	ENT OF HEALTH AND HUMAN SERVICES		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPEC	TION	
158-15 Liberty Avenue	5/30/2019-6/25	/2019*	
Jamaica, NY 11433		FEI NUMBER	
(718) 340-7000 Ext:5301 Fax:(718)662-5661	3015452722		
Industry Information: www.fda.gov/oc/industry	5015452722		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
ro: Estee Altman, CEO		• 1	
	STREET ADDRESS		
Infusion Options, Inc.	745 64th Street		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED Warehouse		
Brooklyn, NY 11219-4934	warehouse		
OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY D OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLE	REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FAC IETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE EMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVA- JURING THE INSPECTION OR SUBMIT THIS INFORMATION TO F ONE NUMBER AND ADDRESS ABOVE.	AN OBJECTION REGARDING AN ATION, YOU MAY DISCUSS THE	
DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	<i>i</i> .		
OBSERVATION 1			
	te conditions of temperature and humidity so	that their identity,	
strength, quality, and purity are not affected.	10.8	100	
considered an "inactive compounding pharma and dirty floors within the drug storage room controls to assure that the drug products were found under these conditions include but not - Oxaliplatin Injection 50mg/10mL, Lot#(-(b) (4) (bortezomib) for Injection 3.5m - Placitaxel Injection, USP 30mg/5mL, Lot	(b) (4) Exp: 07-2020 ng/vial, Lot#(b) (4), Exp:05-2020	resence of dead insects re no temperature	
Note: Due to your firm's lack of document constructs there is no assurance on how long the	ontrol for the receival, inventory, storage and these drug products were exposed to the conditional statement of the conditional statement of the conditional statement of the s	use of these drug ions aforementioned.	
providers more to no assurance on non rolle a			
*Dates of Inspection: 05/30/2019(Thu), 05/3	1/2019(Fri), 06/05/2019(Wed) & 06/25/2019(Tue) Add Continuation Page	
		DATE ISSUED	
CHOLOVEE(C) CIONATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED	
SEE			
REVERSE Soldhing Gozin	Jose O. Hernandez-Guzman, Investigator	06/25/2019	
SEE and I and Domin	Jose O. Hernandez-Guzman, Investigator Keyin Flessa, Chemist	06/25/2019	