

**Experiment Number:** 60311 - 03

**Test Type:** 90-DAY

**Route:** RESPIRATORY EXPOSURE WHOLE BODY

**Species/Strain:** RATS/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Cobalt

**CAS Number:** 7440-48-4

**Date Report Requested:** 08/16/2012

**Time Report Requested:** 08:59:19

**First Dose M/F:** 03/08/05 / 03/07/05

**Lab:** BNW

F2\_R2

**NTP Study Number:** C60311

**Lock Date:** 11/29/2005

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 2.6.0.0\_007

**PWG Approval Date:** NONE

Experiment Number: 60311 - 03

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Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST										
		0 0 9 3									
control	ANIMAL ID	0 0 0 0 1	0 0 0 0 2	0 0 0 0 3	0 0 0 0 4	0 0 0 0 5	0 0 0 0 6	0 0 0 0 7	0 0 0 0 8	0 0 0 0 9	0 0 0 0 0
		* TOTALS									

## ALIMENTARY SYSTEM

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

## CARDIOVASCULAR SYSTEM

Heart	+	+	+	+	+	+	+	+	+	+	10
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## ENDOCRINE SYSTEM

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

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 60311 - 03

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Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST											* TOTALS
		0 0 9 3										
control	ANIMAL ID	0 0 0 0 0 1	0 0 0 0 0 2	0 0 0 0 0 3	0 0 0 0 0 4	0 0 0 0 0 5	0 0 0 0 0 6	0 0 0 0 0 7	0 0 0 0 0 8	0 0 0 0 0 9	0 0 0 0 0 0	* TOTALS
Adrenal Cortex		+ + + + + + + + + +										10
Adrenal Medulla		+ + + + + + + + + +										10
Islets, Pancreatic		+ + + + + + + + + +										10
Parathyroid Gland		+ + + + + + + + + +										10
Pituitary Gland		+ + + + + + + + + +										10
Thyroid Gland		+ + + + + + + + + +										10
<b>GENERAL BODY SYSTEM</b>												
NONE												
<b>GENITAL SYSTEM</b>												
Epididymis		+ + + + + + + + + +										10
Preputial Gland		+ + + + + + + + + +										10
Prostate		+ + + + + + + + + +										10
Seminal Vesicle		+ + + + + + + + + +										10
Testes		+ + + + + + + + + +										10
<b>HEMATOPOIETIC SYSTEM</b>												
Bone Marrow		+ + + + + + + + + +										10

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

+ .. Tissue examined microscopically

X .. Lesion present

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Lab: BNW

FISCHER 344 RATS MALE	DAY ON TEST												
		0 0 9 3											
control	ANIMAL ID												
		0 0 0 0 1	0 0 0 0 2	0 0 0 0 3	0 0 0 0 4	0 0 0 0 5	0 0 0 0 6	0 0 0 0 7	0 0 0 0 8	0 0 0 0 9	0 0 0 0 0	0 0 0 0 1	* TOTALS
Lymph Node, Bronchial		M	M	M	M	M	M	M	M	M	M	M	0
Lymph Node, Mandibular		M	M	M	M	M	M	M	M	M	M	M	0
Lymph Node, Mediastinal		+	+	+	+	+	+	+	M	+	+		9
Lymph Node, Mesenteric		+	+	+	+	+	+	+	+	+	+	+	10
Spleen		+	+	+	+	+	+	+	+	+	+	+	10
Thymus		+	+	+	+	+	+	+	+	+	+	+	10
<b>INTEGUMENTARY SYSTEM</b>													
Mammary Gland		M	M	+	M	+	+	+	+	+	+	+	7
Skin		+	+	+	+	+	+	+	+	+	+	+	10
<b>MUSCULOSKELETAL SYSTEM</b>													
Bone		+	+	+	+	+	+	+	+	+	+	+	10
<b>NERVOUS SYSTEM</b>													
Brain		+	+	+	+	+	+	+	+	+	+	+	10
<b>RESPIRATORY SYSTEM</b>													
Larynx		+	+	+	+	+	+	+	+	+	+	+	10
Lung		+	+	+	+	+	+	+	+	+	+	+	10

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

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BLANK .. Not examined microscopically

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

		DAY ON TEST	0	0	0	0	0	0	0	0	0	0
<b>FISCHER 344 RATS MALE</b>		0	0	0	0	0	0	0	0	0	0	0
<b>control</b>		9	9	9	9	9	9	9	9	9	9	9
		3	3	3	3	3	3	3	3	3	3	3
		0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0
		1	2	3	4	5	6	7	8	9	0	*
<b>TOTALS</b>												
Nose		+	+	+	+	+	+	+	+	+	+	10
Trachea		+	+	+	+	+	+	+	+	+	+	10
<b>SPECIAL SENSES SYSTEM</b>												
Eye		+	+	+	+	+	+	+	+	+	+	10
Harderian Gland		+	+	+	+	+	+	+	+	+	+	10
<b>URINARY SYSTEM</b>												
Kidney		+	+	+	+	+	+	+	+	+	+	9
Urinary Bladder		+	+	+	+	+	+	+	+	+	+	10
<b>SYSTEMIC LESIONS</b>												
Multiple Organ		+	+	+	+	+	+	+	+	+	+	10

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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Species/Strain: RATS/F 344/N

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

FISCHER 344 RATS MALE 0.625 MG/M3	DAY ON TEST ANIMAL ID										
		0 0 9 3	0 0 9 3								
		0 0 2 0 1	0 0 2 0 2	0 0 2 0 5	0 0 2 0 6	0 0 2 0 7	0 0 2 0 8	0 0 2 0 9	0 0 2 0 0	0 0 2 1 0	

\* TOTALS

### ALIMENTARY SYSTEM

NONE

### CARDIOVASCULAR SYSTEM

NONE

### ENDOCRINE SYSTEM

NONE

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

Epididymis	+	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	+	10

### HEMATOPOIETIC SYSTEM

NONE

### INTEGUMENTARY SYSTEM

NONE

### MUSCULOSKELETAL 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

	DAY ON TEST	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0
<b>FISCHER 344 RATS MALE</b>	ANIMAL ID	9	9	9	9	9	9	9	9	9	9
		3	3	3	3	3	3	3	3	3	3
<b>0.625 MG/M3</b>		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
		0	0	0	0	0	0	0	0	1	
		1	2	3	4	5	6	7	8	9	0

\* TOTALS

NONE

**NERVOUS SYSTEM**

NONE

**RESPIRATORY SYSTEM**

Lung

+ + + + + + + + + + + 10

Nose

+ + + + + + + + + + + 10

**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

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Experiment Number: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS MALE |  | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|
| 1.25 MG/M3            |  | ANIMAL ID   | 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 | 4 |
|                       |  |             | 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

NONE

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

|            |   |   |   |   |   |   |   |   |   |   |   |    |
|------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis | + | + | + | + | + | + | + | + | + | + | + | 10 |
| Prostate   |   |   |   | + |   |   |   |   |   |   |   | 1  |
| Testes     | + | + | + | + | + | + | + | + | + | + | + | 10 |

### HEMATOPOIETIC SYSTEM

NONE

### INTEGUMENTARY 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

DAY ON TEST

FISCHER 344 RATS MALE

1.25 MG/M3

ANIMAL ID

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 0 | 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

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

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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS MALE<br>2.5 MG/M3 | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|------------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                    |                          | 0<br>0<br>9<br>3      |
|                                    |                          | 0<br>0<br>6<br>0<br>1 | 0<br>0<br>6<br>0<br>2 | 0<br>0<br>6<br>0<br>3 | 0<br>0<br>6<br>0<br>4 | 0<br>0<br>6<br>0<br>5 | 0<br>0<br>6<br>0<br>6 | 0<br>0<br>6<br>0<br>7 | 0<br>0<br>6<br>0<br>8 | 0<br>0<br>6<br>0<br>9 | 0<br>0<br>6<br>1<br>0 |

\* TOTALS

**ALIMENTARY SYSTEM**

|       |   |   |
|-------|---|---|
| Liver | + | 1 |
|-------|---|---|

**CARDIOVASCULAR SYSTEM**

NONE

**ENDOCRINE SYSTEM**

NONE

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|            |   |   |   |   |   |   |   |   |   |   |    |
|------------|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis | + | + | + | + | + | + | + | + | + | + | 10 |
|------------|---|---|---|---|---|---|---|---|---|---|----|

|        |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Testes | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

**HEMATOPOIETIC SYSTEM**

NONE

**INTEGUMENTARY SYSTEM**

NONE

**MUSCULOSKELETAL SYSTEM**

\* .. 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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Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| DAY ON TEST           |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-----------------------|--|---|---|---|---|---|---|---|---|---|---|
| FISCHER 344 RATS MALE |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.5 MG/M3             |  | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                       |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID             |  | 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 | 6 |
|                       |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|                       |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\* TOTALS

NONE

### NERVOUS SYSTEM

NONE

### RESPIRATORY SYSTEM

Lung

+ + + + + + + + + + + 10

Nose

+ + + + + + + + + + + 10

### 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

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Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS MALE<br>5.0 MG/M3 | DAY ON TEST<br>ANIMAL ID | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------------|--------------------------|----------|---|---|---|---|---|---|---|---|---|
|                                    |                          | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                    |                          | 9        | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                    |                          | 3        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                    |                          | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                    |                          | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                    |                          | 8        | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
|                                    |                          | 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

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

## ENDOCRINE 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS MALE       | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|-----------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                             |             | 0<br>0<br>9<br>3      |          |
| 5.0 MG/M3                   | ANIMAL ID   | 0<br>0<br>8<br>0<br>1 | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>0<br>5 | 0<br>0<br>8<br>0<br>6 | 0<br>0<br>8<br>0<br>7 | 0<br>0<br>8<br>0<br>8 | 0<br>0<br>8<br>0<br>9 | 0<br>0<br>8<br>0<br>0 |          |
| Adrenal Cortex              |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Adrenal Medulla             |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Islets, Pancreatic          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Parathyroid Gland           |             | M + + + M + + M + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7        |
| Pituitary Gland             |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Thyroid Gland               |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| <b>GENERAL BODY SYSTEM</b>  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| NONE                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| <b>GENITAL SYSTEM</b>       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Epididymis                  |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Preputial Gland             |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Prostate                    |             | + + + + + + + + + M   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9        |
| Seminal Vesicle             |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Testes                      |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| <b>HEMATOPOIETIC SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone Marrow                 |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS MALE<br>5.0 MG/M3 | DAY ON TEST<br>ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|------------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                    |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| Lymph Node                         |                          |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Lymph Node, Bronchial              |                          | M | M | M | M | M | M | M | M | M | M | M | M | 0        |
| Lymph Node, Mandibular             |                          | + | M | M | M | M | M | M | M | M | M | M | M | 1        |
| Lymph Node, Mediastinal            |                          | + | + | + | M | + | + | M | + | M | + |   |   | 7        |
| Lymph Node, Mesenteric             |                          | + | + | + | + | + | + | + | + | + | + | + | + | 10       |
| Spleen                             |                          | + | + | + | + | + | + | + | + | + | + | + | + | 10       |
| Thymus                             |                          | + | + | + | + | + | + | + | + | + | + | + | + | 10       |
| <b>INTEGUMENTARY SYSTEM</b>        |                          |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Mammary Gland                      |                          | + | + | + | M | + | + | + | + | M | M |   |   | 7        |
| Skin                               |                          | + | + | + | + | + | + | + | + | + | + | + | + | 10       |
| <b>MUSCULOSKELETAL SYSTEM</b>      |                          |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Bone                               |                          | + | + | + | + | + | + | + | + | + | + | + | + | 10       |
| <b>NERVOUS SYSTEM</b>              |                          |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Brain                              |                          | + | + | + | + | + | + | + | + | + | + | + | + | 10       |
| <b>RESPIRATORY SYSTEM</b>          |                          |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Larynx                             |                          | + | + | + | + | + | + | + | + | + | + | + | + | 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS MALE        | 5.0 MG/M3 | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|------------------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                              |           |             | 0<br>0<br>9<br>3      |          |
|                              |           | ANIMAL ID   | 0<br>0<br>8<br>0<br>1 | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>0<br>5 | 0<br>0<br>8<br>0<br>6 | 0<br>0<br>8<br>0<br>7 | 0<br>0<br>8<br>0<br>8 | 0<br>0<br>8<br>0<br>9 | 0<br>0<br>8<br>0<br>0 |          |
| Lung                         |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Nose                         |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Trachea                      |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| <b>SPECIAL SENSES SYSTEM</b> |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Eye                          |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Harderian Gland              |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| <b>URINARY SYSTEM</b>        |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Kidney                       |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| Urinary Bladder              |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |
| <b>SYSTEMIC LESIONS</b>      |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Multiple Organ               |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 10       |

\*\*\* END OF 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| control                 | ANIMAL ID   | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                         |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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

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

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

## ENDOCRINE SYSTEM

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

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE     | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|-----------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                             |             | 0<br>0<br>9<br>3      |          |
| control                     | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>0<br>8 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>0<br>0 |          |
| Adrenal Cortex              |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Adrenal Medulla             |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Islets, Pancreatic          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Parathyroid Gland           |             | + + + M + M + + M +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7        |
| Pituitary Gland             |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Thyroid Gland               |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| <b>GENERAL BODY SYSTEM</b>  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| NONE                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| <b>GENITAL SYSTEM</b>       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Clitoral Gland              |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Ovary                       |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Uterus                      |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| <b>HEMATOPOIETIC SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone Marrow                 |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 10       |
| Lymph Node, Bronchial       |             | M M M M M M M M M M   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 0        |
| Lymph Node, Mandibular      |             | M M M M M M M M M M   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 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: 60311 - 03

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/16/2012

Test Type: 90-DAY

Cobalt

Time Report Requested: 08:59:19

Route: RESPIRATORY EXPOSURE WHOLE BODY

CAS Number: 7440-48-4

First Dose M/F: 03/08/05 / 03/07/05

Species/Strain: RATS/F 344/N

Lab: BNW

| FISCHER 344 RATS FEMALE       | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |
|-------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|
|                               |             | 0<br>0<br>9<br>3      | 0<br>0<br>9<br>3 | 0<br>0<br>9<br>3 |
| control                       | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>0<br>8 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>0<br>0 |                  |                  |
| Lymph Node, Mediastinal       |             | + M M + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 8                |
| Lymph Node, Mesenteric        |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| Spleen                        |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| Thymus                        |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| <b>INTEGUMENTARY SYSTEM</b>   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |
| Mammary Gland                 |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| Skin                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| <b>MUSCULOSKELETAL SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |
| Bone                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| <b>NERVOUS SYSTEM</b>         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |
| Brain                         |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| <b>RESPIRATORY SYSTEM</b>     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |
| Larynx                        |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| Lung                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| Nose                          |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |
| Trachea                       |             | + + + + + + + + + +   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  | 10               |

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

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

|                                |  | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|
|                                |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |  | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                |  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| <b>FISCHER 344 RATS FEMALE</b> |  |             |   |   |   |   |   |   |   |   |   |   |
| <b>control</b>                 |  | 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 |
| <b>* TOTALS</b>                |  |             |   |   |   |   |   |   |   |   |   |   |
| <b>SPECIAL SENSES SYSTEM</b>   |  |             |   |   |   |   |   |   |   |   |   |   |
| Eye                            |  |             |   |   |   |   |   |   |   |   |   |   |
| +                              |  |             |   |   |   |   |   |   |   |   |   |   |
| Harderian Gland                |  |             |   |   |   |   |   |   |   |   |   |   |
| +                              |  |             |   |   |   |   |   |   |   |   |   |   |
| <b>URINARY SYSTEM</b>          |  |             |   |   |   |   |   |   |   |   |   |   |
| Kidney                         |  |             |   |   |   |   |   |   |   |   |   |   |
| +                              |  |             |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder                |  |             |   |   |   |   |   |   |   |   |   |   |
| +                              |  |             |   |   |   |   |   |   |   |   |   |   |
| <b>SYSTEMIC LESIONS</b>        |  |             |   |   |   |   |   |   |   |   |   |   |
| Multiple Organ                 |  |             |   |   |   |   |   |   |   |   |   |   |
| +                              |  |             |   |   |   |   |   |   |   |   |   |   |
| 10                             |  |             |   |   |   |   |   |   |   |   |   |   |
| 10                             |  |             |   |   |   |   |   |   |   |   |   |   |
| 10                             |  |             |   |   |   |   |   |   |   |   |   |   |
| 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>0.625 MG/M3 | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |
|--|-----------|-------------|---|---|---|---|---|---|---|---|---|
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |           | 9           | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|  |           | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |           | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|  |           | 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\* TOTALS

### ALIMENTARY SYSTEM

|       |   |   |
|-------|---|---|
| Liver | + | 1 |
|-------|---|---|

### CARDIOVASCULAR SYSTEM

NONE

### ENDOCRINE SYSTEM

NONE

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

NONE

### HEMATOPOIETIC SYSTEM

NONE

### INTEGUMENTARY SYSTEM

NONE

### MUSCULOSKELETAL 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>0.625 MG/M3 | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|  |                          | 0<br>0<br>9<br>3 |
|  |                          | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>2 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>5      | 0<br>0<br>6      | 0<br>0<br>7      | 0<br>0<br>8      | 0<br>0<br>9      | 0<br>0<br>0      |

\* TOTALS

## NERVOUS SYSTEM

NONE

## RESPIRATORY SYSTEM

Lung

+ + + + + + + + + + + + 10

Nose

+ + + + + + + + + + + + 10

## 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| DAY ON TEST             |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|--|---|---|---|---|---|---|---|---|---|---|
| FISCHER 344 RATS FEMALE |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.25 MG/M3              |  | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                         |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID               |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                         |  | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                         |  | 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

NONE

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

NONE

### HEMATOPOIETIC SYSTEM

NONE

### INTEGUMENTARY SYSTEM

NONE

### MUSCULOSKELETAL 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>1.25 MG/M3 | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---------------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                       |                          | 0<br>0<br>9<br>3      |
|                                       |                          | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>0<br>4 | 0<br>0<br>5<br>0<br>5 | 0<br>0<br>5<br>0<br>6 | 0<br>0<br>5<br>0<br>7 | 0<br>0<br>5<br>0<br>8 | 0<br>0<br>5<br>0<br>9 | 0<br>0<br>5<br>1<br>0 |

\* TOTALS

## NERVOUS SYSTEM

NONE

## RESPIRATORY SYSTEM

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

## 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| DAY ON TEST             |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|--|---|---|---|---|---|---|---|---|---|---|
| FISCHER 344 RATS FEMALE |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.5 MG/M3               |  | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                         |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID               |  | 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 | 7 |
|                         |  | 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

NONE

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

Ovary

+

1

### HEMATOPOIETIC SYSTEM

NONE

### INTEGUMENTARY SYSTEM

NONE

### MUSCULOSKELETAL 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

|                         | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FISCHER 344 RATS FEMALE | 2.5 MG/M3   | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                         |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                         | ANIMAL ID   | 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 | 7 |
|                         |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
|                         |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

\* TOTALS

**NERVOUS SYSTEM**

NONE

**RESPIRATORY SYSTEM**

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

**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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | DAY ON TEST<br>ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|
|                                      |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                      |                          | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                      |                          | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                      |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                      |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                      |                          | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                                      |                          | 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

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

## ENDOCRINE 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|--------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                      |                          | 0<br>0<br>9<br>3 |          |
| Adrenal Cortex                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Adrenal Medulla                      |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Islets, Pancreatic                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Parathyroid Gland                    |                          | +                | +                | +                | +                | +                | +                | +                | M                | +                | M                | 8        |
| Pituitary Gland                      |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Thyroid Gland                        |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| <b>GENERAL BODY SYSTEM</b>           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| NONE                                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| <b>GENITAL SYSTEM</b>                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Clitoral Gland                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Ovary                                |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Uterus                               |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| <b>HEMATOPOIETIC SYSTEM</b>          |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Bone Marrow                          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 10       |
| Lymph Node, Bronchial                |                          | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | 0        |
| Lymph Node, Mandibular               |                          | M                | M                | M                | M                | M                | M                | M                | M                | M                | M                | 0        |

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

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | DAY ON TEST<br>ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0      |
|--------------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|--------|
|                                      |                          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0      |
| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | 9                        | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9      |
|                                      | 3                        | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3      |
| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0      |
|                                      | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0      |
| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | 9                        | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9      |
|                                      | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1      |
| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | 1                        | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *      |
|                                      |                          |   |   |   |   |   |   |   |   |   | TOTALS |
| Lymph Node, Mediastinal              |                          | + | M | + | M | + | + | + | + | + | 8      |
| Lymph Node, Mesenteric               |                          | + | + | + | + | + | + | + | + | + | 10     |
| Spleen                               |                          | + | + | + | + | + | + | + | + | + | 10     |
| Thymus                               |                          | + | + | + | + | + | + | + | + | + | 10     |
| <b>INTEGUMENTARY SYSTEM</b>          |                          |   |   |   |   |   |   |   |   |   |        |
| Mammary Gland                        |                          | + | + | + | + | + | + | + | + | + | 10     |
| Skin                                 |                          | + | + | + | + | + | + | + | + | + | 10     |
| <b>MUSCULOSKELETAL SYSTEM</b>        |                          |   |   |   |   |   |   |   |   |   |        |
| Bone                                 |                          | + | + | + | + | + | + | + | + | + | 10     |
| <b>NERVOUS SYSTEM</b>                |                          |   |   |   |   |   |   |   |   |   |        |
| Brain                                |                          | + | + | + | + | + | + | + | + | + | 10     |
| <b>RESPIRATORY SYSTEM</b>            |                          |   |   |   |   |   |   |   |   |   |        |
| Larynx                               |                          | + | + | + | + | + | + | + | + | + | 10     |
| Lung                                 |                          | + | + | + | + | + | + | + | + | + | 10     |
| Nose                                 |                          | + | + | + | + | + | + | + | + | + | 10     |
| Trachea                              |                          | + | + | + | + | + | + | + | + | + | 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: 60311 - 03

Test Type: 90-DAY

Route: RESPIRATORY EXPOSURE WHOLE BODY

Species/Strain: RATS/F 344/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Cobalt

CAS Number: 7440-48-4

Date Report Requested: 08/16/2012

Time Report Requested: 08:59:19

First Dose M/F: 03/08/05 / 03/07/05

Lab: BNW

| FISCHER 344 RATS FEMALE<br>5.0 MG/M3 | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|--------------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                      |                          | 0<br>0<br>9<br>3      |
|                                      |                          | 0<br>0<br>9<br>0<br>1 | 0<br>0<br>9<br>0<br>2 | 0<br>0<br>9<br>0<br>3 | 0<br>0<br>9<br>0<br>4 | 0<br>0<br>9<br>0<br>5 | 0<br>0<br>9<br>0<br>6 | 0<br>0<br>9<br>0<br>7 | 0<br>0<br>9<br>0<br>8 | 0<br>0<br>9<br>0<br>9 | 0<br>0<br>9<br>0<br>0 |

\* TOTALS

SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | 10 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | 10 |

URINARY SYSTEM

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

SYSTEMIC LESIONS

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

\*\*\* END OF REPORT \*\*\*

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

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically