

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>FOOD AND DRUG ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                          |                   |           |         |         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|-----------|---------|---------|--|--|
| <small>DISTRICT ADDRESS AND PHONE NUMBER</small><br><br>Food and Drug Administration - New Jersey<br>District, 10 Waterview Blvd, 1st Floor,<br>Parsippany, NJ 07054<br>973-331-4980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <small>DATE OF INSPECTION</small><br>11/12/2019-11/26/2019*<br><br><small>PERMISSION</small><br>3002889358                                  |                                          |                   |           |         |         |  |  |
| <small>Industry Information: www.fda.gov/oc/industry</small><br><small>NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED</small><br>Nellie D. Clark Elise, VP Site Head of Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                          |                   |           |         |         |  |  |
| <small>FIRM NAME</small><br>ImClone Systems, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <small>STREET ADDRESS</small><br>33 IMCLONE DRIVE                                                                                           |                                          |                   |           |         |         |  |  |
| <small>CITY, STATE, ZIP CODE, COUNTRY</small><br>Branchburg, NJ 08876-3904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <small>FIRM'S PRIMARY BUSINESS DESCRIPTION</small><br>Biological Drug Substance Manufacturer                                                |                                          |                   |           |         |         |  |  |
| <small>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.</small>                                                                                                                                                  |                                                                                                                                             |                                          |                   |           |         |         |  |  |
| <b>DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:</b><br><b>OBSERVATION 1</b><br><br>Appropriate controls are not exercised over computers or related production systems.<br><br>Specifically, electronic data obtained from manufacturing process or related equipment are not appropriately controlled. For example,<br><br>A. We observed from the audit trails of the (b) (4) identified as Calibration Study, Qualification Study and Verification Study have been deleted. These (b) (4) (b) (4) are used for the equipment qualifications, involving (b) (4) processes. The deleted incidents and related audit trail were not reviewed by the quality unit. For example, the following are some of the actions observed in the audit trail obtained from the (b) (4) (b) (4) |                                                                                                                                             |                                          |                   |           |         |         |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Validator (b) (4)</th> <th style="width: 20%;">Date/Time</th> <th style="width: 50%;">Actions</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 100px; vertical-align: top;">(b) (4)</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                          | Validator (b) (4) | Date/Time | Actions | (b) (4) |  |  |
| Validator (b) (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date/Time                                                                                                                                   | Actions                                  |                   |           |         |         |  |  |
| (b) (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                          |                   |           |         |         |  |  |
| <b>SEE REVERSE OF THIS PAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <small>EMPLOYER'S SIGNATURE</small><br>Tamil Arasu, Investigator <i>Tamil Arasu</i><br>Guerlain Ulysse, Investigator <i>Guerlain Ulysse</i> | <small>DATE ISSUED</small><br>11/26/2019 |                   |           |         |         |  |  |
| <small>FORM FDA 081 (04/03)</small> <small>PREVIOUS EDITION OBSOLETE</small> <small>INSPECTIONAL OBSERVATIONS</small> <small>PAGE 1 OF 1 PAGES</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                             |                                          |                   |           |         |         |  |  |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>FOOD AND DRUG ADMINISTRATION                                                                                                                                                                       |                                                                                          |                                        |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------|-------------|
| DISTRICT ADDRESS AND PHONE NUMBER                                                                                                                                                                                                             |                                                                                          | DATE OF INSPECTION                     |             |
| Food and Drug Administration - New Jersey<br>District, 16 Waterview Blvd, 3rd Floor,<br>Parsippany, NJ 07054<br>973-331-4900                                                                                                                  |                                                                                          | 11/12/2019-11/26/2019*                 |             |
| Industry Information: www.fda.gov/oc/industry                                                                                                                                                                                                 |                                                                                          | FD NUMBER                              |             |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT GIVEN                                                                                                                                                                                             |                                                                                          | 3002889358                             |             |
| Nellie D. Clark Kliza, VP Site Head of Manufacturing                                                                                                                                                                                          |                                                                                          |                                        |             |
| FIRM NAME                                                                                                                                                                                                                                     |                                                                                          | STREET ADDRESS                         |             |
| InClone Systems, L.L.C.                                                                                                                                                                                                                       |                                                                                          | 33 InClone Drive                       |             |
| CITY, STATE, ZIP CODE, COUNTRY                                                                                                                                                                                                                |                                                                                          | FIRM TYPE (C=Chemical, B=Biological)   |             |
| Branchburg, NJ 08876-1904                                                                                                                                                                                                                     |                                                                                          | Biological Drug Substance Manufacturer |             |
| <div style="background-color: gray; width: 100%; height: 400px; position: relative;"> <span style="position: absolute; top: 10px; left: 10px;">(b) (4)</span> <span style="position: absolute; top: 400px; left: 10px;">(b) (4)</span> </div> |                                                                                          |                                        |             |
| SEE REVERSE<br>OF THIS PAGE                                                                                                                                                                                                                   | EMPLOYEE SIGNATURE                                                                       |                                        | DATE ISSUED |
|                                                                                                                                                                                                                                               | Tamil Arasu, Investigator (TA)<br>Guillaume Ulysse, Investigator <i>Guillaume Ulysse</i> |                                        |             |
| FORM FDA 482 (03-08)                                                                                                                                                                                                                          |                                                                                          | INSPECTIONAL OBSERVATIONS              |             |
| HOW TO OBTAIN FORMS ETC.                                                                                                                                                                                                                      |                                                                                          | PAGE 1 OF 1 PAGES                      |             |

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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>FOOD AND DRUG ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                      |  |                    |           |         |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-----------|---------|---------|---------|---------|
| <small>DISTRICT ADDRESS AND PHONE NUMBER</small><br>Food and Drug Administration - New Jersey<br>District, 10 Waterview Blvd, 3rd Floor,<br>Parsippany, NJ 07054<br>973-311-4900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | <small>DATE OF INSPECTION</small><br>11/12/2019-11/26/2019*<br><small>FIR NUMBER</small><br>1002889152                                                                               |  |                    |           |         |         |         |         |
| <small>INDUSTRY INFORMATION: www.fda.gov/oc/industry</small><br><small>NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT BEING</small><br>Willie D. Clark Kliza, VP Site Head of Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                      |  |                    |           |         |         |         |         |
| <small>FIRM NAME</small><br>Imclone Systems, L.L.C.<br><small>FIRM ADDRESS (SEE FIRM'S REGISTRATION)</small><br>Branchburg, NJ 08876-3904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | <small>STREET ADDRESS</small><br>33 ImClone Drive<br><small>FEDERAL REGISTRATION CATEGORY</small><br>Biological Drug Substance Manufacturer                                          |  |                    |           |         |         |         |         |
| <p>B. Review of the (b) (4) audit trail also indicated users had (b) (4) followed by (b) (4). For example, the following table shows (b) (4) recorded in the audit trail:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 25%;">Validator AVN Unit</th> <th style="width: 25%;">Date/Time</th> <th style="width: 50%;">Actions</th> </tr> </thead> <tbody> <tr> <td>(b) (4)</td> <td>(b) (4)</td> <td>(b) (4)</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">* Full name withheld, and only initials shown</p> <p>Similar actions were observed in (b) (4) as well. The firm's quality unit did not review the (b) (4). Operators were assigned administrative privileges. In addition, the firm does not have sufficient controls to (b) (4).</p> |           |                                                                                                                                                                                      |  | Validator AVN Unit | Date/Time | Actions | (b) (4) | (b) (4) | (b) (4) |
| Validator AVN Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date/Time | Actions                                                                                                                                                                              |  |                    |           |         |         |         |         |
| (b) (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (b) (4)   | (b) (4)                                                                                                                                                                              |  |                    |           |         |         |         |         |
| <p>C. We observed that (b) (4) documented or reviewed. For example, review of the run history on the (b) (4) message (b) (4). However, these events were not</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                      |  |                    |           |         |         |         |         |
| <b>SEE REVERSE OF THIS PAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <small>NAME (FIRM) (S) SIGNATURE</small><br>Tamil Arasu, Investigator <span style="float: right;">(TA)</span><br>Guerlain Ulysse, Investigator <span style="float: right;">GU</span> |  |                    |           |         |         |         |         |
| <small>DATE SIGNED</small><br>11/26/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <small>DATE OF INSPECTION</small><br>11/12/2019-11/26/2019                                                                                                                           |  |                    |           |         |         |         |         |
| <small>FORM FDA 482 (09-08)</small> <small>PHARMACEUTICAL INSPECTION</small> <b>INSPECTIONAL OBSERVATIONS</b> <small>PAGE 1 OF 1 PAGES</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                      |  |                    |           |         |         |         |         |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>FOOD AND DRUG ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>DEPT ADDRESS AND PHONE NUMBER</b><br><br>FOOD AND DRUG ADMINISTRATION - New Jersey<br>District, 10 Waterview Blvd, 2nd Floor,<br>Fairlawn, NJ 07054<br>973-331-4500<br><br>Industry Information: www.fda.gov/oc/industry<br>NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED<br>Nellie D. Clark Elisa, VP Site Head of Manufacturing                                                                                                                                                                                                                                                                                                  |                                                                                                                                    | <b>DATE OF INSPECTION</b><br>11/12/2019-11/26/2019*<br><b>PERMITS</b><br>5002889358 |
| <b>FIRM NAME</b><br>ImClone Systems, L.L.C.<br><b>OFF STATE OF EST. LOCATION</b><br>Branchburg, NJ 08876-3904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STREET ADDRESS</b><br>33 ImClone Drive<br><b>PRODUCTS/DRUGS MANUFACTURED</b><br>Biological Drug Substance Manufacturer          |                                                                                     |
| <p>documented in the (b) (4) We were unable to ascertain why<br/>           (b) (4) These (b) (4)<br/>           (b) (4) that are used in the manufacturing<br/>           processes of biological drug substances such as (b) (4)<br/>           (b) (4) which are utilized in the production of drug products that are distributed in the<br/>           U.S. market</p>                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                                                     |
| <b>OBSERVATION 2</b><br><br>Appropriate controls are not exercised over computers or related laboratory systems.<br><br>Specifically, Quality Control (QC) laboratory data stored on (b) (4)<br>(b) (4) We observed that QC laboratory personnel could<br>(b) (4)<br>(b) (4) For example, a QC laboratory<br>employee demonstrated that they (b) (4)<br>(b) (4) Other computer systems where data is not<br>(b) (4)<br>(b) (4) These laboratory instruments are routinely used<br>(b) (4) for testing of drug substances such as (b) (4) which<br>are utilized in the production of drug products that are distributed in the U.S. market. |                                                                                                                                    |                                                                                     |
| <b>*DATES OF INSPECTION</b><br>11/12/2019(Tue), 11/13/2019(Wed), 11/14/2019(Thu), 11/15/2019(Fri), 11/18/2019(Mon), 11/19/2019(Tue),<br>11/20/2019(Wed), 11/21/2019(Thu), 11/25/2019(Mon) and 11/26/2019(Tue)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                     |
| <b>SEE REVERSE<br/>OF THIS PAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>EMPLOYEED SIGNATURE</b><br>Tamil Arasu, Investigator <i>Tamil Arasu</i><br>Guerlain Ulysse, Investigator <i>Guerlain Ulysse</i> | <b>DATE SIGNED</b><br>11/26/2019                                                    |
| STANDARD FORM 483 (2008)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FOOD AND DRUG ADMINISTRATION                                                                                                       | INSPECTIONAL OBSERVATIONS                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                    | PAGE 3 OF 11 PAGES                                                                  |

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."