DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION				
One Montvale Avenue	2/20/2018-3/2/2018*				
Stoneham, MA 02180	FEINUMBER				
(781)587-7500 Fax:(781)587-7556	1219913				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED					
Mr. Frank G. Fives, VP Manufacturing & Walpole Site Manager					
FIRM NAME	STREET ADDRESS				
Siemens Healthcare Diagnostics, Inc	333 Coney St				
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED				
East Walpole, MA 02032-1516	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.

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

Procedures for corrective and preventive action have not been adequately established.

Specifically, the firm failed to adequately verify the effectiveness of the corrective and preventive actions taken related to CAPA 6726; CAPA 6420; and CAPA 6533.

OBSERVATION 2

Procedures for acceptance activities have not been adequately established.

Specifically,

a) The investigations of the deviations and/or out of specification results observed during quality control acceptance activities, such as, qualification of a new antibody pool and batch/ lot quality control inprocess and final testing are not adequately documented.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Maryam Tabatabaie,	Investigator	Maryam Tabatabaie Investigator Signed By: Maryam Tabatabaie -S Date Signed: 03-02-2018 10-51-26 X	DATE ISSUED 3/2/2018
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONAL	DNS	PAGE 1 OF 3 PAGES

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AL TO WHOM REPORT ISSUED								
Mr. Frank G. Fives, VP Manufacturing & Walpole Site Manager								
FIRM NAME STREET ADDRESS								
	333 Coney St							
	Manufacturer							
) are no	ar codes on the (b) (4) ot verified by Quality Control, prior to release to the losed with subsequent assay kit builds/ package.							
as part of production has not been ac	dequately validated for its intended use according to							
	reagent expiration dates calculated and generated by software was not performed and included as nee testing.							
	naintenance of equipment have not been adequately							
	naintenance activities performed in the Controlled I freezers, used for storage, handling and processing							
not documented.								
ooms, including(b) (4) coolers and								
not documented. Observations								
not documented. Observations Promised to correct								
ooms, including(b) (4) coolers and not documented. Observations Promised to correct Promised to correct								
	O Fax: (781) 587-7556 ALTTOWNOM REPORT ISSUED Fives, VP Manufacturing & Wathcare Diagnostics, Inc ON 3 As part of production has not been accordocol. Per verification of the accuracy of the ware validation functional performance. ON 4							

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

PAGE 2 OF 3 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES							
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Mr. Frank G.	Fives, VP Manufacturing & Wa	alpole Sit	e Manage	er			
FIRM NAME	,	STREET ADDRESS					
Siemens Heal	ealthcare Diagnostics, Inc 333 Coney St						
CITY, STATE, ZIP CODE, COUR							
East Walnole	. MA 02032-1516	Manufact					
Labe Marpore	le, MA 02032-1516 Manufacturer						
*DATES OF I 2/20/2018(Tue) 3/02/2018(Fri)	NSPECTION), 2/21/2018(Wed), 2/22/2018(Thu)	, 2/26/2018((Mon), 2/2	27/2018(Tue), 2/2	8/2018(Wed),		
0FF DEVESSE	EMPLOYEE(S) SIGNATURE	- 1	i		DATE ISSUED		
SEE REVERSE	Maryam Tabatabaie, Investiga	ator			3/2/2018		
OF THIS PAGE				Maryam Tabatabaie Investigator Signed By: Maryam Tabatabaie -S Date Signed: 03-02-2018 10.51;26			
				Signed By: Maryam Tabatabale -S Date Signed: 03-02-2018 10.51;26			
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