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SUMMARY

This was a comprehensive surveillance, non-clinical BIMO GLP, inspection of Young Veterinary Research Services, initiated by the Center for Veterinary Medicine (CVM) in a memorandum dated February 10, 2012 issued by Kevin Hopson, CSO of the Division of Compliance, HFV-234. This assignment was conducted as part of the SAN-DO FY'13 Bioresearch Monitoring Program under Compliance Program 7348.808, Good Laboratory Practice (GLP); FACTS Assignment #138089 . No specific study was assigned for coverage.

A previous FDA clinical BIMO inspection was conducted at this facility in 2011 and was classified as NAI. The report from this previous inspection stated there had been no FDA GLP inspections conducted at this site.

Upon a review of the Master Schedules for the years 2000 to 2013, it was found there had been FDA related GLP studies conducted at this site during the time period from 2000 to 2004.

I audited the following two FDA related non-clinical BIMO GLP studies:

1) (b) (4) , entitled (b) (4) Study Director David Robert Young, DVM, Ph.D.

2) (b) (4) , entitled (b) (4) Study Director David Robert Young, DVM, Ph.D.

See Exhibits #1 – (b) (4) ; and #2 – (b) (4)

Items asked for and/or reviewed during the inspection included the facility's Master Schedule, SOPs (Current and 2004), above mentioned study protocols with their file folders and final reports, maintenance and calibration reports, IACUC correspondence, curriculum vitae of staff, training records, organizational charts, floor plans, any reagents used and kept on site, temperature records, facility pest, HVAC and water reports, laboratory facilities and test/control article documentation, archival storage areas, and the dog and cat kennel facilities. No necropsy occurred during the studies reviewed and any necropsies are performed on moribund study animals or for any (b) (4) the facility is to perform which is typically in the GCP or EPA GLP studies and not the FDA GLP studies.

Study records reviewed from the audited studies included the animal history and physical exam intake information, animal measurement information, test article and control reconciliation, daily observation logs, drug assignment records, endpoint count information, environmental monitoring records and related correspondence along with deviation records.

At the conclusion of the current inspection, an FDA Form 483, Inspectional Observations, was issued for multiple deficiencies which include, but not limited to, test and control article identity, purity, characteristics, strength, and stability, maintaining of the Master Schedule, the testing facility's SOPs not matching actual practices, lack of appropriate single source control of the final report, and not documenting a deviation. Other items were additionally discussed with management throughout the inspection and at the close out inspection.

Management was warned of their responsibility to comply with the PHS and FD&C Acts, and the penalties available to the Agency for non-compliance. The firm was told to respond to the issued FDA Form 483 in written form within 15 business days and that a final agency determination would be assessed at the Center for Veterinary Medicine.

No samples were collected and no refusals were encountered.

ADMINISTRATIVE DATA

Inspected firm:	David R. Young
Location:	213 S Roselawn Ave Turlock, CA 95380-9166
Phone:	209-632-1919
FAX:	209-632-1929
Mailing address:	7243 East Avenue Turlock, CA 95380-9124
Dates of inspection:	2/19/2013, 2/21/2013, 2/25/2013, 2/26/2013, 2/27/2013, 2/28/2013, 3/18/2013
Days in the facility:	7
Participants:	Stuart W. Russell, Investigator

At the initiation of the inspection on 02/19/2013, I presented myself along with FDA credentials to (b) (6), (b) (7)(C), Administrative Assistant & Archivist. (b) (6), (b) (7)(C) contacted Owners Dr. David R. Young and Corinne L. Young who were at the firm's other location.

I displayed my credentials David and Corinne Young and issued an FDA Form 482, Notice of Inspection, to David R. Young, DVM, Owner. I had attempted to initiate the inspection on 02/15/2013 and found the facility closed and learned from (b) (7)(C) that the owners were out of State on business.

On 03/18/13, I presented my credentials and issued another FDA Form 482, Notice of Inspection, to Corinne L. Young, Facility Manager due to an inspectional lapse in time because of the Owners being away on business for GLP training and due to a personal commitment by Investigator Russell.

On 03/18/13, I issued an FDA Form 483, Inspectional Observations, to David R. Young, DVM, Ph.D., Co-owner & Study Director.

Affidavits were obtained from David R. Young and Corinne Young on 03/18/2013 **(See Attachments)**.

HISTORY

Young Veterinary Research Services (YVRS)

Primary Study Location:

213 S. Roselawn Ave
Turlock, CA 95380-9166

At the above primary location, YVRS performs the majority of its studies and it is where the administrative and archive facilities are located at. Additionally there are dog and cat kennels, test article storage, and a (b) (4) area. The firm primarily (b) (4) at this location.

Secondary Study Location:

7243 East Avenue
Turlock, CA 95380-9124

The secondary site is used for larger animal studies such as horse or cattle. There is monitored test article storage at this site and it is utilized as offices for the owners and functions as the YVRS mailing address. Test articles are received, stored, transferred to the Roselawn location and shipped back to the sponsor from this location.

Future FDA correspondence can be sent to David or Corinne Young at the above East Avenue address.

YVRS is a sole proprietorship that conducts research studies on animals. The business was started around 1982 to1983 by David Young's father, also a veterinarian. David R. Young, DVM has been involved in Veterinary research since 1986 and in 1997 took over YVRS from his father. All research at YVRS is performed for animal drugs only and is primarily in-life in type. No human drug safety studies performed on the animals at this facility. Approximately (b) (4)% of the studies performed are efficacy studies for the EPA with a vast majority being for ectoparasiticides. The remainder of research is GCP related with a small percentage being FDA GLP studies which have not been performed since 2004.

At the Roselawn facility, there are (b) (4)

See Exhibit #3 – Facility Floorplan & Kennel Diagrams

There are approximately (b) (4) staff members at YVRS. (b) (4) office hours from 8:30AM to 12:30PM and 1:30PM to 5:30PM.

See Exhibit #4 – Organizational Chart

INTERSTATE COMMERCE /JURISDICTION

YVRS conducts GLP non-clinical laboratory that may be used in support of submissions for FDA-regulated animal products **(See Exhibit #5 – Master Schedules 2000-2013)**. As such, the facility is subject to Part 58 of the Food & Drug Act for the GLP non-clinical laboratory studies.

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED

David R. Young, DVM, Ph.D. acts as the medical consultant for YVRS and performs veterinary activities at the facility and serves as the principle investigator for GCP studies and as the study director for the GLP studies. Corinne Young acts as firm management and is charge of all administrative duties including authoring the firm's SOPs with input from staff. David and Corinne Young are equal partners in YVRS. David Young provided study specific information and accompanied me on a tour of the physical facilities. Corinne Young provided information regarding SOPs and QAU. Ms. Young related that she has the authority to replace co-owner David Young, DVM as study director if needed and supplied a list of alternates **(See Exhibits #17 – Alternate Study Directors; #8j)**. Corinne Young demonstrated her authority by directing [redacted], Administrative Assistant and Archivist to assist with providing me requested documentation and who answered questions regarding the archival process. [redacted] has been at YVRS for approximately 9 years. Also see QAU section below.

See Exhibit #6 – Curriculum Vitae

See Exhibit #7 – SOPs: Current

See Exhibit #8 – SOPs: 2004

FIRM'S TRAINING PROGRAM

An experienced technician or management member trains staff on the job for specific tasks and familiarity with equipment. A review consisting of the staff member reading the firm's SOPs is performed with a review and clarification by management. GCP and GLP training is arranged and provided to employees through a third party organization **(See Exhibit #9 – Training; Also See Exhibits #7q & #8b)** of randomly chosen reviewed YVRS staff members). Protocol training, as explained by Dr. Young, is provided to the staff prior to the start of a study however there was no documentation available in the employee's personnel/training files or accompanying the reviewed studies in the archival file to substantiate that the training was documented.

STUDY SITE OPERATIONS

As stated above, YVRS has not performed any FDA GLP studies since 2004. Currently the bulk of the research is either (b) (4) . The firm specializes in (b) (4) . I initially chose studies (b) (4) & (b) (4) to review however these were not completed and I chose the studies below that were completed **(See Exhibit #15 – Discontinued Studies)**.

Firm SOPs Indexes were collected and pertinent parts were reviewed. These reflected the firm's current practices along with those SOPs from 2004 that were in place during the studies I chose to review. SOPs were found throughout the facility for access by staff. A change control system is in place for document updating. Additionally, I confirmed that management reviews the SOPs on an annual basis and updates them as needed.

See Exhibit #10 – SOP Annual Review

See Exhibit #7 – Current SOPs

See Exhibit #8 – 2004 SOPs; #8k

Reviewed Study I

Study Number/Title: (b) (4) , entitled (b) (4)

Sponsor: (b) (4)

Study Director: David Robert Young, DVM, Ph.D.

Test System: Dogs ((b) (4))

Test Article: (b) (4)

Date Initiated: (b) (4)

Study Dates: (b) (4)

Date Study Director Signed Final Report:

(See Exhibit #1 – (b) (4)

The study consisted (b) (4) . A review of the final report showed that the statistician signed the final report after the study director had signed the final report *(See 'Inspectional Observations' Section).*

Reviewed Study II

Study Number/Title: Study (b) (4) , entitled (b) (4)

Sponsor: (b) (4)

Study Director: David Robert Young, DVM, Ph.D.

Test System: Dogs ((b) (4))

Test Article: (b) (4)

Date Initiated: 8/25/2004

(b) (4) **Study Dates:** (b) (4)

Date Study Director Signed Final Report: (b) (4)

(See Exhibit #2 - (b) (4)

The study consisted of (b) (4)

(See 'Inspectional Observations' Section).

NOTE- Issues found during the above reviewed studies are noted in the *'Inspectional Observations' Section.*

DATA AUDIT

The firm maintains their original files in the locked, limited access, designated 'Archive' area. However, during my review of the above two studies, I was told by David Young, DVM and found that in both studies a certificate of analysis for test article characterization from the providing sponsor is what the firm accepted for test article identification. David Young, DVM related that it was their understanding at the time that the C of A would suffice for product identification and that it is likely this was the form of test article identification for the other FDA GLP studies performed from 2000 to 2004. No confirmation or laboratory analysis raw data review was performed by YVRS on site or via an independent lab.

Additionally, I did not find a list of the analyst personnel that had performed the individual tests and found no evidence that the study director or YVRS' QAU, or even the sponsor's QAU had reviewed laboratory raw data for authenticity of the results as reported on the certificates of analysis for the supplied batches. This issue was discussed at length with the firm advising them that some sort of

verification needs to be performed so that the received materials were created by and analyzed by qualified staff and methodologies with factual data. It appears that the sponsor was acting as the supplier of the drug and therefore was acting as a contracting analytical laboratory for YVRS. I found no mention of where the raw data for these supplied batches were located and no mention that YVRS had informed the sponsor of the need for the supplying laboratory to adhere to GLP standards (**See Exhibits #11 - Certificates of Analysis**).

The technicians are often (b) (4) during the studies with Dr. Young and (b)(6),(b) (7)(C) being (b) (4). Nothing was observed to indicate that the(of the technicians was compromised.

No deaths occurred during either of the reviewed studies. Adverse events were minor and handled appropriately. I reviewed approximately (b)(4)% of the test systems for adherence to the protocol, daily observations, inclusion/exclusion criteria, concomitant medications, and data end points which primarily consisted of (b) (4). Scales and other equipment had maintenance and calibration records which were reviewed with no comment. There were no electronic records to review.

QUALITY ASSURANCE UNIT

QAU is hired on a (b) (4) or is supplied by the sponsor of the study. (b) (4), Ph.D. performed the QAU duties for the studies reviewed during this inspection. Mr. Donahue is no longer employed by the firm and unavailable. There are no on-site QAU personnel as the firm's QAU person just left their employ. Current QAU staff overseeing ongoing EPA GLP studies are located off-site and supplied by the sponsor.

I verified that the Quality Assurance Statements were in the Final Reports signed by the QAU. QAU functions are described in the firm's SOPs (**See Exhibits #1, #2, #7, #8**).

FACILITIES / EQUIPMENT

A review of the facility's physical grounds at the Roselawn Avenue site revealed that feed is kept in a secure, isolated area and used with a (b) (4) method. A list of YVRS vendors was obtained (**See Exhibit #16 – Vendors**). Feed is analyzed for contaminants (**See Exhibits #1 – pgs. 131-135; #2 – pgs. 23-26; #8g; #11**). Pest control is maintained throughout the facility. The firm has a backup generator for the facility. (b) (4) is performed with open indoor and outdoor cages and stalls for the animals. Necropsy is only performed on rare instances of moribund animals or if a (b) (4) identification is required in the (b) (4) Thus, the HVAC system is not a critical element of facility operations. A separate locked trailer is utilized for the archive storage and files are contained within locked fireproof file cabinets. The archivist, (b) (6), (b) (7)(C), keeps the key in her possession that unlocks a cabinet which have the keys for the fireproof cabinets. Ambient temperature is maintained in this area and there is a logbook to track any files that are checked in or out. Adjacent to the Archive area is separate area used for the storage of specimens, test articles

requiring refrigeration or freezing and (b) (4) . Temperatures are monitored here on a daily basis. It was at this location that I noticed the (b) (4) to (b) (4) degree freezer had entries in the (b) (4) degree range *(See 'Inspectional Observations' Section).* There is a laboratory area set up here and also in the dog and cat areas where one may reconstitute test articles if required. Water originates from an onsite well. Water analysis is performed on a regular basis **(See Exhibit #8g; #11; #2 - pgs. 19-22; & #1 – pgs. 127-130)**. I discussed with David and Corinne (Corie) Young the sampling point for their testing. The firm has been sampling at the furthest point from the well. I pointed out that due to plumbing and the nature of some inner welds that the furthest point may not be indicative of the water system as a whole and that sampling at points of use can provide better assurance. Additionally, there is no testing after further reverse-osmosis treatment of the water in the cat kennel. The outside dog cages had adequate shelter and drainage. Inside the primary dog kennel, access points are well designed with a work/lab area between the north and south kennels. There are multiple rows of cages in which study test systems can be held together. The firm maintains a (b) (4) The ceiling had been upgraded in the northern kennel and an upgrade is planned for the southern kennel in the next year. Due to the firm now breeding their own animals, the building previously used for quarantine of incoming animals acts as a multi-capacity site. It can be used for overflow or as an infirmary for sick animals. Additionally, there are cages available to ensure isolation if needed. One area of this infirmary/quarantine (isolation/overflow housing, **See Exhibit #3**) building had an area of concrete in the northwest part of the middle aisle that was observed to have poor drainage. Corinne Young stated this will be addressed and repaired. The kenneling of cats is in a building accessed through a door that doubles as a (b) (4) . The kenneling arrangement is all in one large area with adequate access to the cages. Rows separate the groups within the studies. Drainage and lighting is adequate. Enrichment was reviewed in both the dog and cat areas and found to be acceptable.

The East Road facility is located at the owner's ranch that doubles as a home office and has defined separate areas of ambient/refrigerated/freezer storage for test articles received from sponsors. Temperatures and receiving records were located at this site. When there are studies performed on horses or cattle, it is done at this site.

ANIMAL CARE / TEST & CONTROL ARTICLE

The firm maintains an IACUC committee and is registered under the Animal Welfare Act. IACUC approval was obtained prior to the start of the studies **(See Exhibit #12 – IACUC/Animal Welfare Act).**

Test System identification was a combination of ear tattooing, along with a master kennel plan and the use of placards that follow the animal and are used as a double-check system to avoid any mix ups.

See above for discussion regarding test article. Test article receiving, transfer and reconciliation and disposition were reviewed with no comment.

COMPLAINTS

No complaints were found in the FACTS database. No complaints were on file with the firm.

OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE

Observations listed on form FDA 483

OBSERVATION 1

Testing facility management failed to assure that all test and control articles or mixtures had been appropriately tested for identity, strength, purity, stability, and uniformity, as applicable.

Specifically, other than the combined product certificates of analysis, there were no test article or control article records specifying the analyst(s) performing the test(s) or the location of accompanying raw data generated from these tests that were used in verifying the required identification, strength, stability, purity, and other characteristics testing of those articles used in the certificates of analysis for the two reviewed studies (b) (4) and (b) (4) Management did not assure that QAU carried out its duties by auditing or verifying that the test article and control article supplying laboratory(s) were in conformance with GLP regulations as to facilities, equipment, personnel, methods, practices, records and controls.

Reference: 21 CFR 58.31(d)

Supporting Evidence and Relevance:

See Exhibit #1-pgs. 4, 5, 7, 104-112; #2; #8j, & Affidavits obtained from David Young and Corinne Young.

David Young and Corinne Young stated they had previously interpreted the certificates of analysis as supplying the characterization of the lot in that it addresses the identity and strength. Clarification was provided regarding test and control article identification and I stated that the certificate of analysis is a combined composite of raw data generated from various test methods however it is not the source documentation and does not provide information about the laboratory generating the information, who the analysts were or their qualifications, how the generation of the data was obtained, that data's interpretation, and the calibration and maintenance of the equipment generating those values. The firm was unable to certify that QAU or the supplying laboratory's QAU had reviewed the raw data documentation. The certificate of analysis may allow receipt of the batch but it is not what is used to verify said values were factual and accurate upon QAU/study director review

at the final statement/final report. I related that it is management's duty to assure the test article is properly obtained and identified.

Discussion with Management:

David Young and Corinne Young stated they were now aware of regulatory expectations in this area and would respond in writing within 15 days. Additionally, David Young stated he would amend the final report and investigate the raw data and its location in regards to the above two referenced studies and would additionally review/amend other FDA GLP related studies.

OBSERVATION 2

The quality assurance unit failed to review the final study report to assure that such report accurately described the methods and standard operating procedures, and that the reported results accurately reflected the raw data of the study.

Specifically, QAU failed to review the raw data at the time of the final statement/final report for the supplied test articles and control articles in at least studies (b) (4) and (b) (4) . Only a combined certificate of analysis was reviewed which does not reflect if the reported values were accurately portrayed.

Reference: 21 CFR 58.35(b)(6)

Supporting Evidence and Relevance:

See Exhibit #1- pgs. 4, 5, 7, 104-112; #2, #8c, & Affidavits obtained from David Young and Corinne Young. A review of the final statement by William A. Donahue, Ph.D. of the QAU failed to demonstrate a review, or the location, of the laboratory raw data source documentation in order to verify laboratory test/control article identity and adherence to GLP procedures. Corinne Young related that she was unaware of the acting QAU at the time auditing the supplying laboratory or contacting the supplying laboratory's QAU to determine if the test/control article creation and testing was performed under GLP regulations. I advised David Young and Corinne Young that Observations 1 through 3 were similar however demonstrated different areas of responsibility. Observation 1 specifically mentions management; Observation 2, QAU; and Observation 3, QAU, Archivist, and Study Director duties.

Discussion with Management:

See response under Observation 1.

OBSERVATION 3

The final study report did not include the locations where all raw data are to be stored.

Specifically, the final report for the reviewed studies (b) (4) and (b) (4) do not state the location(s) of raw data for the identity, purity, strength, stability, and characteristics of the test and control articles.

Reference: 21 CFR 58.185(a)(13)

Supporting Evidence and Relevance:

See Exhibit #1 - pgs. 4, 5, 7, 104-112; #2; #8i; & **Affidavits** obtained from David Young and Corinne Young.

David Young and Corinne Young stated that they were unaware where the source laboratory raw data characterizing the test/control articles was located. Furthermore, they acknowledge that this information was not contained in the Final Statement of QAU or in the Final Report for the mentioned studies.

Discussion with Management:

See response under Observation 1.

OBSERVATION 4

The quality assurance unit did not monitor each study to assure management that the facilities, equipment, personnel, methods, practices, records, and controls were in conformance with FDA GLP regulations.

Specifically, according to SOP 23-9, the freezer acceptable temperatures range from (b) (4) degrees to degrees centigrade. A review of the 'freezer log' form lists temperatures to be recorded in degrees centigrade. However, readings were found recorded that were outside of the stated degree to degree centigrade range. Upon further inspection of the thermometer, staff were reading and recording the temperatures in Fahrenheit degrees yet recording those same values on the form which designates the value as degrees centigrade. Thus the read Fahrenheit values were erroneously recorded as Centigrade values on the form. The SOP and freezer log form do not adequately reflect actual practice by staff members.

Reference: 21 CFR 58.35(a)

Supporting Evidence and Relevance:

See Exhibits #13 – Freezer Temperature Log; & #7L - page 3 section 4.6.
Current temperature readings were noted as described above and it is not known if the practice had occurred during the time period (2000-2004) when FDA GLP studies were being performed. There are current GCP and EPA GLP studies ongoing which may be affected by this inaccurate practice. I related to the firm that although the Fahrenheit degrees being recorded by staff is within the required Centigrade range when converted, there is no documentation showing that staff is performing a conversion and that staff are recording the values incorrectly according to the SOP and the form.

Discussion with Management:
Corinne Young stated that they are working on changing the form, updating the SOP, re-training staff, and will respond in writing with 15 business days to FDA. Additionally, Corinne Young stated that the form was different during the years 2000-2004 and that those values were recorded appropriately.

OBSERVATION 5

Not all corrections or additions to a final report were in the form of an amendment by the study director.

Specifically, the study director signed the final report for Study (b) (4) . A signature of the statistician representing the sponsor company, , was added to the final report on (b) (4) . There is no amendment or later signature by the study director, David R. Young, demonstrating a review and acceptance of this final report addition.

Reference: 21 CFR 58.185(c)

Supporting Evidence and Relevance:
See Exhibits #1 –(b) (4) , pgs. 4, 19; and #7.
David Young asked me to show him the final report signature date and the statistician's signature date. Upon seeing the dated signatures he concurred with my observation and stated that all original records had been sent to archival storage and the statistician had signed a copy sent to him after the date David Young had signed it. I reminded him that the study director is to review all data and should be the last signature prior to archival storage. I related that if anything is performed after his signature, an amendment would need to be created and approved by him. David Young related that they had updated their SOPs since 2004 to read that the study director shall sign the final report after the statistician **(Exhibit #8).**

Discussion with Management:

David Young stated that he would amend the final report and notify FDA and the sponsor as well as responding to this cite in written form within 15 business days.

OBSERVATION 6

The study director failed to assure that test systems were as specified in the protocol.

Specifically, during the acclimation period prior to commencement of study (b) (4), there were (b)(4) test subject dogs added to the study at (b)(4) days rather than the (b)(4) days as required in the protocol. A note to file was generated to describe this however no protocol deviation was generated regarding this event.

Reference: 21 CFR 58.33(d)

Supporting Evidence and Relevance:

See Exhibit #2, pgs. 2, 3, 13, 32 (section 8.1.5.1); 8i

I pointed out that although the study director had appropriately generated a note to file regarding dogs entering the study having received disallowed medication, within the exclusionary (b) (4) pre-study time period, that there was no deviation recorded regarding the dogs being entered into the study at (b)(4) days which does not satisfy the (b)(4) day pre-trial acclimation period as required by the protocol.

Discussion with Management:

David Young stated that he would amend the final report and create a deviation to explain this and notify FDA and the sponsor as well as responding to this cite in written form within 15 business days.

OBSERVATION 7

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, the master schedule was not accurately maintained as to the current status of a study. Study (b) (4) lists a date of 09/27/2001 under the column Final Report. However, the actual date is 11/14/2001.

Reference: 21 CFR 58.35(b)(1)

Supporting Evidence and Relevance:

See Exhibit #14 – (b)(4) ; #8d

I discussed with Corinne Young that the master schedule was not accurately maintained. I was told that the date raw data was sent to archival storage was erroneously placed in the column for study director signature date of the final report and it was a clerical error. Ms. Young commented that management is who edits the master schedule and not QAU.

Discussion with Management:

Corinne Young stated that she will respond to this in a written response to the FDA.

REFUSALS

There were no refusals.

GENERAL DISCUSSION WITH MANAGEMENT

A close out meeting was held at the YVRS Roselawn Avenue location on March 18, 2013. My credentials and an updated 482, Notice of Inspection, was issued to Corinne Young due to an unavoidable prolonged period of time without inspectional activity. This period of time was previously agreed upon by YVRS management and myself and was due to YVRS GLP training out of State and a personal commitment by myself, Investigator Russell. Final request copies were provided by the firm at this time. Attending the final discussion were myself, (b) (6), (b) (7)(C), David Young, and Corinne Young.

I described the close-out process and advised the firm that they have the option to respond in written form within 15 business days to the San Francisco District's Director. I related that they would receive final inspectional classification from the assigning center, CVM and described post-inspectional follow-up and classifications used by FDA along with tools of enforcement FDA has available to it which can include disqualification from performing GLP non-clinical studies.

David Young stated that he and Corinne Young will perform corrective actions and submit these within the 15 day response time period. Additionally, we discussed reviewing the 2000-2004 FDA GLP studies to comment on and determine the status of test article characterization, the review of laboratory raw data and its location. David Young will amend his final reports in those studies and supply copies to the FDA and the sponsor. In addition to the above listed 483 items issued to Dr. Young, I discussed the following non-cited issues.

a) We discussed water sampling points.
b) Repair of the concrete in the infirmary/quarantine area so as to enhance drainage.
c) Replacement of the ceiling in the south dog kennel area.
d) Updating the firm's SOPs to better reflect current procedures and to describe protocol training and its documentation.

David and Corinne Young promised corrections to all 483 issues and will address the discussed items. They stated they will respond in writing within 15 business days.

ADDITIONAL INFORMATION
None.

SAMPLES COLLECTED
No samples were collected.

EXHIBITS COLLECTED
1) (b) (4)
2) (b) (4)
3) Facility Floorplan & Kennel Diagrams
4) Organizational Chart
5) Master Schedules for 2000 through 2013
    a. 5.00 – 2000
    b. 5.01 – 2001
    c. 5.02 – 2002
    d. 5.03 – 2003
    e. 5.04 – 2004
    f. 5.05 – 2005
    g. 5.06 – 2006
    h. 5.07 – 2007
    i. 5.08 – 2008
    j. 5.09 – 2009
    k. 5.10 – 2010
    l. 5.11 – 2011
    m. 5.12 – 2012
    n. 5.13 - 2013
6) Curriculum Vitae
    1. David R. Young
    2. Corinne Young
    3. (b)(6), (b) (7)(C)
    4. (b) (4)

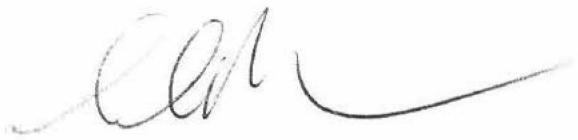
7) SOPs: Current
    a. Table of Contents
    b. Test Facility Management
    c. Disinfecting Procedures
    d. Chain of Custody for Final Report and Raw Data
    e. Protocol and SOP Deviations
    f. Archive
    g. Quality Assurance Unit
    h. Animal Feed and Well Water Analysis
    i. Study Director Duties and Responsibilities
    j. Source and Final Report Requirements
    k. Daily Cleaning of the North, South, and Outside Runs and Cages
    l. Receipt and Handling of Test, Control and Reference Substances/Test Articles/Test Items
    m. Special Procedures for Cleaning and Disinfecting
    n. Facilities
    o. Amendments to Final Reports
    p. Breeding of Colony Cats and Dogs
    q. Personnel Training and Qualifications
8) SOPs: 2004
    a. Table of Contents
    b. Personnel Training and Qualifications
    c. Quality Assurance Unit
    d. Master Study Schedule
    e. Chain-of-Custody for Shipment of Specimens
    f. Chain of Custody for the Return of Test, Control and Reference Substances
    g. Animal Feed and Well Water Analysis
    h. Study Sample Storage
    i. Study Director Duties and Responsibilities
    j. Test Facility Management
    k. SOP Review/Document Change Control
9) Training
10) SOP Annual Review
11) Certificates of Analysis
    a. Current – Dog
    b. Current – Cat
    c. Current - Water

12) IACUC/Animal Welfare Act
13) Freezer Temperature
14)(b) (4)
15) Discontinued Studies
16) YVRS Vendors
17) Alternate Study Directors

ATTACHMENTS

- February 10, 2012 CVM Assignment (FACTS 1383089) Memorandum, issued by Kevin Hopson Form 482, Notice of Inspection, dated 02/19/2013, issued to David R. Young, DVM, Owner
- Form 482, Notice of Inspection, dated 03/18/2013, issued to Corinne L. Young, Facility Manager, Co-Owner
- FDA Form 483, Inspectional Observations, dated 03/18/2013 issued to David R. Young, DVM, Ph.D., Co-Owner & Study Director
- Affidavit obtained on 03/18/13 from David R. Young
- Affidavit obtained on 03/18/13 from Corinne Young

1) Email sent to David & Corinne Young regarding corrected dates on signed affidavits



Stuart W. Russell, Investigator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1431 Harbor Bay Parkway Alameda, CA 94502-7070 (510) 337-6700 Fax:(510) 337-6702 Industry Information: www.fda.gov/oc/industry	02/19/2013 - 03/18/2013* FEI NUMBER 3003004483

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
TO: David R. Young, DVM, PhD, Co-Owner & Study Director

FIRM NAME	STREET ADDRESS
David R. Young	213 S Roselawn Ave
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Turlock, CA 95380-9166	GLP Non-Clinical Bioresearch 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

Testing facility management failed to assure that all test and control articles or mixtures had been appropriately tested for identity, strength, purity, stability, and uniformity, as applicable.

Specifically, other than the combined product certificates of analysis, there were no test article or control article records specifying the analyst(s) performing the test(s) or the location of accompanying raw data generated from these tests that were used in verifying the required identification, strength, stability, purity, and other characteristics testing of those articles used in the certificates of analysis for the two reviewed studies (b) (4) and (b) (4) Management did not assure that QAU carried out its duties by auditing or verifying that the test article and control article supplying laboratory(s) were in conformance with GLP regulations as to facilities, equipment, personnel, methods, practices, records and controls.

OBSERVATION 2

The quality assurance unit failed to review the final study report to assure that such report accurately described the methods and standard operating procedures, and that the reported results accurately reflected the raw data of the study.

Specifically, QAU failed to review the raw data at the time of the final statement/final report for the supplied test articles and control articles in at least studies (b) (4) and (b) (4) Only a combined certificate of analysis was reviewed which does not reflect if the reported values were accurately portrayed.

OBSERVATION 3

The final study report did not include the locations where all raw data are to be stored.

Specifically, the final report for the reviewed studies (b) (4) and (b) (4) do not state the location(s) of raw data for the identity, purity, strength, stability, and characteristics of the test and control articles.

EXACT COPY

MAR 18 2013

CERTIFIED BY

SEE REVERSE OF THIS PAGE

EMPLOYEE(S) SIGNATURE
Stuart W. Russell, Investigator

DATE ISSUED
03/18/2013

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Turlock, CA 95380-9166

TYPE ESTABLISHMENT INSPECTED

GLP Non-Clinical Bioresearch Facility

OBSERVATION 4

The quality assurance unit did not monitor each study to assure management that the facilities, equipment, personnel, methods, practices, records, and controls were in conformance with FDA GLP regulations.

Specifically, according to SOP 23-9, the freezer acceptable temperatures range from (b) (4) degrees to (b) (4) degrees centigrade. A review of the 'freezer log' form lists temperatures to be recorded in degrees centigrade. However, readings were found recorded that were outside of the stated (b) (4) degree to (b) (4) degree centigrade range. Upon further inspection of the thermometer, staff were reading and recording the temperatures in Fahrenheit degrees yet recording those same values on the form which designates the value as degrees centigrade. Thus the read Fahrenheit values were erroneously recorded as Centigrade values on the form. The SOP and freezer log form do not adequately reflect actual practice by staff members.

OBSERVATION 5

Not all corrections or additions to a final report were in the form of an amendment by the study director.

Specifically, the study director signed the final report for Study (b) (4) A signature of the statistician representing the sponsor company (b) (4) was added to the final report on (b) (4) There is no amendment or later signature by the study director, David R. Young, demonstrating a review and acceptance of this final report addition.

OBSERVATION 6

The study director failed to assure that test systems were as specified in the protocol.

Specifically, during the acclimation period prior to commencement of study (b) (4) there were (b) (4) test subject dogs added to the study at (b) (4) days rather than the (b) (4) days as required in the protocol. A note to file was generated to describe this however no protocol deviation was generated regarding this event.

OBSERVATION 7

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, the master schedule was not accurately maintained as to the current status of a study. Study (b) (4) lists a date of (b) (4) under the column Final Report. However, the actual date is (b) (4)

* DATES OF INSPECTION:
02/19/2013(Tue), 02/21/2013(Thu), 02/25/2013(Mon), 02/26/2013(Tue), 02/27/2013(Wed), 02/28/2013(Thu), 03/18/2013(Mon)

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