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Process Validation Title:

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This form is to be used as a guide in the development of a process validation. Applicable contents can be imported into an MS Word document to create the validation protocol and final report.

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2. Objective and Scope

Clearly state the objective of the validation to validate a particular process. List names/numbers of relevant SOPs to be followed during this process. Insert information about scope, such as how many samples will be run through the process or how many process runs will be included, etc.

Example:

The objective of this process validation is to provide evidence of controlled cord blood collection, using current Carolinas Cord Blood Bank standard operating procedures. Specifically, SOPs CCBB-XXX-XXX and CCBB-XXX-XXX will be followed. The validation will include X number of consecutive collections performed at X collection site(s). The information to be captured for each CBU is detailed below in Section 4.

2.1. Validation Execution Prerequisites

Detail any pre-execution requirements for the validation protocol. This may include verification of qualification status of any equipment/systems required in the execution of protocol, any change controls necessary.

3. Background and Introduction

Insert background information about the process to be validated. The intent regarding use of batches/products manufactured as part of this process validation should also be specified (i.e. specify if the batches will be for human use and/or released under the license vs. IND).

Example:

This protocol will validate the X process using the currently approved SOPs. Steps will be performed per the following SOPs:

Table 3.1

SOP Number	SOP Title

This protocol has been drafted with input from the FDA guidance document, Process Validation: General Principles and Practices, November 2008 and January 2011, and SOP COMM-QA-044, Approaches to Validation.

Following execution of this protocol, a final report will be generated, including data and final conclusions.

4. List of Equipment and Reagents

Provide details of equipment and reagents used in the process validation. Equipment should be appropriately qualified before use.

Example:

All reagents, equipment, personnel, and raw materials will be the same as those used in the regular production of HPC, Cord Blood products in the CCBB Processing Laboratory (if true). This information will be captured in Tables 4.1 and 4.2, if not already captured on SOP XXX FRMX, used during manufacturing.

Table 4.1

Equipment	Serial Number/Label	Location

Table 4.2

Reagents	Lot Number	Expiration Date

5. Protocol Design and Acceptance Criteria

Insert details about the manufacturing/process conditions, if needed, and/or protocol design. There is not a need to repeat all process steps already outlined in an approved SOP, but the SOP should be referenced in the relevant location in the instructions below. If there is anything that is part of this validation protocol that is not similar to how the process will really be done for manufacturing, please note and explain rationale/justification (i.e. facility difference, method not validated, personnel training, etc.).

What types of samples will be used and where do samples come from? For Table 5.1 below, analytical methods/testing used to examine the process should be listed with a description of the type of sample needed for that assay and acceptance criteria. Analytical testing should be done per approved SOPs as well, as appropriate. Specify data to be collected and when/how it will be evaluated. Acceptance criteria for all testing performed and/or each significant processing step should be outlined.

The sampling plan, including sampling points, number of samples, and the frequency of sampling for each unit operation and attribute.

Example:

Table 5.1: Analytical Method Testing and Acceptance Criteria

Test	Test Sample	Acceptance Criteria
XXX	XXX	define

6. Analysis Methodology

List and describe statistical analyses here or how the data analysis will be performed, if applicable. It may be that all CBUs enrolled in the protocol have to meet all acceptance criteria, in which case, there isn't much statistical analysis occurring.

7. Amendment Revision History (as applicable)

Provide a brief description of the change(s) from the previous review and approval. Include justification for the change(s).

8. Final Report

A final report will be generated after execution of this protocol and provided to the Medical Director and QSU for review and approval. The final report will include completed tables with data and other information as described in this protocol. In addition, summaries, conclusions, and recommendations will be included. Furthermore, any process changes that may be warranted following this validation should be noted.

8.1. Non-Conformances

Describe any protocol generation errors, non-conformances, or deviations that occurred during execution of the protocol. Minimally, this will also include an assessment/justification of any perceived impact to the validation. If no instances of non-conformance are noted, thus deviations are not required, this rationale should be stated within the summary report.

If, during the execution of a validation protocol, there is a deviation from an existing, effective version of an SOP in MasterControl, a formal deviation and investigation report, per COMM-QA-042 Deviations and Investigations, will be launched and referenced. All events associated with the execution of a validation protocol must be closed before signoff of the associated validation summary report.

NOTE: If a deviation is launched within MasterControl, this number must be referenced in the validation summary report. See COMM-QA-044 Approaches to Validation for clarification on requirements for situations when a MasterControl event is required.

8.2. Post-Execution Requirements

Following execution of the validation protocol, describe in the report if any change control requests are necessary as a result of this validation in order to ensure the validated parameters/processes are incorporated into applicable SOPs/batch records. If change controls are not determined to be necessary, this rationale should be stated within the summary report.

NOTE: If a change control request is launched within MasterControl, this number must be referenced in the validation summary report.

Signature Manifest

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COMM-QA-044 FRM3 Process Validation Protocol

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