


QUALITY SYSTEM
FORM
DOCUMENT #: 3.100.019.F02

LEVEL: 3

Effective Date:

APPROVED

Revision #: 09

TITLE:
OUT-OF-SPECIFICATION (OOS) RE-TEST FORM

JEsqueda , 9/30/2025, 4:14:39 PM

Page 1 of 5

OOS Number: OOS-
Phase II
Section A – Sample Detail

Sample Name:		Re-Test Date:		Original Result:	
Name of Analyst who Performed Re-Test:		Sample ID:		Re-Test Result:	

Section B – Investigation and Root Cause

Investigation	Is the test conducted in accordance with the same method /process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SOP#:	If the answer is NO to any of the investigation item(s), mark the item(s) with sequential number starting with one (1) and comment here:
	Is reagents (reference standards, solvent, etc.) stored in proper condition and not expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lot #:	
			Exp. Date:	
	Equipment/Instruments Used:	Are they functional and calibrated/PM?	Calibration / PM due date	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is the clean room facility certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certified due date:	
	Do the controls (i.e. positive, negative, C3, etc.,) conform to the required standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Do the environmental monitoring results conform to required standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SOP#:	
	System Performance Check (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	System Suitability RSD < 2% (PDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	System Suitability RSD < 10 % (QDA,CAD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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Page 2 of 5

OOS Number: OOS-

	Is the analyst trained to perform the test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the Test Result Records Attached & Calculations Verified and Correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the processing method/ method set conform to the required specification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Re-Testing from the same vial?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is formula worksheet provided and verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C – Evaluation of Laboratory Testing/Hypothesis Testing (if applicable)

- | | |
|---|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Re-vialing of original working sample solution |
| <input type="checkbox"/> Re-injection of sample vial | <input type="checkbox"/> Re-dilution of a working sample solution from the original stock |
| <input type="checkbox"/> Re-injection of original standard vial | <input type="checkbox"/> Re-dilution of a working standard solution from the original stock standard |
| <input type="checkbox"/> Re-vialing of original working standard solution | <input type="checkbox"/> Other: _____ |

Section D – Phase II Summary



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Page 3 of 5

OOS Number: OOS-

Phase II Summary (continued):



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JEsqueda , 9/30/2025, 4:14:39 PM

Page 4 of 5

OOS Number: OOS-

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Page 5 of 5

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Has root cause been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	The most probable cause is:
	Client Care notified: Yes <input type="checkbox"/> No <input type="checkbox"/>

Section E – Corrective and Preventive Action

Corrective Action(s): 	OOS cause (select all) <input type="checkbox"/> Equipment Error <input type="checkbox"/> Procedure <input type="checkbox"/> Analyst <input type="checkbox"/> Training <input type="checkbox"/> System <input type="checkbox"/> External Phenomena <input type="checkbox"/> Other: _____
Preventive Action(s) 	CAPA required: <input type="checkbox"/> Yes, CAPA # _____ <input type="checkbox"/> No

FOLLOW-UP REQUIRED: Yes No

FOLLLOW-UP DATE:

Section F – Acknowledgement and Closure

Prepared by:	Print Name:	Date:
Reviewed by:	Print Name:	Date:
Approved by (QA):	Print Name:	Date:

Table 1: Processing Analyst, Reading Analysts and Sample Morphology Description

Processing Analyst	Reading Analyst	Sample ID	Events	Confirmed Microbial Events	Morphology Description
Guanchen Li	Gerald Anyangwe	ETX-251113-0167	245	23	<i>Oval-Shaped Morphology</i>

Table 2: Environmental Monitoring from Testing Performed on 15Nov2025

Environmental Monitoring (EM) Sampling Site	Frequency	Date	Analyst	Day /Week(s)	Observation	EM Plate ETX Number	Microbial ID	Notes
Personnel EM for 15Nov2025								
Personal (Left Touch and Right Touch)	Daily	15Nov2025	GL	Date of Testing	No Growth	Not Applicable	Not Applicable	None
Biological Safety Cabinet E001311 and E001312 for 15Nov2025								
Surface Sampling of ISO 5 BSC E001311 (4 Locations)	Daily	15Nov2025	GL	Date of Testing	No Growth	Not Applicable	Not Applicable	None
Surface Sampling of ISO 5 BSC E001312 (4 Locations)	Daily	15Nov2025	GL	Date of Testing	No Growth	Not Applicable	Not Applicable	None
Settling Sampling of ISO 5 BSC E001311	Daily	15Nov2025	GL	Date of Testing	No Growth	Not Applicable	Not Applicable	None
Settling Sampling of ISO 5 BSC E001312	Daily	15Nov2025	GL	Date of Testing	No Growth	Not Applicable	Not Applicable	None
Environmental Monitoring (EM) Sampling Site	Frequency	Date	Analyst	Observation	EM Plate ETX Number	Microbial ID	Notes	
Weekly Active Air and Surface Sampling of Cleanroom Suite 116 with Processing BSC For 15Nov2025								
Active Air Sampling of Cleanrooms	Weekly	21Nov2025	DS	No growth	Not Applicable	Not Applicable	None	
Surface Sampling of Cleanrooms	Weekly	21Nov2025	DS	1 CFU (Table 116) 1 CFU (Celsis Table in 116) 3 CFU (Floor in 116A) 1 CFU (Floor in 116B)	ETX-251201-0554 ETX-251201-0558 ETX-251201-0562 ETX-251201-0567	Gram (+) cocci Gram (+) cocci <i>Bacillus clausii</i> (Gram (+) rods) <i>Bacillus pumilus</i> (Gram (+) rods) <i>Bacillus kochii</i> Gram (+) rods	None	

Table 3: Trend of Past OOS Results

OOS#	Analyst	ETX-Submissions	Sample Name	Morphology Description
252228	Guanchen Li	ETX-251014-0124	Tirzepatide/Levocarnitine Injection	<i>Rod-Shaped Morphology</i>