

Experiment Number: 96010-01
Test Type: 21-DAY
Route: DOSED WATER
Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL
Test Compound: Water disinfection byproducts (Sodium chlorate)
CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
Time Report Requested: 17:43:12
First Dose M/F: NA / NA
Lab: SRI

C Number:	C96010A
Lock Date:	09/25/1998
Cage Range:	All
Date Range:	All
Reasons For Removal:	All
Removal Date Range:	All
Treatment Groups:	All
Study Gender:	Both
PWG Approval Date	NONE

Experiment Number: 96010-01

Test Type: 21-DAY

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Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:12

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
0 MG/L

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

Alimentary System

Esophagus	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	10
Hemorrhage, Focal						1					1 1.0
Hepatodiaphragmatic Nodule	2										1 2.0
Vacuolization Cytoplasmic, Focal						2					1 2.0
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	10
Parotid Gl, Basophilic Focus		1	2			1	1		1		5 1.2
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	10

Cardiovascular System

Blood Vessel	+	+	+	+	+	+	+	+	+	+	10
Heart	+	+	+	+	+	+	+	+	+	+	10

Endocrine 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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

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CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:12

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
0 MG/L

	DAY ON TEST										*TOTALS
	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	
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	1	
	1	2	3	4	5	6	7	8	9	0	
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	+	+	+	+	M	+	+	+	+	9
Pituitary Gland	+	+	+	+	+	+	+	M	+	+	9
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	10
General Body System											
NONE											
Genital System											
Epididymis	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	10
Inflammation, Chronic			2								1 2.0
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10
Hematopoietic System											
Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Lymph Node				+					+		2
Lymph Node, Mandibular	M	M	+	M	M	M	M	M	M	M	1
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	10
Spleen	+	+	+	+	+	+	+	+	+	+	10
Thymus	+	+	+	+	+	+	+	+	+	+	10

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:12

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
0 MG/L

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	*TOTALS
	0	0	0	0	0	0	0	0	0	0	
ANIMAL ID	2	2	2	2	2	2	2	2	2	2	
	2	2	2	2	2	2	2	2	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	1	
	1	2	3	4	5	6	7	8	9	0	
Hemorrhage, Focal						1	1				2 1.0
Integumentary System											
Mammary Gland	+	+	+	+	+	+	+	+	+	+	10
Skin	+	+	+	+	+	+	+	+	+	+	10
Musculoskeletal System											
Bone	+	+	+	+	+	+	+	+	+	+	10
Nervous System											
Brain	+	+	+	+	+	+	+	+	+	+	10
Respiratory System											
Lung	+	+	+	+	+	+	+	+	+	+	10
Hemorrhage, Focal							1				1 1.0
Nose	+	+	+	+	+	+	+	+	+	+	10
Trachea	+	+	+	+	+	+	+	+	+	+	10
Special Senses System											
NONE											
Urinary System											
Kidney	+	+	+	+	+	+	+	+	+	+	10
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	10

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Route: DOSED WATER
Species/Strain: Rat/F 344/N

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Test Compound: Water disinfection byproducts (Sodium chlorate)
CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
Time Report Requested: 17:43:12
First Dose M/F: NA / NA
Lab: SRI

DAY ON TEST

F 344/N Rat Male
125 MG/L

ANIMAL ID

*TOTALS

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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+ ..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: 96010-01
Test Type: 21-DAY
Route: DOSED WATER
Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL
Test Compound: Water disinfection byproducts (Sodium chlorate)
CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
Time Report Requested: 17:43:12
First Dose M/F: NA / NA
Lab: SRI

DAY ON TEST

F 344/N Rat Male
125 MG/L

ANIMAL ID

*TOTALS

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

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

+ ..Tissue examined microscopically

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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: 96010-01
 Test Type: 21-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:43:12
 First Dose M/F: NA / NA
 Lab: SRI

F 344/N Rat Male
250 MG/L

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

Alimentary System

Liver	+	+									2
Hepatodiaphragmatic Nodule	2	2									2 2.0

Cardiovascular System

NONE

Endocrine System

Adrenal Cortex					+						1
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	10

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node			+	+	+	+			+	M	5
Deep Cervical, Hyperplasia, Lymphoid					2				1		2 1.5

Integumentary System

NONE

Musculoskeletal System

* ..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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Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:12

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
250 MG/L

DAY ON TEST	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
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
	2	2	2	2	2	2	2	2	2	3
	1	2	3	4	5	6	7	8	9	0

*TOTALS

NONE

Nervous System

NONE

Respiratory System

Lung		+	+		+	+		4		
Hemorrhage, Focal		1			1	1			3	1.0
Inflammation, Chronic, Focal					1				1	1.0

Special Senses System

NONE

Urinary System

Kidney		+						1		
Medulla, Congestion		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

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:12

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
500 MG/L

DAY ON TEST	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
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
	3	3	3	3	3	3	3	3	3	4
	1	2	3	4	5	6	7	8	9	0

*TOTALS

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

Thyroid Gland

+ + + + + + + + + + 10

Follicular Cel, Hyperplasia, Diffuse

1 1 1 1 1 4 1.0

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

+ + + + + 5

Deep Cervical, Hemorrhage

1 1 2 1.0

Deep Cervical, Hyperplasia, Lymphoid

1 1 2 1.0

Pancreatic, Hemorrhage

2 2 2 2.0

Integumentary System

NONE

* ..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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BLANK ..Not examined microscopically

1-4 ..Lesion qualified as:

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Experiment Number: 96010-01
 Test Type: 21-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:43:12
 First Dose M/F: NA / NA
 Lab: SRI

F 344/N Rat Male
500 MG/L

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

Musculoskeletal System

NONE

Nervous System

NONE

Respiratory System

Lung

| | | | | | | | | | | | | |
|-------------------|--|--|---|---|--|--|---|---|---|---|---|-----|
| | | | + | + | | | + | + | + | 5 | | |
| Hemorrhage, Focal | | | | 1 | | | 1 | 1 | 1 | | 4 | 1.0 |

Special Senses System

NONE

Urinary System

NONE

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

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CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
1000MG/L

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

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

Thyroid Gland

+ + + + + + + + + + 10

Follicular Cel, Hyperplasia, Diffuse

1 1 1 1 1 1 1 1 1 1 10 1.0

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

+ + + + + + + + 7

Deep Cervical, Ectasia

2 1 2.0

Pancreatic, Hemorrhage

1 1 1.0

Integumentary System

NONE

Musculoskeletal System

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+ ..Tissue examined microscopically

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

**F 344/N Rat Male
1000MG/L**

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

NONE
Nervous System

NONE
Respiratory System

| | | | | | | | | | | | |
|-------------------|--|--|--|---|---|---|--|---|--|---|-----|
| Lung | | | | + | + | + | | + | | 4 | |
| Hemorrhage, Focal | | | | 1 | | 1 | | 1 | | 3 | 1.0 |

Special Senses System

NONE
Urinary System

NONE

* ..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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Species/Strain: Rat/F 344/N

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Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
2000MG/L

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

Alimentary System

| | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus | + | + | M | + | + | + | + | + | + | + | 9 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Parotid Gl, Basophilic Focus | 1 | | | 1 | 1 | 1 | | | | | 4 1.0 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

| | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
| Cardiomyopathy, Focal | 1 | | | | | | | | | | 1 1.0 |

Endocrine System

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
2000MG/L

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

| | | | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|----|-----|
| Islets, Pancreatic | + | | | | | | | | | | 1 | |
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 | |
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | 10 | |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 | |
| Follicular Cel, Hyperplasia, Diffuse | 2 | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 10 | 1.7 |

General Body System

NONE

Genital System

| | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|--|
| Epididymis | + | + | + | + | + | + | + | + | + | + | 10 | |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | 10 | |
| Prostate | + | + | + | + | + | + | + | + | + | + | 10 | |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | 10 | |
| Testes | + | + | + | + | + | + | + | + | + | + | 10 | |

Hematopoietic System

| | | | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|----|-----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 | |
| Lymph Node | | + | + | | + | + | | | + | + | 6 | |
| Deep Cervical, Hemorrhage | | | 2 | | | 1 | | | 1 | 1 | 4 | 1.3 |
| Deep Cervical, Hyperplasia, Lymphoid | | 1 | | | 2 | | | | 2 | | 3 | 1.7 |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | 0 | |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | 10 | |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 | |

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
2000MG/L

| | DAY ON TEST | | | | | | | | | | |
|--|-------------|---|---|---|---|---|---|---|---|---|----------------|
| | 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 | |
| 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 | |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS |
| Thymus | + | + | + | + | + | + | + | + | + | + | 10 |
| Integumentary System | | | | | | | | | | | |
| Mammary Gland | + | + | + | + | M | + | + | + | + | + | 9 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |
| Musculoskeletal System | | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |
| Nervous System | | | | | | | | | | | |
| Brain | + | + | + | + | + | + | + | + | + | + | 10 |
| Respiratory System | | | | | | | | | | | |
| Lung | + | + | + | + | + | + | + | + | + | + | 10 |
| Alveolus, Infiltration Cellular, Histiocyte, Focal | | | | | | | | 1 | | | 1 1.0 |
| Hemorrhage, Focal | 1 | 1 | 1 | 1 | 1 | 1 | | | | | 6 1.0 |
| Interstitialium, Inflammation, Chronic, Focal | 1 | | | 1 | 1 | | | | 1 | | 4 1.0 |
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |
| Special Senses System | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| Urinary System | | | | | | | | | | | |
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |

* ..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: 96010-01
 Test Type: 21-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:43:13
 First Dose M/F: NA / NA
 Lab: SRI

F 344/N Rat Male
2000MG/L

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----------------|
| DAY ON TEST | 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 | |
| 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 | |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

END OF MALE DATA

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
0 MG/L

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

Alimentary System

| | | | | | | | | | | | |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Hemorrhage, Focal | 2 | | | | | | | | | | 1 2.0 |
| Hepatodiaphragmatic Nodule | 2 | | | | | | | | | | 1 2.0 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Parotid G, Basophilic Focus | | | | | 1 | | | | | | 1 1.0 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

| | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |

Endocrine System

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
0 MG/L

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

Integumentary System

| | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | M | + | + | + | + | + | + | + | 9 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |

Musculoskeletal System

| | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |
|------|---|---|---|---|---|---|---|---|---|---|----|

Nervous System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Respiratory System

| | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

Special Senses System

NONE

Urinary System

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
125 MG/L

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

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

| | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| Adrenal Cortex | | | | | | | | | | | + | 1 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | | 10 |
| Ultimobranchial Cyst | | | | | 1 | | | | | | | 1 1.0 |

General Body System

NONE

Genital System

NONE

Hematopoietic System

| | | | | | | | | | | | | |
|--------------------------------------|--|---|---|---|---|--|--|--|--|---|---|-------|
| Lymph Node | | + | + | + | + | | | | | + | + | 6 |
| Deep Cervical, Ectasia | | | | | 1 | | | | | | | 1 1.0 |
| Deep Cervical, Hyperplasia, Lymphoid | | | 2 | 1 | | | | | | 1 | | 3 1.3 |
| Pancreatic, Hemorrhage | | | | | | | | | | 1 | | 1 1.0 |

Integumentary System

NONE

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

**F 344/N Rat Female
125 MG/L**

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

Musculoskeletal System

NONE

Nervous System

NONE

Respiratory System

Lung

+ + + 3

Hemorrhage, Focal

1 1 1 3 1.0

Special Senses System

NONE

Urinary System

NONE

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
250 MG/L

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

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

Thyroid Gland

+ + + + + + + + + + 10

Follicular Cel, Hyperplasia, Diffuse

1 1 1.0

General Body System

NONE

Genital System

Uterus

+ 1

Hydrometra

2 1 2.0

Hematopoietic System

Lymph Node

+ + + + + + + 6

Deep Cervical, Ectasia

1 1 2 3 1.3

Deep Cervical, Hyperplasia, Lymphoid

1 1 1.0

Pancreatic, Pigmentation, Hemosiderin

2 1 2.0

Integumentary System

NONE

* ..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

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

**F 344/N Rat Female
500 MG/L**

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

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

Thyroid Gland

+ + + + + + + + + 10

Follicular Cel, Hyperplasia, Diffuse

1 1 1 1 1 1 1 1 1 8 1.0

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

M + 1

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous 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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

**F 344/N Rat Female
500 MG/L**

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

NONE
Respiratory System

NONE
Special Senses System

NONE
Urinary System

NONE

* ..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: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
1000MG/L

| DAY ON TEST | 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 |
| ANIMAL ID | 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 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

| | | | | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|----|-----|--|
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 | | |
| Follicular Cel, Hyperplasia, Diffuse | | 1 | | 1 | | | 1 | 1 | | 1 | 5 | 1.0 | |
| Ultimobranchial Cyst | | | | | | | | | 1 | | 1 | 1.0 | |

General Body System

NONE

Genital System

| | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|---|--|--|--|---|-----|--|
| Uterus | | | | | | | + | | | | 1 | | |
| Hydrometra | | | | | | | 2 | | | | 1 | 2.0 | |

Hematopoietic System

| | | | | | | | | | | | | | |
|--------------------------------------|---|--|--|---|--|--|--|--|--|---|---|-----|--|
| Lymph Node | + | | | + | | | | | | + | 3 | | |
| Deep Cervical, Hyperplasia, Lymphoid | | | | 1 | | | | | | | 1 | 1.0 | |
| Pancreatic, Hemorrhage | | | | 1 | | | | | | 1 | 2 | 1.0 | |

Integumentary System

NONE

* ..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

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:13

First Dose M/F: NA / NA

Lab: SRI

**F 344/N Rat Female
1000MG/L**

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 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 |
| ANIMAL ID | 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 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Musculoskeletal System

NONE

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

* ..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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BLANK ..Not examined microscopically

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:14

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
2000MG/L

| DAY ON TEST | 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 |
| ANIMAL ID | 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 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

| | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Hepatodiaphragmatic Nodule | | | | | | | | | 1 | | 1 1.0 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Parotid Gl, Basophilic Focus | | | 1 | | | 1 | | | | | 2 1.0 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

| | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |

Endocrine System

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:14

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
2000MG/L

| | DAY ON TEST | | | | | | | | | | | |
|--------------------------------------|-------------|---|---|---|---|---|---|---|---|---|----------------|-----|
| | 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 | | |
| ANIMAL ID | 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 | 2 | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS | |
| Parathyroid Gland | + | + | + | + | + | + | + | M | M | M | 7 | |
| Pituitary Gland | + | + | + | + | M | + | + | + | + | + | 9 | |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 | |
| Follicular Cel, Hyperplasia, Diffuse | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 10 | 1.8 |
| Ultimobranchial Cyst | | 1 | | | 1 | | | | | | 2 | 1.0 |
| General Body System | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | |
| Genital System | | | | | | | | | | | | |
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | 10 | |
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 | |
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 | |
| Hydrometra | 1 | | 1 | | | | 2 | 2 | | | 4 | 1.5 |
| Hematopoietic System | | | | | | | | | | | | |
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 | |
| Lymph Node | + | + | + | | | | + | + | + | | 6 | |
| Deep Cervical, Ectasia | | | | | | | | 2 | | | 1 | 2.0 |
| Deep Cervical, Hemorrhage | | | | | | | | 1 | | | 1 | 1.0 |
| Deep Cervical, Hyperplasia, Lymphoid | 1 | 1 | 2 | | | | | | | | 3 | 1.3 |
| Pancreatic, Hemorrhage | | | | | | | 1 | | | | 1 | 1.0 |
| Pancreatic, Hyperplasia, Lymphoid | | | | | | | 1 | | | | 1 | 1.0 |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | 0 | |

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

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Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:43:14

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Female
2000MG/L

| | DAY ON TEST | | | | | | | | | | |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---------|
| | 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 | |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
| | 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 | 2 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Thymus | + | + | + | + | + | + | + | + | + | + | 10 |
| Hemorrhage, Focal | | | | | | | | | 1 | | 1 1.0 |
| Integumentary System | | | | | | | | | | | |
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |
| Musculoskeletal System | | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |
| Nervous System | | | | | | | | | | | |
| Brain | + | + | + | + | + | + | + | + | + | + | 10 |
| Respiratory System | | | | | | | | | | | |
| Lung | + | + | + | + | + | + | + | + | + | + | 10 |
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |
| Special Senses System | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| Urinary System | | | | | | | | | | | |
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |

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M ..Missing tissue

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Experiment Number: 96010-01
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 Species/Strain: Rat/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:43:14
 First Dose M/F: NA / NA
 Lab: SRI

F 344/N Rat Female
2000MG/L

| DAY ON TEST | 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 | |
| ANIMAL ID | 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 | 2 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

**** END OF REPORT ****

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+ ..Tissue examined microscopically

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I ..Insufficient tissue

M ..Missing tissue

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