

Experiment Number: 99019 - 02
Test Type: 14-DAY
Route: RESPIRATORY EXPOSURE WHOLE BODY
Species/Strain: MICE/B6C3F1

E05: CLINICAL OBSERVATIONS SUMMARY

Triethylamine
CAS Number: 121-44-8

Date Report Requested: 12/22/2016
Time Report Requested: 13:27:53
First Dose M/F: 09/23/02 / 09/23/02
Lab: BNW

NTP Study Number: C99019
Lock Date: 09/16/2003
Cage Range: ALL
Date Range: ALL
Reasons For Removal: ALL
Removal Date Range: ALL
Treatment Groups: Include ALL
Study Gender: Both
TDMSE Version: 3.0.2.3_002
PWG Approval Date: NONE

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OBSERVATION	WEEK: 3							
	CONTROL		100 PPM		200 PPM		400 PPM	
	CURRENT*	TOTAL+	CURRENT	TOTAL	CURRENT	TOTAL	CURRENT	TOTAL
Abnormal Breathing	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 3
Ataxia	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5
Lethargic	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 1
Nasal/Eye Discharge	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5
Thin	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 4
Tremors	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 2

* ANIMALS WITH OBSERVATION IN CURRENT PERIOD / TOTAL ANIMALS OBSERVED IN CURRENT PERIOD (WITHIN 1 DAY OF RUN DATE)

+ ROW 1 = CUMULATIVE NO. OF ANIMALS WITH OBSERVATION / TOTAL ANIMALS STARTED ON STUDY

ROW 2 = DAY OF ONSET

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OBSERVATION	800 PPM		1000 PPM	
	CURRENT*	TOTAL+	CURRENT	TOTAL
Abnormal Breathing	0 / 0	5 / 5 DAY 1	0 / 0	2 / 5 DAY 1
Ataxia	0 / 0	5 / 5 DAY 1	0 / 0	2 / 5 DAY 1
Lethargic	0 / 0	5 / 5 DAY 1	0 / 0	2 / 5 DAY 1
Nasal/Eye Discharge	0 / 0	0 / 5	0 / 0	1 / 5 DAY 9
Thin	0 / 0	2 / 5 DAY 4	0 / 0	1 / 5 DAY 4
Tremors	0 / 0	5 / 5 DAY 1	0 / 0	2 / 5 DAY 1

END OF MALE DATA

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	CONTROL		100 PPM		200 PPM		400 PPM	
	CURRENT*	TOTAL+	CURRENT	TOTAL	CURRENT	TOTAL	CURRENT	TOTAL
Abnormal Breathing	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 3
Ataxia	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5
Lethargic	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 1
Thin	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 4
Tremors	0 / 0	0/5	0 / 0	0/5	0 / 0	0/5	0 / 0	5 / 5 DAY 2

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OBSERVATION	800 PPM		1000 PPM	
	CURRENT*	TOTAL+	CURRENT	TOTAL
Abnormal Breathing	0 / 0	2 / 5 DAY 1	0 / 0	0 / 5
Ataxia	0 / 0	2 / 5 DAY 1	0 / 0	0 / 5
Lethargic	0 / 0	2 / 5 DAY 1	0 / 0	0 / 5
Thin	0 / 0	2 / 5 DAY 4	0 / 0	0 / 5
Tremors	0 / 0	2 / 5 DAY 1	0 / 0	0 / 5

END OF REPORT

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