West Control of the C					
		HEALTH AND HUMAN SET NO DRUG ADMINISTRATION	RVICES		
DISTRICT ADDRESS AND PHON	E NUMBER	●AſE(S	S) OF INSPECTION		
1431 Harber I	_	6/2	24/2019-6/28/2019		
Alameda, CA 9	94502-7070 Fax: (510)337-6702		3005138409		
(310)337-6700	rax: (510) 557-6702				
NAME AND TITLE OF INDIVIDUAL		•			
Katie L. Mis	co, Laboratory Manager	STREET ADDRESS			
96	echnology, LLC	1051 Olsen S	st Ste 3611		
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INSPI			
Henderson, N	√ ¥9011-3161	N•nclinical	Laberatery		
observations, and do observation, or have action with the FDA	mplemented, or plan to implement, corr	on regarding your compliance ective action in response to a submit this information to	n of your facility. They are inspectional ce. If you have an objection regarding an an observation, you may discuss the objection or FDA at the address above. If you have any		
DURING AN INSPEC	TION OF YOUR FIRM I OBSERVED:				
Not all nonclin	ical laboratory studies were	conducted in			
accordance with	the protocol.				
	11 0 1 7 000 111	. 6 11	1.0.0.3.44.14.14.77		
•		-	ocol for Study #1 , titled "The use of		
	Biotechnology (b) (4)	in the treatmen	nt of (b) (4) ." From this		
point for	ward, this study will be referen	nced as Study #1.	(b) (4)		
			d 2-3 surgeries on the same(b) (4) for		
	The state of the s		ptocol outlines one surgical procedure		
	n which the	(b) (4)			
1	n order to	(b) (4)	. The (D) (4) would be		
	(b) (4)	r adopted out dependi	ing on the version of the protocol.		
	Animal Number	Surgery Dates			
	3537	1. 02/14/2017	7		
	3331	2. 03/28/2017			
	3557	1. 02/14/2017			
	3337	2. 03/28/2017	I		
		3. 05/16/2017			
			I		
	25.62	4. 05/31/2018			
	3563	1. 10/16/2016			
		2. 12/17/2016			
	3566	1. 02/14/2017			
		2. 03/28/2017	<u>/</u>		
AMENDMENT 1					
	EMPLOYEE(S) SIGNATURE		DATE ISSUED		
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PAGE 1 of 7 PAGES

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

	DEPARTMENT OF HEAI FOOD AND DRU	LTHAND HUMA IGADMINISTRATIO			
DISTRICT ADDRINGS AND PHONE NUMBER			DATE(S) OF INSPECTION		
1431 Harber Bay Parkway Alameda, CA 94502-7070			6/24/2019-6/28/2019 FEI NUMBER		
	Fax: (510) 337-6702		3005138409		
NAME AND TITLE OF INDIVIDUE	ALTOWHOM REPORT ISSUED				
	co, Laboratory Manager				
FIRM NAME	,	STREET ADDRESS			
	echnology, LLC		en St Ste 3611		
GTY.STATE.ZPCODE.COUN Henderson, NV		Nenglinio	nrinspected cal Laberatery		
nenderson, N	7 • 3011-3101	Nencimic	car haberatery		
		3. 05/16/2	2017		
		4. 05/31/2			
	3569	1. 02/14/2			
		2. 03/28/2			
		3. 05/16/2	_		
		4. 05/31/2	_		
	5935	1. 06/27/2			
		2. 08/08/2	2017		
	5936	1. 06/27/2	2017		
		2. 08/08/2	2017		
		3. 05/31/2	2018*		
	5938	1. 06/27/2	2017		
		2. 08/08/2	2017		
		3. 05/31/2	2018*		
	5939	1. 06/27/2	2017		
		2. 08/08/2			
	*5(b) (4) that were o	perated on	2-3 times for		
	Study #1 were then		on again for		
	Study #2 on these date	es			
, ,		(6)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
b. S	Study Director GGS performed su	rgery on (b)			
	(b) (4)	//2 / · / · 1		to (b) (4) for	
, .	Study #1 and 2 grafts for Study			(b) (4)	
	(b) (4)			d, this study will be	
	referenced as Study #2. N either strom a different study could be perf				
	Surgical Logs for all (b) (4) oper	,			
	given. Study #1 Protocol, dated 09			o) (4)	
	iven. Study "111otocol, unicu 05	72172010, Sta		that (b) (4) should	
) }	nave been given alongside (b) (4)		, meaning	that (b) (1) should	
	mve been given thongone (b) (i)	1			
	AME	NDMENT 1			
	ř				
	EMPLOYEE(S) SIGNATURE		1	DATE ISSUED	
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OF THIS PAGE			Investigator Sign-siley 20012506 Date Signed 07-10-2	356 2019: 10 36 00	
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE IN	SPECTIONAL O	BSERVATIONS	PAGE 2 of 7 PAGES	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION						
DISTRICT ADDRESS AND PHON			E(S) OF INSPECTION 24/2019			
Alameda, CA S	94502-7070		FEI NUMBER 3005138409			
NAME AND TITLE OF INDMOU	Fax: (510) 337-6702					
	co, Laboratory Manager					
FIRM NAME	ST REET ADDRESS					
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INS	PECTED			
Hendersen, N	7 § 9011–3161	N•nclinical	Laberatery			
d. 7	There was a total of (b) (4) that pecifies that there only (b) (4)	at had surgical pr are to be in the s	rocedures in Study #1 totudy.	out the protocol		
laboratory study individual to pe Specifically, Student performed the harvested the t	als engaged in the conduct of or reviate have education, training, and expression assigned functions. addy Director GGS performed the (b) (4) issue samples from the	perience, or comb	-	Study #1. GGS thermore, GGS		
GGS is a perio	GGS is a periodontist who only received training on animal surgical procedures on GGS stated that he has no other specialized training in animal surgical procedures. GGS has no training or experience in surgical procedures involving the (b) (4) species; GGS has no training or experience in surgical procedures involving the (b) (4).					
OBSERVATION 3 The quality assurance unit failed to inspect each nonclinical laboratory study at intervals adequate to assure the integrity of the study and maintain written and properly signed records of each periodic inspection.						
Specifically, the quality assurance unit has not inspected any phases of both nonclinical laboratory studies currently conducted at the firm.						
• Study #1 was initiated on •9/06/2016 and the surgical procedure for the last (b) (4) occurred on 08/08/2•17.						
AMENDMENT 1						
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Dustin P Tran, Investigate	r	Duato P Tran Investigator Signet 9 20012:30508 V Date Signet 07-10 2019 10 36 00	7/10/2019		
FORM FDA 483 (09/08)	PREVIOUS EDITION ORSOLETE I	NSPECTIONAL OBSE	RVATIONS	PAGE 3 of 7 PAGES		

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION				
1431 Harb•r Bay Parkway	6/24/2019-6/28/2019				
Alameda, CA 94502-7070	FEI NUMBER				
(510)337-6700 Fax: (510)337-6702	3005138409				
NAME AND TITLE OF INDMONIAL TO WHOM REPORT ISSUED	·				
Katie L. Misko, Laboratory Manager					
FIRM NAME	ST REET ADDRESS				
Steiner Biotechnology, LLC	1051 Olsen St Ste 3611				
CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED					
Henders•n, NV \$9011-3161	Nenclinical Laberatery				

• Study #2 was initiated on •5/04/2018 and the surgical procedure for the last (b) (4) occurred on 05/31/2•18.

OBSERVATION 4

The quality assurance unit failed to maintain and make available for inspection required records regarding its responsibilities and procedures and the method of indexing such records.

Specifically, President RLS stated that the firm does not have any existing SOPs relating to the roles and responsibilities of the quality assurance unit.

OBSERVATION 5

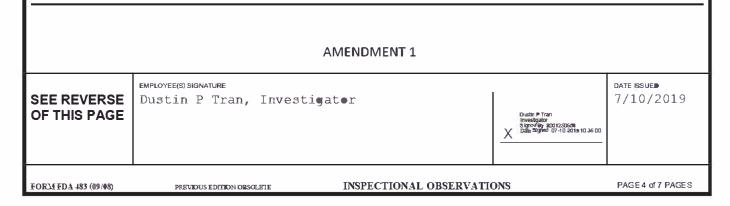
The quality assurance unit failed to maintain a copy of a master schedule sheet that contained all required elements for all nonclinical laboratory studies conducted by the testing facility.

Specifically, on 06/24/2019, I was provided an incomplete copy of the master schedule sheet that contained required elements of only 1 of 2 nonclinical studies. Study #2 was not listed in the master schedule sheet. Firm SOP 290, No. 00, Data Handling, Storage and Retrieval, effective date 06/01/2017, states in 8.3 "The quality assurance unit will maintain the master schedule sheet, copies of protocols, and records of quality assurance inspection in separate folders in the file cabinet in (b) (6) office."

OBSERVATION 6

The testing facility does not provide separate areas, as appropriate, for the diagnosis, treatment, and control of laboratory animal diseases.

Specifically, on 06/25/2019, I observed that there was only one room in which (b) (4) for both studies were housed. There was no separate area or room for the quarantine of diseased or suspected diseased (b) (4)



DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION				
1431 Harb•r Bay Parkway	6/24/2019-6/28/2019				
Alameda, CA 94502-7070	FEI NUMBER				
(510)337-6700 Fax: (510)337-6702	3005138409				
, ,					
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	,				
Katie L. Misko, Laboratory Manager					
FIRM NAME STREEF ADDRESS					
Steiner Biotechnology, LLC	1051 Olsen St Ste 3611				
City, STATE, ZIP C⊕DE, COUNTRY TYPE ESTABLISHMENT INSPECTED					
Henderson, NV 89011-3161 Nonclinical Laboratory					

OBSERVATION 7

The testing facility failed to maintain a current summary of training and experience and job description for each individual engaged in or supervising the conduct of a nonclinical laboratory study.

Specifically, individuals engaged in the conduct of the firm's nonclinical laboratory studies but testing facility management was missing a complete and current summary of training and experience and job description for each individual. Refer to table below for the missing documents:

Name	Title	Role		1	cuments ssing
(b) (6)	(b) (4	•	(b) (4)	1. 2.	Summary of experience Job Description
(b) (6]	(b) (4)	•	(b) (4)	1.	Summary of experience
-,		•	(b) (4)	2.	Job Description
(b) (5)	(b) (4)	•	(b) (4)	2.	Summary of training and experience Job description
(b) (6)	(b) (4	•	(b) (4)	1.	Job Description
Greg G. Steiner, DDS	CEO	•	Study Director Responsible for firm and for GLP studies	1.	Job description
(b) (6]	(b) (4)	•	(b) (4)	1.	Job description
(b) (6)	(b) (4)	•	Researched and outlined	1.	Job

AMENDMENT 1

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FORM FDA 483 (09/08)	PREVIOUS EDITION ORSO	LETE INSPECTIONAL OBSERVATI	ONS	PAGE 5 of 7 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION							
District addrings and phone number 1431 Harbor Bay Parkway			•ArE(S) OF INSPECTION 6/24/2019-6/28/2019				
Alameda, CA 94502-7070 (510)337-6700 Fax: (510)337-6702			FEI NUMBER 300513\$409				
NAME AND TITLE OF INDIVIDUA	L TO WHOM REPORT IS	SLIED					
Katie L. Misk	, Labera	tery Manager	STREET ADDRESS				
Steiner Biote		LLC	1051 Ols		te 3611		
Henderson, NV		51	I	ical Laberatery			
	(b) (6	(b) (4)	(b) (4	1)	description		
			• (b) (4	4)			
	Roslyun L. Steiner	President	• versee the state administrative management, re SoPs, manufact production	gulations,	1. Job Description		
			 • • rganize admin paperwork for a surgeries 				
			-				
Not all consulting compliance with Specifically, you histopathological	OBSERVATION 8 Not all consulting laboratories, contractors, or grantees were notified that the study must be conducted in compliance with FDA GLP regulations. Specifically, your firm contracts histology slide preparation to (b) (4) and contracts histopathological evaluation to (b) (4) but neither contracted laboratory was notified that the study must be conducted in compliance with FDA GLP regulations.						
Not all specimen was not located	OBSERVATION 9 Not all specimens were identified by test system, study, nature, and date of collection. This information was not located on the specimen container or did not accompany the specimen in a manner that precluded error in the recording and storage of data.						
Specifically, on •6/24/2•19, I observed plastic containers with only the animal number written in black marker on the top container lids. Each container contained the (b) (4) which were (b) (4) to fill with the test article. Firm SOP 28•, No. 00, Collection and Identification of Specimens, effective date 06/01/2017, states in 8.9: "Label container with test system (including (b) (4)							
AMENDMENT 1							
SEE REVERSE OF THIS PAGE	employee(s) SIGNAT Dustin P	ure Tran, Inves	tigator		Dustin P Tran Investigation 300 1230558 200 1230558 200 1230508 200 1230508	DATE ISSUED 7/10/2019	

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INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION ORSOLETE

DEPARTMENT OF HEALTH AND HUMAN SERVICES						
1431 Harbor E Alameda, CA 9 (510)337-6700	Bay Parkway		•ATE(S) OF INSPECTION 6/24/2019-6/28/2019 FEI NUMBER 3005138409			
NAME AND TITLE OF INDIMOLIA Katie L. Misk	t тоwном REPORT issue • , Laberatery Manager	<u>'</u>				
FIRM NAME Steiner Biote	chnelegy, LLC	sireeraddress	en St Ste 3611			
Henderson, NV		Nonclinica	enfinspected cal Laberatery			
OBSERVATIO Archives failed	to provide for orderly storage and e				mentation,	
protocols, specimens, and interim and final reports. Specifically, not all of the study documents for both Study #1 and Study #2 was provided in a timely manner. Both protocols state "(b) (4) will be monitored (b) (4) by personneland a (b) (4) report will be sent to the attending veterinarian" The (b) (4) reports contain health monitoring data, such as evaluation (b) (4) and miscellaneous notes. On the first day of the inspection on \(\begin{align*} \begin{align*} 6/24/2019, I requested to see all (b) (4) reports. The following day on \(06/25/2019, I \) was only provided the (b) (4) reports from \(10/19/2016 \) to \(03/3\ldots/2017. \) • Study #1 had the last (b) (4) surgeries on \(08/\ldots/8/2017 \) and Study #2 had the most recent surgeries on \(05/31/2018; \) however, on \(\ldots/27/2\ldots/9 \) approximately three days later from my initial request of obtaining the set of (b) (4) reports, President RLS stated that she found additional reports in her office cabinet. Although I did not have time to review the additional (b) (4) reports due to the close-out the following day, the reports may reflect the \(05/\ldots/4 \) monitoring up to approximately \(05/31/2\ldots/18 \). • Although I was provided (b) (4) reports up to \(\ldots/3/30/2017, \) seven (b) (4) had surgical procedures on \(10/16/2016 \) and post-op (b) (4) reports was only available for one (b) (4). The post-op (b) (4) reports for the other six (b) (4) could have been in the additional (b) (4) reports discovered on \(06/27/19, \) the day before close-out.						
AMENDMENT 1						
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Dustin P Tran, Investigat⊕r			Dustin P Tran Investigator Signs 69; 20012-205-98 Date Signed 07-10-2019-10-36-00	DATE ISSUED 7/10/2019	

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FORM FDA 483 (09/08)

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