

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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

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Route: DOSED WATER

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P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	10

Cardiovascular System

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

Endocrine System

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	+	+	+	+	M	+	+	+	+	9
Pituitary Gland	+	+	+	+	+	+	+	M	+	+	9

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

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Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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	
Thyroid Gland	0	0	0	0	0	0	0	0	0	0	10
General Body System	0	0	0	0	0	0	0	0	0	0	
NONE	0	0	0	0	0	0	0	0	0	0	
Genital System	0	0	0	0	0	0	0	0	0	0	
Epididymis	1	2	3	4	5	6	7	8	9	0	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	10
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
Integumentary System											
Mammary Gland	+	+	+	+	+	+	+	+	+	+	10
Skin	+	+	+	+	+	+	+	+	+	+	10
Musculoskeletal System											

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Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

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Time Report Requested: 17:37:23

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	0	
	0	0	0	0	0	0	0	0	0	1	
	1	2	3	4	5	6	7	8	9	0	
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
SYSTEMIC LESIONS											
Multiple Organ	+	+	+	+	+	+	+	+	+	+	10

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+ ..Tissue examined microscopically

X ..Lesion present

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

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BLANK ..Not examined microscopically

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

P04: NEOPLASMS BY INDIVIDUAL ANIMAL
Test Compound: Water disinfection byproducts (Sodium chlorate)
CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
Time Report Requested: 17:37:23
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

SYSTEMIC LESIONS

Multiple Organ

0

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
I ..Insufficient tissue

M ..Missing tissue
A ..Autolysis precludes evaluation
BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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

Alimentary System

Liver + + 2

Cardiovascular System

NONE

Endocrine System

Adrenal Cortex + 1

Thyroid Gland + + + + + + + + + 10

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node + + + + + M 5

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

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

+ ..Tissue examined microscopically

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I ..Insufficient tissue

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

P04: NEOPLASMS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:37:23
 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											
Respiratory System											
Lung			+	+			+	+			4
Special Senses System											
NONE											
Urinary System											
Kidney									+		1
SYSTEMIC LESIONS											
Multiple Organ			+	+	+	+	+	+	+	+	10

* ..Total animals with tissue examined microscopically; Total animals with tumor
 + ..Tissue examined microscopically
 X ..Lesion present
 I ..Insufficient tissue

M ..Missing tissue
 A ..Autolysis precludes evaluation
 BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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
---------------	---	---	---	---	---	---	---	---	---	---	----

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node			+		+		+	+	+	5
------------	--	--	---	--	---	--	---	---	---	---

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

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

P04: NEOPLASMS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:37:23
 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									

Respiratory System

Lung + + + + + 5

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ + + + + + + + + + + 10

* ..Total animals with tissue examined microscopically; Total animals with tumor
 + ..Tissue examined microscopically
 X ..Lesion present
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 BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

+ + + + + + + + 7

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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 | | | | | | | | | |

Respiratory System

Lung + + + + 4

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ + + + + + + + + + + 10

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Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

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

Endocrine System

| | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | | | | | | | | | | 1 |
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 |

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Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

First Dose M/F: NA / NA

Lab: SRI

F 344/N Rat Male
2000MG/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 | |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | |
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| 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 |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | 0 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Thymus | + | + | + | + | + | + | + | + | + | + | 10 |
| Integumentary System | | | | | | | | | | | |
| Mammary Gland | + | + | + | + | M | + | + | + | + | + | 9 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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 | | | | | | | | | |

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

SYSTEMIC LESIONS

Multiple Organ + + + + + + + + + + 10

END OF MALE DATA

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

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

Endocrine System

| | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland | + | + | + | + | M | M | + | + | + | + | 8 |
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | 10 |

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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 | *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 | |
| Thyroid Gland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| General Body System | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| NONE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Genital System | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | |
| Clitoral Gland | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 10 |
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
| Hematopoietic System | | | | | | | | | | | |
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node | + | + | + | + | + | + | | | + | | 7 |
| Lymph Node, Mandibular | M | + | M | M | M | M | M | M | M | M | 1 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Thymus | + | + | + | + | + | + | + | + | + | + | 10 |
| Integumentary System | | | | | | | | | | | |
| Mammary Gland | + | + | M | + | + | + | + | + | + | + | 9 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |
| Musculoskeletal System | | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
I ..Insufficient tissue

M ..Missing tissue
A ..Autolysis precludes evaluation
BLANK ..Not examined microscopically

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

P04: NEOPLASMS BY INDIVIDUAL ANIMAL
 Test Compound: Water disinfection byproducts (Sodium chlorate)
 CAS Number: 7775-09-9

Date Report Requested: 10/20/2014
 Time Report Requested: 17:37:23
 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 | | | | | | | | | |

Nervous System

Brain + + + + + + + + + + 10

Respiratory System

Lung + + + + + + + + + + 10

Nose + + + + + + + + + + 10

Trachea + + + + + + + + + + 10

Special Senses System

NONE

Urinary System

Kidney + + + + + + + + + + 10

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

SYSTEMIC LESIONS

Multiple Organ + + + + + + + + + + 10

* ..Total animals with tissue examined microscopically; Total animals with tumor
 + ..Tissue examined microscopically
 X ..Lesion present
 I ..Insufficient tissue

M ..Missing tissue
 A ..Autolysis precludes evaluation
 BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

+ + + + + + 6

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:23

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 | | | | | | | | | |

| | | | | | | | | | | |
|------------------------------|--|---|---|---|---|---|---|---|---|----|
| NONE | | | | | | | | | | |
| Respiratory System | | | | | | | | | | |
| Lung | | + | | | | + | | | + | 3 |
| Special Senses System | | | | | | | | | | |
| NONE | | | | | | | | | | |
| Urinary System | | | | | | | | | | |
| NONE | | | | | | | | | | |
| SYSTEMIC LESIONS | | | | | | | | | | |
| Multiple Organ | | + | + | + | + | + | + | + | + | 10 |

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
I ..Insufficient tissue

M ..Missing tissue
A ..Autolysis precludes evaluation
BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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

General Body System

NONE

Genital System

Uterus

+ 1

Hematopoietic System

Lymph Node

+ + + + + + 6

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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

Respiratory System

| | | | | | | | | | | | |
|------|---|--|--|--|--|---|--|--|--|---|---|
| Lung | | | | | | | | | | | 3 |
| | + | | | | | + | | | | + | |

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node

M + 1

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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 | | | | | | | | | |

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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

General Body System

NONE

Genital System

Uterus

+ 1

Hematopoietic System

Lymph Node

+ + + 3

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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**

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 96010-01

Test Type: 21-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Test Compound: Water disinfection byproducts (Sodium chlorate)

CAS Number: 7775-09-9

Date Report Requested: 10/20/2014

Time Report Requested: 17:37:24

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 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

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

Endocrine System

| | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland | + | + | + | + | + | + | + | M | M | M | 7 |
| Pituitary Gland | + | + | + | + | M | + | + | + | + | + | 9 |

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F 344/N Rat Female
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| | 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 | |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| General Body System | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| Genital System | | | | | | | | | | | |
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
| Hematopoietic System | | | | | | | | | | | |
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node | + | + | + | | | | + | + | + | | 6 |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | 0 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Thymus | + | + | + | + | + | + | + | + | + | + | 10 |
| Integumentary System | | | | | | | | | | | |
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |
| Musculoskeletal System | | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |

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|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 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 | | | | | | | | | |

Nervous System

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

Respiratory System

| | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | 10 |
|------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
|------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |
|---------|---|---|---|---|---|---|---|---|---|---|----|

Special Senses System

NONE

Urinary System

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

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

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

** END OF REPORT **

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