	CTH AND HUMAN SERVICES G ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
19701 Fairchild	5/13/2019-5/23/2019*
Irvine, CA 92612-2445 (949)608-2900 Fax:(949)608-4417	3015381220
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Erin M. Sairafe, Chief Compliance Officer	
FIRM NAME	STREET ADDRESS
Liveyon Labs Inc	22667 Old Canal Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Yorba Linda, CA 92887-4601	Biological Drug Manufacturer

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

OBSERVATION 1

Donors were not screened by a review of relevant medical records for risk factors of communicable disease agents and diseases.

Specifically, you have received donors of umbilical cord blood units since January 2019 from your main supplier located in which is an area identified as an active transmission risk area. From the umbilical cord blood units you received, you produced of which is an area identified as an active transmission risk area. From the umbilical cord blood units you received, you produced of which is an area identified as an active transmission risk area.

- A. For example, FDA has identified Zika virus (ZIKV) as a relevant communicable disease agent or disease (RCDAD) under 21 CFR 1271.3(r)(2). Therefore, review of relevant medical records, as defined in 21 CFR 1271.3(s), must indicate that a potential donor is free from risk factors for, or clinical evidence of, ZIKV infection for the purpose of determining donor eligibility. Form DT-001 "Donor Risk Assessment Interview" utilized by your main supplier of umbilical cord blood located in (b) (4) does not include the full complement of questions required to assess a donor's relevant communicable disease risk as it relates to ZIKV. Form DT-001 only asks donors "Have you ever been diagnosed with or suspected of having dengue, chikungunya or Zika virus." The following questions are missing:
 - Whether the donor has resided in or traveled to an area with increased risk for Zika virus transmission at any point during pregnancy or
 - 2. Had sex at any point during pregnancy with a person who has resided in or traveled to an area with increased risk for Zika virus transmission or
 - 3. Had sex at any point during pregnancy with a person who had a medical diagnosis of ZIKV infection.
- B. The firm accepted deficient relevant medical records from their umbilical cord blood supplier that were subsequently used evaluate donor eligibility. Form DT-001 "Donor Risk Assessment Interview" does not

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	DEPARTMENT OF HEA	LTH AND HUMAN SER	VICES	
DISTRICT ADDRESS AND	PHONE NUMBER	DATE(S)	OF INSPECTION	
19701 Fair		5/13 FEI NUM	3/2019-5/23/2019 BER	9*
	92612-2445 900 Fax: (949)608-4417		381220	
	vidual to whom report issued Lrafe, Chief Compliance Office:			
FIRM NAME	trare, Chief Compilance Officer	STREET ADDRESS		
Liveyon Lab		22667 Old Can	al Rd	
CITY, STATE, ZIP CODE, C		TYPE ESTABLISHMENT INSPEC		25.
rorba Linda	a, CA 92887-4601	Biological D	rug Manufacture	P.E.
OBSERVAT HCT/P donors Specifically (b) from your main donor eligibility You have receive (n(b) (4) blood units you OBSERVATI Procedures des did not include Specifically cord blood i adequately was	is identified as an active trans a supplier located ir (b) (4) y based on donor screening for Zika and (b) (4) wed (b) (4) donors of umbilical cord blood us which is an area identified as an received, you produced (b) (4) of which (c) (a) con 3 signed to prevent microbiological context and the validation of the aseptic process. since January 16, 2019 to May 21, 2019 and (b) (4) vials of biological products of validate the aseptic process used to product ailed to adequately validate your manufacture.	ased on the results mission area for Zi (contracted reco CJD risk. nits since January 2 nactive transmission vial were fur tarmination of drug which (b) (4) were deep the biological process for starting process for sta	ka and donors of unvery firm) is not provery firm) is not provery firm) is not provery firm your main risk area. From the ther distributed. g products purporting (b) (4) tonations of histributed, however your poducts.	abilical cord bloo operly determining supplier located the umbilical cord and to be sterile numan umbilical your firm did not
media fi	Il batch sizes are not at least equal to the	maximum commerc	cial product batch siz	e made. Your
	ralidation denotes media fills that valida	ited batch sizes of	vials, resp	ectively. From
(b) (4)	, you manufactured 17 l	ots where the lot six	ze ranged from	of PURE
products	•			
EE REVERSE F THIS PAGE	EMPLOYEE(S)SIGNATURE Abby L Mozeke-Baker, Investig Tania Y Hall, Investigator	ator	Abby L Mozeka-Baker Investigator Signed By Aldry L. Mozeka-baker St. Date Signed: 05-23-2019 14-00-28	DATE ISSUED 5/23/2019
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DATE(S) OF INSPECTION DISTRICT ADDRESS AND PHONE NUMBER 19701 Fairchild 5/13/2019-5/23/2019* Irvine, CA 92612-2445 3015381220 (949)608-2900 Fax: (949)608-4417 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Erin M. Sairafe, Chief Compliance Officer FIRM NAME STREET ADDRESS Liveyon Labs Inc 22667 Old Canal Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Yorba Linda, CA 92887-4601 Biological Drug Manufacturer

Lot Number	Vials Frozen	Vials Released
(h) (6)	(b) (4)	(b) (4)
(b) (6)	(4)	(7)
_ ` ' ' \		
-		

b) Your firm failed to adequately validate the aseptic process as demonstrated by environmental organisms being detected in product samples as well as environmental monitoring samples. From January 16, 2019 to present, three pre- and post-processing sterility samples that yielded microbial growth with the following identification

Donor Number	Lot Number	Pre Sterility	Post Sterility	Organism ID	Disposition
(b)(6)	(b) (6)	FAIL	PASS	Staphylococcus hominis	Destroyed

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FORM FDA 402 /80 MB)	DEDUKATO INSTRUM ANNA PET	INSDECTIONAL ORSEDVATIONS		PAGE 3 of 12 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 19701 Fairchild 5/13/2019-5/23/2019* Irvine, CA 92612-2445 3015381220 (949)608-2900 Fax: (949)608-4417 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Erin M. Sairafe, Chief Compliance Officer FIRM NAME STREET ADDRESS Liveyon Labs Inc 22667 Old Canal Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED

(b)(6)	(b) (6)	FAIL	PASS	Gram positive bacillus	Destroyed
(b)(6)	(b) (6)	FAIL	PASS	Gram positive bacillus	Destroyed

Biological Drug Manufacturer

Yorba Linda, CA 92887-4601

From January 16, 2019 to May 10, 2019, Environmental Monitoring of in process settling plates within the ISO 5 Biological Safety Cabinets (BSC) included growth and identification of Paeniabacillus glucanolyticus on two separate occasions.

Date	Area of failure	Sample type	Organism(s) Id	Number of CFU's	Lot Number	Disposition
1/17/2019	BSC(b) (4) (b) (4)	Air (In Process Settle plate)	Paeniebacillus glucanolyticus	1	(b) (6)	Released
2/20/2019	BSC (b) (4) (b) (4)	Air (In Process Settle plate)	Paeniebacillus glucanolyticus	1	(b) (6)	Released

From February 20, 2019 – May 10, 2019, the Environmental Monitoring sampling of ISO 7 gown and clean rooms as well as personnel sampling included the following microbial growths with speciation:

Location/ Sample#	Date Of Sample	Class	Viable Air Level	# of Pers onn el	Total Microbial Count	Total Count (CFU ^(b) (4)	Lots Affected	Disposition
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATION	NS	PAGE 4 of 12 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 19701 Fairchild 5/13/2019-5/23/2019* Irvine, CA 92612-2445 3015381220 (949) 608-2900 Fax: (949) 608-4417 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Erin M. Sairafe, Chief Compliance Officer FIRM NAME STREET ADDRESS Liveyon Labs Inc 22667 Old Canal Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Yorba Linda, CA 92887-4601 Biological Drug Manufacturer (b) (4) 2 (Staphylococcus **Destroyed ISO Count 3 <2 (no Computer Class 7 Below hominis) growth) 2/20/2019 Released Table Action (Middle) Level Released Released ISO Gowning Count 2 (Staphylococcus N/a same lots as Class (b) (4) Room Below hominis, Bacillus above 2/20/2019 same lots as above (Center) Action Spp.) Level Gowning 3/6/2019 ISO Count 1 (Staphylococcus N/a Rejected Class (b) (4) Below Room hominis) Rejected (Center) Action Level Rejected Rejected 3/21/2019 ISO (b) (4) 3 1 (Stapylococcus Door Count 1 Released Handle Below hominis) Released Exterior Action Level Gowning ISO (b) (4) Class Count 2 6 6 Destroyed (Staphylococ Room Below Destroyed (Center) Action cus hominis, Level Bacillus 3/27/2019 licheniformis) (b) (6) 4/25/2019 ISO N/A 3 Staphylococcus Released Upper Class 7 haemolyticus Released Torso Released EMPLOYEE(S) SIGNATURE DATE ISSUED SEE REVERSE Abby L Mozeke-Baker, Investigator 5/23/2019 OF THIS PAGE Tania Y Hall, Investigator stigator est By: Abby L. Mczeke-beke Date Stoned: 05-23-2019 14:02-28 PAGE 5 of 12 PAGES INSPECTIONAL OBSERVATIONS FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE

	TH AND HUMAN SERVICES G ADMINISTRATION
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Yorba Linda, CA 92887-4601	Biological Drug Manufacturer

** Lot (b) (6) post-sterility sample and (b) (4) ISO 7 surface samples both identified Staphylococcus hominis.

** Lot (b) (6) post-sterility sample and (b) (4) ISO 7 surface samples both identified Staphylococcus hominis.

c) You failed to conduct sampling according to LL-QA-005 Environmental Monitoring (EM) operating procedure, version 1, effective date 5/14/2019. Section 7.4.4 states(b) (4) (b) (4)

shall be performed on a basis ir basis ir basis ir schedule to capture all shifts. From January 18, 2019 – May 20, 2019, the firm failed to conduct(b) (4) EM sampling for a total of 3 weeks.

Dates of missing environmental monitoring sampling	Lots processed	# Vials manufactured And released (b) (4)
(b) (4)	(b) (6)	
(b) (4)	(1.) (0)	Total (b) (4)
(b) (4)	(b) (6)	(b) (4)
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		-
		-
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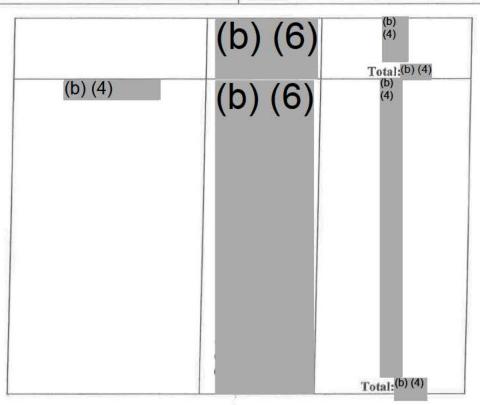
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DEPARTMENT OF HEALTH AND HUMAN SERVICES DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 19701 Fairchild 5/13/2019-5/23/2019* Irvine, CA 92612-2445 3015381220 (949)608-2900 Fax: (949)608-4417 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Erin M. Sairafe, Chief Compliance Officer FIRM NAME STREET ADDRESS Liveyon Labs Inc 22667 Old Canal Rd CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Yorba Linda, CA 92887-4601 Biological Drug Manufacturer



e) The raw materials and supplies are labeled for in vitro diagnostic use, or research use and are used in the production of PURE products since production began in January 2019. From January 16, 2019 to May 20, 2019, your firm processed approximately to approximately to approximately vials of biological products were manufactured of which were distributed.

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Destruction of the Environment	irafe, Chief Compliance Office	r		
FIRM NAME		STREET ADDRESS		
Liveyon Lak			ld Canal Rd	
	a, CA 92887-4601	Biologic	entimispected al Drug Manufacture	er
of(b) (4) shall d (b) (4) (b) (6) process	efine(b) (4)	On 02/26/201 by the same operator. Ser	19, batch record (b) (6) e operator. You did not vali	hat this validation and idate the and Chief
Specifically Cleaning, v sanitization approximate	ntity, strength, quality or purity of the v, You failed to challenge your BSC clearersion 1, effective 5/15/2019, with standard procedures are effective. Since January ely (b) (4) donations of human umbilical cological products were manufactured of w	ning describe ard organisms 16, 2019 to N rd blood have	ed in Validation of Biologic s to demonstrate that clean May 20, 2019, your firm pro e been processed and appro	ing and ocessed
	ON 5 igned to prevent objectionable microched, written and followed.	organisms in	n drug products not requi	red to be sterile
Specifically, the	following procedures were not established	ed, written, or	r followed:	
Operating proceed stablished:	dure, LL-QA-005 Environmental Monito	ring, version	1, effective 05/14/2019, w	as not
a. You	failed to establish an appropriate sampling	ig frequency.	. You are not conducting su	urface sampling
	EMPLOYEE(S) SIGNATURE			DATE ISSUED
EE REVERSE F THIS PAGE	Abby L Mozeke-Baker, Investig Tania Y Hall, Investigator	ator	Abby I. Mazenie Haker Sprove By, Abby L. Morele-baker Sprove By, Abby L. Morele-baker V. Dale Signed: 05-213-010-14:02-28	5/23/2019

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FIRM NAME			STREET ADDRESS		
Liveyon Lak					
Yorba Linda	OUNTRY 1, CA 92887-460	1	Biologica	al Drug Manufact	urer
b. Yo app Mo as a correction of second take	ou failed to establish propriate steps to take to take to the propriate steps to take to take to the propriate steps to take t	Environmental Monion 1/15/2019 - 05. vielded 6 growths word of settle (b) (4) blacking valued of settle (b) (4) blacking levels were not be settle (b) (c) (c) (d) blacking levels were not be settle (d) (d) (d) blacking levels were not be settle (d) (d) (d) blacking levels were not leve	els related to mon levels are en , effective 05/es in ISO 7, and toring, version Monitorin g openicrobiological /10/19, process ith 1 CFU's. (4) plates during lidation and as attes due to no inet. According	contact plate deng in-processing validation value of the certificate of an arrow of the certificate of of the cert	A-005 Environmental you have recovered areas without taking 5/23/18/19, was not followed: wels for ISO 5 d to assess turing processing of did validate the use attion. You substituted plates. No action was
conf	tact (b) (4) plates do n	ot recovery the orga		5/23/18	ams 5/23/18
	Deviation #	Affected lots	# of vials	Disposition	
	DV 19-004	(h) (6)	(b) (4)	Shipped	
	DV 19-005	(b) (6)		Shipped	
				Shipped	1
	DV 19-006	-		Shipped (b) (4) vials	
- DEVENO	EMPLOYEE(S) SIGNATURE	D. L. T. L.		1	DATE ISSUED
E REVERSE THIS PAGE	Tania Y Hall,	-Baker, Investion Investigator	gator	Abby I. Minorine-Dakes investigator Signed By: Abby I. Mozyb S S Data Signed: 05-23-2019 1	

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DV 19-007	(b)	(6)	(b)	Shipped -(b) vials
DV 19-007		(0)	(4)	Shipped - vials

- e. You have not established an aseptic gowning qualification as of 5/21/2019.
- f. You began manufacturing on (b) (4) As of 5/13/2019, The following procedures were not reviewed, approved, and implemented:

Operating procedure title	Document No.	Version	Effective Date
Sterility Testing & Investigation of Failures	LL-QA-008	1	none
Product Quarantine & Release	LL-LAB-006	1	none
Validation of Pure Products' Stability	LL-LAB- 0069	1	none
Nonconformance	LL-QA-016	1	none

OBSERVATION 6

There is a failure to thoroughly review any unexplained discrepancy whether or not the batch has been already distributed.

Specifically, You failed to investigate and document 5 of 6 microbial growths of in processing settling plates (EM). While you identified the species on a summary chart, you did not identify a trend of repeating microorganisms such as Paenibacillus glucanolyticus species.

OBSERVATION 7

A standard operating procedure for the release of HCT/Ps from donors that test reactive for cytomegalovirus (CMV) was not established, maintained, defined and documented.

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Specifically, there is no procedure that describes the current practice of additional or further testing performed for CMV IgG and CMV IgM when the CMV total antibody test is reactive and how to evaluate the further testing results for purposes of donor eligibility and release to the distributor.

OBSERVATION 8

Procedures describing the handling of written and oral complaints related to drug products are deficiently written or followed.

Specifically, the Product Complaints procedure (LL-Q-015) lacks detailed instructions.

- The procedure does not provide time frames in which complaints received by the sales force must be
 forwarded to log the complaint into the complaint system. It does not provide a time frame in which the
 complaint form must be initiated, a time frame in which a decision to investigate or not be determined, a
 time frame in which the investigation must be initiated and completed, and a time frame in which the
 complaint must be closed.
- The procedure is not reflective of current practice. It instructs customer service/sales receiving
 complaints to forward the complaint to the QA department for follow up. Current practice is to forward
 all complaints to the CCO of Liveyon Labs, Inc. to log into the complaint system and then route to QA
 for follow up.

OBSERVATION 9

Drug products do not bear an expiration date determined by appropriate stability data to assure they meet applicable standards of identity, strength, quality and purity at the time of use.

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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPECTIONAL OBS	ERVATIONS	PAGE 11 of 12 PAGES

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Specifically, you failed to determine an appropriate expiration date. Your stability study titled LL-VAL-019 Validation of PURE Product Stability, version 1, has not been reviewed and approved by a responsible person prior to implementation on 11/30/2018 and is ongoing.

On 5/15/2019, I observed final labeling for batch (b) (6) that denotes a 1-yr expiration date. Chief Compliance Officer of Liveyon Labs Inc. stated that the one-year expiry was assigned on or before 01/15/2019 and was assigned without accelerated studies or other provisional data. Since that time, your firm processed approximately donations of human umbilical cord blood have been processed and approximately (b) (4) vials of biological products were manufactured of which (b) (4) were distributed.

*DATES OF INSPECTION

5/13/2019(Mon), 5/14/2019(Tue), 5/15/2019(Wed), 5/16/2019(Thu), 5/17/2019(Fri), 5/20/2019(Mon), 5/21/2019(Tue), 5/22/2019(Wed), 5/23/2019(Thu)

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EMPLOYEE(8) SIGNATURE

Abby L Mozeke-Baker, Investigator Tania Y Hall, Investigator

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DATE ISSUED 5/23/2019

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