| Mammary Gland                           |            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50 |       |     |
| Galactocele                             |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |       |     |
| Epithelium, Hyperplasia                 |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  | 1.0   |     |
| Skin                                    |            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50 |       |     |
| Ulcer                                   |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 3  | 2 3.5 |     |
| <b>MUSCULOSKELETAL SYSTEM</b>           |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |       |     |
| Bone                                    |            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 50 |       |     |
| Fibro-Osseous Lesion                    |            |             | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 7     | 1.1 |
| Increased Bone                          |            |             |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |       |     |
| Skeletal Muscle                         |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    | 1     |     |
| <b>NERVOUS SYSTEM</b>                   |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |       |     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

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I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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|----------------------|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                      |            | ANIMAL ID   | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>2<br>5 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>4<br>5 | * TOTALS |
| B6C3F1/N MICE FEMALE | 1000 mg/kg |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>0      | 0<br>1<br>0<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>6<br>8<br>9      | 0<br>5<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Brain                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |       |
| Gliosis                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0 |
| Hydrocephalus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1     |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0 |
| Polyarteritis Nodosa              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 1.7 |
| Peripheral Nerve                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1     |
| Axon, Sciatic, Degeneration       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0 |
| Spinal Cord                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1     |
| Axon, Degeneration                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0 |

## RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|--------|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |        |
| Inflammation, Chronic Active                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1 1.0  |
| Alveolus, Epithelium, Hyperplasia                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1 3.0  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |        |
| Olfactory Epithelium, Atrophy                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 3 1.3  |
| Olfactory Epithelium, Metaplasia, Respiratory         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 3 1.0  |
| Respiratory Epithelium, Accumulation, Hyaline Droplet | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 10 1.3 |
| Respiratory Epithelium, Hyperplasia                   | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 18 1.1 |
| Respiratory Epithelium, Inflammation, Acute           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    | 1 2.0  |
| Trachea   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |        |

## SPECIAL SENSES SYSTEM

|  |                                       |                             |
|--|---------------------------------------|-----------------------------|
| * .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade | M .. Missing tissue                   | 1-4 .. Lesion qualified as: |
| + .. Tissue examined microscopically   | A .. Autolysis precludes evaluation   | 1) Minimal 3) Moderate      |
| X .. Lesion present  | BLANK .. Not examined microscopically | 2) Mild 4) Marked           |
| I .. Insufficient tissue   |                                       |                             |

