5. Failure to establish scientifically sound and appropriate specifications, standards, sampling plans and test procedures designed to assure that components, drug product containers, closures, in-process materials, labeling and drug products conform to appropriate standards of identity, strength, quality and purity [21 CFR 211.160(b)] in that:

b) There is no assurance that the quantity of bulk and finished product samples pulled for testing are representative of the lots.

As a result of the FDA inspections, Bayer has adopted new procedures to specify the quantity of bulk and finished product samples that must be tested by Quality Control (QC). The Clayton facility adopted SOP CS-000-AA-034, "Guidelines for Determination of QC Sample Sizes," on March 13, 2001 and SOP CS-000-AA-035, "Method for Determining Sample Sizes for Quality Control Tests," on June 22, 2001. The Berkeley facility adopted SOP BS-000-AA-027, "Guidelines for Determination of QC Sample Sizes," on March 29, 2001 and SOP BS-000-AA-029, "Method for Determining Sample Sizes for Quality Control Tests," on June 30, 2001.

These procedures establish a rationale and define the accepted and recognized statistical approaches for determining sample quantity for QC tests on bulks and finished product. Sample quantity is based on compendial or regulatory requirements if such guidance is available (*e.g.*, safety, pyrogen, sterility). If such guidance is unavailable, the procedures base sample quantity on product specifications, product trends, or analytical test method capability.

The evaluation of sample quantity for bulks and finished product has been completed at the Clayton facility. This means that Clayton has determined the statistically appropriate sample quantity for every QC test of bulks and finished product. The Berkeley facility has completed its evaluation of sample quantity for potency tests of bulks and finished product, and will inform the FDA of its progress on other tests in future updates. The Clayton facility is currently in the process of developing and revising individual testing procedures, calculation programs, sample programs, sample tables, and LIMS programs to reflect the findings of the evaluation, and will inform the FDA of its progress in future updates.