GMP Trends

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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

To: Responsible Person, Director of Quality Assurance

FIRM NAME	STREET ADDRESS
Pharmaceutical and Related Industries	5600 Regulation Lane
CITY, STATE AND COUNTRY	TYPE OF ESTABLISHMENT INSPECTED
United States of America and Worldwide	Pharmaceutical and Medical Device

DURING A REVIEW OF INSPECTION REPORTS OF U.S. FIRMS (I) (WE) OBSERVED:

LABORATORY CONTROLS

1. .....Written records of investigations into unexplained discrepancies and the failure of a batch or any of its components to meet specifications do not always include the conclusions and follow-up.

   The corrective actions documented in laboratory investigation reports (LIRs) only address the product's disposition and not the root cause attributed to the failures. In addition, several reoccurrences of the same error occurred but no evaluation of the method and/or training was provided, documented, and/or supported by documentation to assure effective corrective action of the root cause. Furthermore, the attributed root causes and conclusions are not thoroughly supported and/or documented.

2. .....There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

   Specifically, Laboratory Out of Specification (OOS) and/or Atypical Results investigations are not always complete or accurate. Laboratory Incident Records (LIRs) ..... were all initiated to investigate the presence of extraneous peaks found in the dissolution chromatography for ..... tablets. The concluded root causes for these LIRs was contamination due to glassware or filters. None of the documented CAPAs associated with these LIRs involve a study of the filters or their storage and handling in the laboratory. For example, the investigations did not include appropriate follow-up for the handling of the filters prior to filtering of the samples and the preparation and monitoring of the Dissolution apparatus during testing, which were potential problems identified in the investigations.

3. .....Appropriate controls are not exercised over computers or related systems to assure that changes in master production and control records or other records are instituted only by authorized personnel.

   Specifically, the firm has no written procedures to address data security and data integrity. For example:

   a. Access to the ..... software system is not adequately secured in that there are no user roles and individual username and passwords assigned to laboratory personnel. Instead, the firm utilizes a general username and password that is conspicuously displayed. As a result, there is no system in place to ensure that the raw data is protected from deletion or alteration. The audit trail function was not activated to ensure changes made to the systems, methods, and data files are recorded and filed. Furthermore, there is no record of operator entries and actions that create, modify, or delete electronic data.

4. .....The suitability of all testing methods is not verified under actual conditions of use.

   Specifically, compendial microbiological testing methods require verification of method suitability with the manufactured product to ensure the products do not interfere with the microbiological methods. Firm failed to perform microbiological suitability testing on replicate lots to ensure the method is suitable for detection of microbial organisms. Only a single lot of each manufactured product was used to perform method suitability testing.

5. .....Laboratory records do not include complete records of the periodic calibration of laboratory instruments.

   Specifically, the annual operation qualification reports performed by a third-party contractor for all stability chambers do not have supportive information and/or results to assure qualification was performed appropriately. In addition, there was no comparison and tolerance requirement documented between results for any correction required or made to the temperature and humidity settings for the chambers. There was no annual qualification procedure or protocol in place describing how to conduct this calibration and implement temperature and humidity corrective action if necessary.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	DATE ISSUED
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