Investigation of Sterility Test Failure

Investigation # ______________

Part 1. Batch Information:
Product Name: ___________ Product Code & Batch #: ___________
Date of Manufacturing/Filling: ___________ Filling Machine: ___________
Container and Closure: ___________ Filling Room: ___________

Part 2. Description of Test Failure & Possible Root Cause:
________________________________________________________________________

Notification of QA: Who was notified/Date & Time ________________

Part 3. QC Test Data
Date of Test: _______________ Test Room: _______________
Technician: _______________ Test Method #: _______________
Results Date & Time: _______________
Negative Control: _______________ Manipulative Control: _______________
Media Growth Promotion: _______________
Media Type & Batch #: _______________
Media Expiration Date: _______________
Number of Positive Units: ___________ Organism(s) identified: ___________

Environmental Results During Test: Viables- Air- _______________
                                Surface- _______________
                                Personnel Monitoring- _______________
Viable Organism Identification (Note which sample):
________________________________________________________________________
Non-Viable Counts: _______________
Is the first sterility test invalid? Yes/No, and if yes, explain
________________________________________________________________________

Get QA Approval for Retest: _______________
If it is invalid, get retain samples for a repeat sterility test: _______________
Repeat Test Results: _______________

Part 4. Review of QC Data & History:

<table>
<thead>
<tr>
<th>Data/History</th>
<th>Comments</th>
<th>Reviewed By/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterility Isolate found elsewhere in lab?</td>
<td></td>
<td></td>
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<tr>
<td>Technician comments?</td>
<td></td>
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<tr>
<td>Test Deviations?</td>
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</tbody>
</table>
| Review of Cleaning/Disinfection of Sterility Test Suite & Exp. Date of Disinfectants | | }


Review of sample handling/Chain of Custody

False Positives in testing or Controls?

Other batches positive if tested the same day?

Review of C of A’s for materials, filters, solutions

Certification of HEPAs, LF or Isolation Unit

Review of Sterilization Cycles for equipment

Technician Training & Qualification Record

Written By (QC Staff)/Date: ________________

Approved By (QC)/Date: ________________

**Part 5. Quality Assurance Review of Manufacturing/Filling:**

Review interventions during filling of the batch:_______________________

Review of Media Fills (12 months): ________________________________

Review Deviations/Investigations/Interventions for this batch:

____________________________________________________________

Review History of Deviations and Investigations for product: ______

Review of Sterility or Environmental Positives with Same Isolate: ______

Filling Room Environmental Monitoring Results:

<table>
<thead>
<tr>
<th>Sample</th>
<th>Location</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viables- Air</td>
<td></td>
<td></td>
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<tr>
<td>Viables- Surface</td>
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<tr>
<td>Viables-Personnel*</td>
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<tr>
<td>Non-Viables **</td>
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*Note Activity of Person prior to taking sample exiting room. Review previous excursions for same person in last 6 months.

**If possible, isolate source by using portable particulate monitor.

Attach Review of Manufacturing (Compounding) and Filling Activities by Production Personnel Include:

Bioburden/ Filter Integrity for Aseptic Products
Sterilization Cycle for Terminally Sterilized Products
Disinfection of Areas
Raw Material/Component Tests and Handling
Utility Tests

List Batches to be placed on hold:
__________________________________
__________________________________
__________________________________

Written By/Date: ___________________
Approved By/Date: ________________

Part 6. Risk Based Assessment:

Explain if non-viable or viable count (EM results) could potentially impact the sterility of the product.______________________________________________________________

Dosage Form of the Product: Injectable_______ Ophthalmic_______Topical_______

Sterility Test Organism ______________________________________________________

Possible sources of specific organism recovered______________________________________

Other dates specific organism was recovered and location (e.g., EM monitoring in Sterility
Testing Suite or Aseptic Filling Room _____________________________________________

List specific deviations or interventions during batch filling: ____________________________

_______________________________________________________________________________

Is the product capable of sustaining growth of the organism?___________________________

Is there more sampling that needs to be done to find root causes?
Describe______________________________________________________________

List possible root causes._______________________________________________________
_______________________________________________________________________________

What is the most probable root cause?____________________________________________

Are experiments needed to confirm?
______________________________________________________________

Written By/Date: ___________________        Approved By/Date: ____________________
Part 7. Final QA Assessment:

Corrective Action: What should be an immediate action? How should batch disposition be impacted? ________________________________________________________________
_______________________________________________________________________

Preventive Action: What needs to be done to prevent a recurrence of the event?
________________________________________________________________________
________________________________________________________________________

Follow-up to ensure effectiveness of actions _____________________________________
________________________________________________________________________

Written By/Date: _________________________ Approved By/Date:__________________

QA notes/Batch Disposition Decision: ____________________________________________

QA approval/Date:________________________