DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DATE(S) OF INSPECTION DISTRICT ADDRESS AND PHONE NUMBER 4040 North Central Expressway, Suite 300 8/18/2015-9/1/2015* FEI NUMBER Dallas, TX 75204 3004107906 (214)253-5200 Fax: (214)253-5314 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Dr. Mary P. Moyer , President & Chief Science Officer FIRM NAME 12734 Cimarron Path INCELL Corporation LLC CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED San Antonio, TX 78249-3424 Outsourcing Facility

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 I OBSERVED:

OBSERVATION 1

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically, pressure gauges are not installed to monitor the pressure differential or air flow between the ISO 7 Cleanroom, the ISO 8 ante room and the unclassified general environment. The ISO 7 Cleanroom - is where the (b) (4) Serial Number: (b) (4) , Equipment ID: (b) (4) is located. The ISO 5 zone is within the (b) (4) where production of the (b) (4) (b) (4) is conducted. The ISO 8 ante-room is located adjacent to the ISO 7 clean room and the donning of Personal Protective Equipment (PPE) is performed in this area. The following two batches of (b) (4) were produced and distributed without the monitoring of pressure differentials.

Lot #	Date Produced	# of vials produced	Expiration Date	Date Shipped
(b) (4)	6/8/2015	(b) (4)	(b) (4)	6/15/2015
(b) (4)	7/1/15	(b) (4)	(b) (4)	7/15/15(b) (4) (b) (4), 8/11/15 (b) (4), (b) (4)

	EMPLOYEE(S) SIGNATURE		DATE ISSUED
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FORM FDA 483 (09/08)

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INSPECTIONAL OBSERVATIONS

PAGE 1 OF 4 PAGES

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		DEPARTMENT (ADMINIST		S		
	ISTRICT ADDRESS AND PHONE NUMBER					DATE(S) OF INSPECTION		
4040 North Central Expressway, Suite 300					8/18/20 FEI NUMBER	8/18/2015-9/1/2015*		
Dallas, TX 75204 (214)253-5200 Fax: (214)253-5314					3004107	906		
NAME AND TITLE OF INDIVIDUA			NOTE THE WAY					
Dr. Mary P. N	Moyer , Pres	sident & Chie	ef Sci	ence Of				
INCELL Corpor	ration LLC				Cimarron P	ath		
CITY, STATE, ZIP CODE, COUN					SHMENT INSPECTED			
San Antonio,	TX 78249-34	124		Outsou	rcing Faci	lity		
are not establish	gned to preve	_		taminat	ion of drug p	roducts purporting	g to be sterile	
Specifically,								
1. Your fir	m does not pe	rform (b) (4)		0	n any of the	sterile (b) (4)		
(b) (4)	•					The following to	wo batches of	
(b) (4)						ere processed and		
A. S. C.	(b) (4) (b) (4)and were no	t (b) (4)	Y		F		
· ·		and word no	(-) (-)	ii		<u></u>		
Lot#	Date Processed with (b) (4) (b) (4)	# of vials produced		ration ate	Date Shipped			
(b) (4)	6/8/2015	(b) (4)	(b) (4		6/15/2015			
(b) (4)	7/1/15	(b) (4)	(b) (4)	7/15/15 (b) (4) 8/11/15 (b) (4)			
(b) (4) simulate	es actual produ		pro ns or co	oducts.	There is no wast case or mo	process (b) (4) vritten procedure the strong confirm fills (b) (4)	The second secon	
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATU Patrice S	RE Hall, Inves	tigato	r PSH		X Patrice S Hall	9/1/2015	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 4040 North Central Expressway, Suite 300 8/18/2015-9/1/2015* FELNUMBER Dallas, TX 75204 3004107906 (214)253-5200 Fax: (214)253-5314 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Dr. Mary P. Moyer , President & Chief Science Officer FIRM NAME INCELL Corporation LLC 12734 Cimarron Path TYPE ESTABLISHMENT INSPECTED CITY, STATE, ZIP CODE, COUNTRY San Antonio, TX 78249-3424 Outsourcing Facility (b) (4) Additionally, the smoke study conducted by a contracted testing laboratory on (b) (4) for the , ISO 5 zone was not performed during dynamic conditions. **OBSERVATION 3** Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions. Specifically, your firm uses non-sterile disinfectants to disinfect the ISO 7 clean room where processing is performed. The non-sterile disinfectants used to clean the walls and floors (b) (4) are: (b) (4) . The following two batches of (b) (4) (b) (4) and (b) (4) (b) (4) were produced in the ISO 7 Cleanroom- where non-sterile disinfectants were used and distributed to your customer. # of vials Expiration Date Date Lot# Shipped Produced produced Date 6/8/2015 (b) (4) JUN 2017 6/15/2015 (b)(4)7/1/15 (b) (4) JUL 2017 7/15/15 (b) (4) (b)(4)(b)(4)8/11/15 (b) (4) Additionally, the firm utilizes (b) (4) , which is (b) (4) (b) (4)) sterilized by the firm, to disinfect the ISO 5 zone inside the (b) (4) where processing is performed. EMPLOYEE(S) SIGNATURE DATE ISSUED Patrice S Hall, Investigator PSY SEE REVERSE 9/1/2015 OF THIS PAGE X Patrice S Hall

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

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PAGE 3 OF 4 PAGES

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DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
4040 North Central Expressway, Suite 300	8/18/2015-9/1/2015* FEI NUMBER
Dallas, TX 75204 (214)253-5200 Fax:(214)253-5314	3004107906
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Dr. Mary P. Moyer , President & Chief Sci	ence Officer
FIRM NAME	STREET ADDRESS
INCELL Corporation LLC	12734 Cimarron Path
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
San Antonio, TX 78249-3424	Outsourcing Facility

OBSERVATION 4

The container labels of your outsourcing facility?s drug products are deficient.

Specifically,

The following information is not found on your (b) (4) product label:

- 1. The statement, "Office Use Only"
- 2. The inactive ingredients, identified by established name and the quantity or proportion of each ingredient.

*DATES OF INSPECTION

8/18/2015(Tue),8/19/2015(Wed),8/20/2015(Thu),9/01/2015(Tue)

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