

Audit Dates: May 28, 2025
Audit Closeout Date: May 28, 2025

Supplier Audit

AMS		VP QA/RA),	(Director of Qua	ality)		
Section	Subject	Response				
1	Name/Site/Affiliate		turing Services (AMS	5)		
	Location	Street Address:				
		State/Province: CA				
		Postal Code: 92010				
		Country: USA				
		Address for Purchase	e Orders			
		State/Province: CA				
		Postal Code: 92008				
		Country: USA				
	100.01			☐ Remote Audit		
	ISO Standards in Scope	☐ Not Included				
	ISO Standards in	☐ ISO 9001:2015	☑ ISO 13485:2016	☐ ISO 17025:2016		
	Scope	☐ ISO 27001:2022	☑ ISO 14971:2019	☐ Other:		
5 14	(Check all that apply)					
_	ons in Scope ncluded (complete Sectio	n 2\	□ Not Included (de net complete Coetien		
	` '	•	2)	do not complete Section		
2	Region/Country-	\square EU MDD	□ Brazil	☐ China		
	specific regulations	□ Canada	☐ Australia	⊠ US		
		☐ Korea	□ Malaysia	☐ Other:		
	(0 1 / 1/10)	☐ Mexico	□ Japan			
	(Complete if US is included)	☑ 11	⊠ 809	☐ Other:		
	US FDA 21 CFR Parts	⊠ 801	⊠ 820			
	OS I DI LEI OI ILI dillo	⊠ 803				
		⊠ 806				

The purpose of this audit report is to verify that the above stated auditee/site underwent a supplier audit on the following date: May 28, 2025. The audit was conducted to the external standards and regulations requirements in the table above and as per Attachment A: Audit Agenda and Attendees.

Sincerely,



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1.0 Audit Details

Topic/Description	Respons	е		
Type of Audit	Supplier			
Site Name/Affiliate/Process/Product	Argonaut Manufacturing Services			
Location	State/Province: CA Postal Code: 92010 Country: USA Address for Purchase Orders State/Province: CA Postal Code: 92008			
Audit Host	Country: USA (VP QA/RA), (Director of Quality)			
Auditors	(Lead Auditor) Hemal Kurani (Co-Auditor)			
Date(s) of Audit	May 28, 2025			
Date of Closing	May 28, 2025			
Date of Report Issuance	May 31, 2025			
Number of Observations	Critical	Major	Minor	Recommendation/ OFI
Date of Cuitical & Major Nones of county	0	0	3	7
Date of Critical & Major Nonconformity Notification (if applicable)	N/A			

2.0 Executive Summary

The purpose of this audit is to assess the adequacy, effectiveness, and compliance of AMS Quality Management System (QMS) against ImCare Biotech specific requirements and supplier evaluation criteria for the Seravue Kit LC-SPIK.

Company Overview

Argonaut is Contract Manufacturing Organization (CMO) for:

- In-Vitro Diagnostics (IVD) and Life Science Kits
- Aseptic Fill & Finish Services
- Drug-Device Combination Products (DDCP)
- RUO Lyophilization

AMS manufactures IVD products, pharmaceutical, life science, and combination (DDCP) with quality, innovation and efficiency.

During the site tour following areas were reviewed

Site 1: 2841 Loker Avenue E

Microbiology, Sample Submission, Chemistry, Packaging and Kitting, Drug Product Filing, USP Water

Site 2: 1896 Rutherford Road

Pipetting, Dispensing and ELISA 96 Well Plate Manufacturing Instrumentations – Bench Smart, CyBio Well Vario

All the Quality Management System documents were reviewed as listed in Attachment B: List of Documents and Records Reviewed

All the manufacturing records for LS-SPIK products were reviewed as listed in Attachment C: ImCare LC SPIK IVD Assay Kit Components and Manufacturing Records.

Company overview slide deck was presented during audit. See Attachment E: AMS Overview Presentation - Imcare 28MAY25

During audit the manufacturing data was reviewed as follows:

1.	. Morning Session Meeting – (QC Testing - AMS),				
	(Imcare), and Audit Team				
2.	Afternoon Session Meeting -	(Director of MSAT – AMS),			
	(Imcare), and Audit Team				



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15				F	INDINGS	
ISO 9001:2015	ISO 13485: 2016	US FDA 21 CFR 820 (or parts as indicated)	ELEMENTS	Critical	Major	Minor
4.1 - 4.4	4.1	5	Quality Management System (General)	0	0	0
7.5	4.2 & 7.3.10	20, 40, 180, 181, 184, 186	Documentation Requirements	0	0	0
5.1.1 & 7.1.6	5.1	20	Leadership	0	0	0
5.1.2	5.2	N/A	Customer Focus	0	0	0
5.2	5.3	20a	Quality Policy	0	0	0
6.1 - 6.3	5.4	20d	Quality Objectives and Planning	0	0	0
5.3 & 7.4	5.5	20b(1), 20b(3)	Responsibilities, Authority and Communication	0	0	0
9.3	5.6	20c	Management Review	0	0	0
7.1.1	6.1	20b(2)	Provision of Resources	0	0	0
7.1.2, 7.2, 7.3	6.2	25a, 25b	Human Resources	0	0	0
7.1.3	6.3	70f, 70g	Infrastructure	0	0	0
7.1.4	6.4	70c, 70d	Work environment	0	0	0
8.1	7.1	70	Planning of Product Realization			
8.2	7.2	30	Customer-related Processes	0	0	0
8.3	7.3	30a-j	Design and Development	0	0	0
8.4	7.4	50, 80b	Purchasing	0	0	0
8.5	7.5	20, 60, 65, 70, 75, 80, 86, 120, 130, 140, 150, 160, 170, 184, 200, 250, 21CFR801, 21CFR809	Product and Service Provision	0	0	3
7.1.5	7.6	72	Monitoring and Measurement Resources	0	0	0
9.1.1	8.1 & 8.2.5	80, 70	Monitoring, Analysis, and Improvement	0	0	0
9.1.2	8.2.1 - 8.2.3	198, 21CFR803, 21CFR806	Customer Feedback	0	0	0
9.2	8.2.4	22	Prior Audit Findings			
8.6	8.2.6	80, 30	Product Release	0	0	0
8.7	8.3	90	Nonconforming Product	0	0	0
9.1.3	8.4	25, 250	Analysis of Data	0	0	0
10.1 - 10.3	8.5	20c, 100	Improvement	0	0	0
N/A	N/A	21CFR11	Electronic Signatures and Records	0	0	0
			TOTAL	0	0	3

3.0 Finding Summary

The table above summarizes findings mapped to the applicable standards and regulations given in the current revision of the AMS Quality Manual. The rows highlighted in green are the audited sections of the applicable standards subject to this first internal audit report. Blank fields are intentional and do not have to be filled

Total number of findings: Minor 3

Recommendation / Opportunity For Improvement (OFI) - 7

Prior Audits 4.0 No previous audits have been checked.

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5.0 Findings

The following tables provide details of findings from the audit

A. Critical Nonconformities

No critical non conformities are observed.

B. Major Nonconformities

No major non conformities are observed.

C. Minor Nonconformities

Finding	Citations	Nonconformity Details/ Owner/ Estimated Due Date	Evidence Reviewed
C1	ISO 13485:2016 Section 7.5.6 Validation of processes for production and service provision US FDA 21 CFR §820.75 – Process Validation	Noncomormity Details/ Owner/ Estimated Due Date	Evidence Reviewed

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6.0 Conclusions

The nonconformities and observations in this report are based on an evaluation of a sample of activities and procedures and reflect the professional opinion of the auditor. It is not possible for the auditors to review all documents, records, and processes, or to interview all personnel.

Findings are indicative that more or similar issues may exist. Therefore, it is the responsibility of the auditee to identify, investigate and remedy any other issues, not just those found during an audit.

This opinion is not a legal judgment as to compliance or non-compliance.

All nonconformities and recommendations noted during the audit were discussed with the supplier during the audit debrief meeting.

9.0 Audit Finding Definitions and Actions

Critical	A "Critical" classification implies one or more of the following conditions exist:
Nonconformity	 Where evidence exists that significant and unjustified departures from applicable legislative requirements has occurred with evidence that the safety of patients and/or users either has been or has significant potential to be jeopardized, Any deficiency which may make the product unfit for use or likely to present a risk for patient or user health, Inspection findings classified as critical by Regulatory Authorities and/or findings which could result in regulatory action, Notified Body and customer audit findings that are rated critical Failure to complete an inspection-related regulatory commitment in the timeframe communicated to the regulator, Data and/or reports submitted to regulators are unreliable or incomplete There are a number of major nonconformities across areas of responsibility, a pattern in multiple systems, or cumulative in the same system indicating a systemic quality assurance failure that could lead towards regulatory action by the Regulatory Authority and/or A prior major nonconformity that has recurred or has not been effectively
Major Nonconformity	A "Major" classification implies that either:
	 A required quality system element is either not present or essentially ineffective. There is a lack of adherence to a governmental regulation The current situation, should it continue, could significantly affect the safety and/or efficacy of the product or service being provided, or result in a nonconforming product or service being provided The frequency of similar minor nonconformities is such that a system failure or ineffectiveness is indicated A prior minor nonconformity that has recurred or has not been effectively addressed
Minor Nonconformity	"Minor" nonconformities are generally non-systemic and isolated in nature. A Minor Nonconformity implies that:
	 The situation described has actual or potential impacts less significant in nature than Major Nonconformities It is an isolated issue that does not affect the safety and/or efficacy of the product or service being provided The issue could be cited as a nonconformity by a regulatory body or other 3rd party auditor
Recommendation / OFI	Recommendations, including comments or opportunities for improvement (OFIs), are not a category of nonconformity; however, they are suggestions regarding aspects of the quality management system that could be improved. Recommendations could also include areas where there are no specific performance requirements. These are typically based on: Best practices from sites A pending governmental regulation or internal requirement A recommended standard or guideline published by a regulatory agency or trade association, such as FDA or ISO

Audit Finding Response Requirements

"Critical Nonconformity" findings must be submitted to the <u>CAPA</u> system no later than five (5) business days from the notification of the Critical Nonconformity.

"Major Nonconformity" findings must be submitted to the <u>CAPA</u> system no later than ten (10) business days from the notification of the Major Nonconformity.

"Minor Nonconformity" findings must be submitted to the <u>CAPA</u> system within 30 business days from the issuance of the audit report.

All **Critical**, **Major and Minor Nonconformities** each require an initial documented corrective action plan (CAP) to be submitted to the auditors within thirty (30) business days. The CAPs need to include the following items:

- CAPA reference number
- Investigation summary
- Approximate root cause(s)
- Plan for correction(s) and corrective action(s), as well as preventive action(s) (if applicable)
- Planned completion date(s) of action(s)
- Plan for checking effectiveness of action(s)

Recommendations or **opportunities for improvement**, do not require formal documented CAPs; however, it is highly recommended that they be given consideration for continuous improvement.

The Auditee is responsible for requesting any changes or amendments to this audit report within fifteen (15) business days of report issuance.

10.0 Attachments

Attachment A: Audit Agenda and Attendees

Attachment B: List of Documents and Records Reviewed

Attachment C: ImCare LC SPIK IVD Assay Kit Components and Manufacturing Records.

Attachment D: Good Manufacturing Practices for LC-SPIK MCA Coated ELISA 96 Well Plate

Attachment E: AMS Overview Presentation - Imcare 28MAY25