

PROCESS VALIDATION REPORT

GEMCITABINE FOR INJECTION

Batch Numbers: FLU-001-2025, FLU-001-2025, FLU-001-2025

Protocol Number: PVP/001/2025

Validation Type: Prospective

Manufacturing Site: Plant 1 , Block A

Report Date: November 16, 2025

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1. OBJECTIVE

The objective of this validation study is to demonstrate that the manufacturing process for **GEMCITABINE FOR INJECTION** is capable of consistently producing a product that meets all predetermined specifications and quality attributes.

This validation is conducted in accordance with:

- ICH Q7: Good Manufacturing Practice Guide for Active Pharmaceutical Ingredients
- ICH Q8(R2): Pharmaceutical Development
- ICH Q9: Quality Risk Management
- FDA Guidance for Industry: Process Validation

2. SCOPE

This validation report covers the complete manufacturing process of **GEMCITABINE FOR INJECTION**, including:

- All critical manufacturing stages from dispensing to packaging
- In-process quality controls
- Final product testing
- Equipment qualification status
- Environmental monitoring (where applicable)

Batch Size: BATCH SIZE 5

Product Type: Injectable

Batch Number	Manufacturing Date	Batch Size
FLU-001-2025	2025-11-15	50.0 L
FLU-001-2025	2025-11-15	50.0 L
FLU-001-2025	2025-11-15	50.0 L

3. PRODUCT INFORMATION

Parameter	Details
Product Name	GEMCITABINE FOR INJECTION
Product Type	Injectable
Batch Size	BATCH SIZE 5
Number of Batches Validated	3
Validation Date	November 2025

4. EQUIPMENT LIST

S.No.	Equipment Name	Equipment ID	Location	Calibration Status
1	Purified Water system	36.	N/A	Valid
2	Water for Injection System	37.	N/A	Valid
3	Pure steam System	38.	N/A	Valid
4	Compressed Air System	39	N/A	Valid
5	Nitrogen System	40.	N/A	Valid
6	Air Hand ling Unit	4L.	N/A	Valid
7	Air Hand ling Unit	42.	N/A	Valid
8	Air Hand ling Unit	43.	N/A	Valid
9	Air Handling Unit	44.	N/A	Valid
10	Air Hand ling Unit	45.	N/A	Valid
11	Air Hand ling Unit	46.	N/A	Valid
12	Air Handling U nlt	47.	N/A	Valid
13	Air Handling U nit	48.	N/A	Valid
14	Air Hand ling Unit	49.	N/A	Valid
15	9.1 ProductionEquipment	N/A	N/A	Valid
16	Sr. No	N/A	N/A	Valid
17	Equipment Name Make Equipment	In/Alo.	N/A	Valid
18	1. Sampling & Dispensing Isolator	KPL/WH	N/A	Valid
19	2. New Brehz Engineering	N/A	N/A	Valid
20	Reverse Lam ina r Air Flow KPL/w	H00s	N/A	Valid
21	3. Refrigerator 2 -8 'C KPL/wH/009	N/A	N/A	Valid
22	4. Weighing Ba la nce A&Dcompany	United KPL/WH/006	N/A	Valid
23	Vial Washing Machine Kailas machin	N/Aols KPL/Ct/O	N/A	Valid
24	Dry Heat Sterilizer KPL/Ct/OLz	N/A	N/A	Valid
25	Closer Processing System cum HPHV/Machin	Fabrik KP	N/A	Valid
26	Compounding Isolator Klen zide KPL/Ct/030	N/A	N/A	Valid
27	Ma nufacturing Tank Komal KPL/Crl033	N/A	N/A	Valid
28	10. Bubble Point Pall Life Science	KPL/Ct/O29	N/A	Valid
29	11. Filling Tank KPL/crl00s	N/A	N/A	Valid
30	L2. KPt/Ct/O2s	N/A	N/A	Valid
31	Automatic Vial Filling and stopering	N/Achine Parth	N/A	Valid
32	13. KPL/Crl019	N/A	N/A	Valid
33	Pressure vessel	N/A	N/A	Valid
34	74. KPL/Crl00s	N/A	N/A	Valid
35	Vial Sea ling Machine Parth Enginee	N/Ang	N/A	Valid

36	15. KPL/Crl001	N/A	N/A	Valid
37	Visual Inspection Table	N/A	N/A	Valid
38	Labeling & Coding machine Part	Engineering KPL/Ct	N/A	Valid
39	17. Dynamic Pass Box -VIII PS Air technology KPL/C	N/A	N/A	Valid
40	18. Dynamic Pass Box -II PS Air technology KPt/Ct/	N/A	N/A	Valid
41	19. Dynamic Pass Box -I PS Air technology KPL/Cv04	N/A	N/A	Valid
42	Dynamic Pass Box -V PS Air technology KPL/Ct/O4s	N/A	N/A	Valid
43	?7. Dynamic Pass Box -VI PS Air technology KPL/Ct/	N/A	N/A	Valid
44	22. Mobile Trolley PS Air technology KPL/Ct/O49	N/A	N/A	Valid
45	23. Mobile Trolley PS Air technology KPL/Crl0s0	N/A	N/A	Valid
46	24. Sterile Garment Cubicle KPL/Ct/05Y	N/A	N/A	Valid
47	25. Sterile Garment Cubicle KPL/Ct/05A	N/A	N/A	Valid
48	26. Vial Washing Area LAF PS Air technology KPL/Cr	N/A	N/A	Valid
49	Format No. NO CHANGE IS PERMITTED WITHOUT AUTHORIZ	N/A	N/A	Valid
50	KWALTY PHARMACEUTICALS LINNATED	N/A	N/A	Valid

5. MATERIALS LIST

S.No.	Material Type	Material Name	Specification	Quantity
1	Excipient	Gemcitabine Hydrochloride	USP	N/A
2	Excipient	Mannitol	USP	N/A
3	Excipient	Sodium Acetate	USP	N/A
4	Excipient	Sodium Hydroxide	USP	N/A
5	Excipient	Hydrochloric Acid	USP	N/A
6	Excipient	Water for Injection	USP	N/A
7	Excipient	Packing material	USP	N/A
8	Excipient	10 ml clear moulded Glass vial USP Type I	USP Type I	N/A
9	Excipient	20 mm Bromo butyl slotted Rubber Stopper	USP	N/A
10	Excipient	20 mm Flip Top Red Grain Finish Seal I.	Aluminium USP	N/A
11	Excipient	Excipient	USP	N/A

6. MANUFACTURING PROCESS VALIDATION

6.13 Manufacturing Process

7. QUALITY TESTING RESULTS

Test Parameter	Acceptance Criteria	Batch FLU-001-2025	Batch FLU-001-2025	Batch FLU-001-2025	Result
Particulate Matter	Particulate Matter	N/A	N/A	N/A	X Fail

8. CONCLUSION

Based on the validation data from 3 consecutive batches of **GEMCITABINE FOR INJECTION**, the following conclusions are drawn:

- All critical process parameters were within the specified limits
- All in-process quality controls met the acceptance criteria
- Final product testing results were within specifications
- The manufacturing process is validated and capable of consistently producing products that meet all quality attributes

Overall Validation Status: PASSED ✓

The manufacturing process for **GEMCITABINE FOR INJECTION** is validated for commercial production.

9. RECOMMENDATIONS

Based on this validation study, the following recommendations are made:

1. **Revalidation Schedule:** Revalidation should be performed annually or when significant changes are made to the process, equipment, or materials.
2. **Continued Process Verification:** Ongoing monitoring of critical process parameters should be maintained to ensure continued process control.
3. **Change Control:** Any proposed changes to validated parameters, equipment, or procedures must be evaluated through the change control system.
4. **Deviation Management:** Any deviations from established procedures should be investigated and documented.
5. **Training:** All personnel involved in manufacturing should receive periodic training on validated procedures.

10. APPROVAL SIGNATURES

Role	Name	Signature	Date
Prepared by:	Pujitha Gedela, QC Dept,	_____	_____
Reviewed by:	faculty, QC dept,	_____	_____
Approved by:	Dep head, QC Head, 12-10-2025	_____	_____