		TH AND HUMAN SERVICES ADMINISTRATION	· W - W
DISTRICT ADDRESS AND PHO	NE NUMBER	DATE(S) OF INSPECTION	·
1431 Harbor H		08/25/2015	- 09/16/2015*
Alameda, CA (510) 337-670	94502-7070 00 Fax:(510) 337-6702	3006231732	
	ormation: www.fda.gov/oc/indu		
TO: Ramesh	(NMI) Balwani, President and	Chief Operations Officer	
Theranos, Inc	3.	7333 Gateway Blvd.	
Newark, CA	TRY	TYPEESTALISHMENT MEPECTED Medical Device Manufact	
observations, and do observation, or have action with the FDA	observations made by the FDA representative(s) not represent a final Agency determination regainsplemented, or plan to implement, corrective representative(s) during the inspection or submitted FDA at the phone number and address about	rding your compliance. If you have an oction in response to an observation, you tithis information to FDA at the address	objection regarding an a may discuss the objection or
	noted in this Form FDA-483 are not an exh for conducting internal self-audits to ident		
DURING AN INSPEC	TION OF YOUR FIRM WE OBSERVED:		
Specifically, your CTN is a Class II in identifying it as a C	listing is required have not been listed. Capillary Tube Nanotainer (CTN) inedical device. You have not listed the Class I exempt medical device. You are curn California, Arizona, and Pennsylvania.		and as such the (b) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
	2 eiving, reviewing, and evaluating complain	s by a formally designated unit have	e not been adequately
Date 07/02/2014", accurately describe	wo written procedures, "Customer Complaint and the complaint handling procedure the complaint handling procedure the procedure that you verbally describ	OP-05071, Revision A, Effective D at you currently employ to receive,	ate 03/27/2015" do not review, and evaluate
	EMPLOYEE(6) SIGNATURE		DATE ISSUED
SEE REVERSE OF THIS PAGE	Mary R. Hole, Investigator Yung W. Chan, Investigator Stayce E. Beck, Investigator	A A	09/16/2015
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPE	CTIONAL OBSERVATIONS	PAGE 1 OF 6 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 08/25/2015 - 09/16/2015* 1431 Harbor Bay Parkway Alameda, CA 94502-7070 (510) 337-6700 Fax: (510) 337-6702 3006231732 Industry Information: www.fda.gov/oc/industry TO: Ramesh (NMI) Balwani, President and Chief Operations Officer STATET ADDRESS Theranos, Inc. 7333 Gateway Blvd. Newark, CA 94560 Medical Device Manufacturer

In written procedure "Customer Complaints, Document Number SOP-00174 Revision A, Effective Date 07/02/2014", Section 6.1.1 states that (101/06)

Document Number CS SOP-05071, Revision A. Effective Date 03/27/2015", Section 8.1.1 states the Section 7.1 of the same written procedure contain.

does not provide instructions for forwarding complaints to the to

Your written procedures do not describe your complaint handling as you verbally described it during the inspection. The Theranos QA complaint log that you provided contained no logged complaints; however, the complaint log that you also subsequently provided contained CTN-related complaints.

OBSERVATION 3

Complaints involving the possible failure of a device to meet any of its specifications were not reviewed, evaluated, and investigated where necessary.

Specifically, a complaint that was reported to you via NCR-01926 on 01/30/2015 was not handled as a complaint in compliance with your written procedure "Customer Complaints, Document Number SOP-00174. Revision A. Effective Date 07/02/2014". NCR-01926 was a report of a complaint from your [10] (4) that there were "difficulties in inspecting CTN specimen quality. Reports were that walls of [11] barts were too opaque to be able to see clotting clearly". You did not identify this as a complaint and you did not investigate it as a complaint, nor did you investigate if this complaint required the filing of MDRs. This complaint was not documented in your complaint log.

OBSERVATION 4

Corrective and preventive action activities and/or results have not been documented.

Specifically, you undertook several corrections of your Quality Management System procedures and records without documenting the investigations of causes of the nonconformities, the actions needed to correct or prevent recurrence of similar quality problems, the verification or validation of corrective actions, and the dissemination of information about the quality problems to responsible parties. During this inspection you undertook to correct procedures and records for your

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	TH AND HUMAN SERVICES
DISTRICT ADDRESS AND PHONE NUMBER	G ADMINISTRATION DATES OF INSPECTION
1431 Harbor Bay Parkway	08/25/2015 - 09/16/2015*
Alameda, CA 94502-7070 (510) 337-6700 Fax: (510) 337-6702	3006231732
Industry Information: www.fda.gov/oc/indu	stry
TO: Ramesh (NMI) Balwani, President and	Chief Operations Officer
Theranos, Inc.	7333 Gateway Blvd.
Newark, CA 94560	Medical Device Manufacturer
of what corrections were required, whether the corrections im dissemination of the information about these issues to your ful For example, during this inspection you were unable to produ deficiency by assembling the required supplier qualification of CAPA that investigated the probable cause for not having sup suppliers had met your quality requirements the entire time in which you had manufactured your finished products, or if you future compliance with this required quality activity, and train so that they understand the probable quality impact on product	apact on your Quality Management System, an analysis and plan pacted other areas of your Quality Management System, and the mais employees. The documented supplier qualifications, and you corrected the comments for your suppliers. You did this without opening a plier qualification documentation, or to investigate if these the past when you had purchased materials from them with an purchasing department personnel required training to ensure the past with materials sourced from unapproved suppliers. This was not documented in a CAPA that contained an effectiveness
Specifically, you use an unvalidated Excel spreadsheet to doc during the for your Lot 100 CTN and the f	CIN manufacturing. For example, you record the however, you
OBSERVATION 6 The evaluation of potential suppliers was not documented. Specifically, your written procedure, (1981) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Document Number SOP-00171, Revision B. Effective Date
	ou did not have documented approved supplier qualifications list until after the start of the current inspection.
inspection, yet you purchased a think that you	approved supplier qualification until after the start of this use in the manufacture of your CTNs from this
SEE REVERSE Yung W. Chan, Investigator Stayce E. Beck, Investigator	DATE ISSUED 09/16/2015

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	ALTH AND HUMAN SERVICES UG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1431 Harbor Bay Parkway	08/25/2015 - 09/16/2015*
Alameda, CA 94502-7070 (510) 337-6700 Fax: (510) 337-6702	3006231732
Industry Information: www.fda.gov/oc/ind	ustry
TO: Ramesh (NMI) Balwani, President and	
FIRM NAME	8THEFT ADDRESS
Theranos, Inc.	7333 Gateway Blvd.
Newark, CA 94560	Medical Device Manufacturer
supplier. On 06/19/2015 you issued Purchase Order Number received that (41) of of the control of	ndor; however, you had no documented approved supplier
(b) (4) (b) (f) (b) (f)	
OBSERVATION 8 Procedures for device history records have not been adequate	ely established.
applied to the finished product. For example, your	; however, your locumenting the not include a copy of the primary identification label that was for the manufacturing of the CTN Lot numbers to the primary identification label that was applied to the
OBSERVATION 9	
Quality audits have not been performed.	
Specifically, you have not monitored your Quality Managem	
documented internal quality audit schedule to monitor your	
07/02/2014" states [6.1.1] of your written procedure, "Internal	Ouality Andit, Document Number SOP-00177, Effective Date no internal audits were performed in
none have been performed so far in 2015. Section 6.1.1.1 of	
(b) (4)	eference 7.1" [7.1 = TMP-00032] (4)
EMPLOYEE(S) SIGNATURE	DATE (8SUED
SEE REVERSE Yung W. Chan, Investigator Stayce E. Beck, Investigator	09/16/2015

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 08/25/2015 - 09/16/2015* 1431 Harbor Bay Parkway FEI KLIMERER Alameda, CA 94502-7070 (510) 337-6700 Fax: (510) 337-6702 3006231732 Industry Information: www.fda.gov/oc/industry TO: Ramesh (NMI) Balwani, President and Chief Operations Officer FIRM NAME Theranos, Inc. 7333 Gateway Blvd. Newark, CA 94560 Medical Device Manufacturer at the start of this inspection, your TMP-00032 was blank.. EMPLOYEE(S) SIGNATURE DATE ISBUED Mary R. Hole, Investigator SEE REVERSE Yung W. Chan, Investigator 09/16/2015 Stayce E. Beck, Investigator OF THIS PAGE

INSPECTIONAL OBSERVATIONS

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		HEALTH AND HUMAN D DRUG ADMINISTRATION	
DISTRICT ADDRESS AND PHO	NE NUMBER	DIMEN PROMISERATION	DATE(S) OF INSPECTION
1431 Harbor Bay Parkway			08/25/2015 - 09/16/2015*
Alameda, CA 94502-7070			FEI MILLIER 2006221722
(510) 337-6700 Fax: (510) 337-6702 Industry Information: www.fda.gov/oc/industry		industry	3006231732
TO: Ramesh	(NMI) Balwani, President	and Chief Opera	tions Officer
Theranos, Inc.		7333 Gateway Blvd.	
Newark, CA 94560		Medical Device Manufacturer	
Observation 3: Observation 5: Observation 7:	Obser Under consideration. Promised to correct within 7 days.	Observation 2: Observation 4: Observation 6: Observation 8:	Promised to correct within 7 days. Promised to correct within 7 days. Promised to correct within 7 days. Promised to correct within 7 days.
	/10/2015(Thu), 09/16/2015(Wed)		
	EMPLOYEE(S) SIGNATURE		DATE ISBUED
SEE REVERSE OF THIS PAGE		or	DATE ISBUED 09/16/2