Medicines & Healthcare products Regulatory Agency

MHRA
Regulating Medicines and Medical Devices

INSPECTION REPORT

Aptuit (Oxford) Ltd
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Section A Inspection Report Summary

Inspection requested by: MHRA

Scope of Inspection: Routine Re-Inspection

Licence or Reference Number: API 40699

Licence Holder: Aptuit (Oxford) Ltd

Details of Products: Manufacture of APIs by chemical synthesis

Activities carried out by company:	Y/N
Manufacture of Active Ingredients	Y
Manufacture of Finished Medicinal Products – Non sterile	N
Manufacture of Finished Medicinal Products - Sterile	N
Manufacture of Finished Medicinal Products - Biologicals	N
Manufacture of Intermediate or Bulk	N
Packaging – Primary	Y
Packaging - Secondary	Y
Importing	N
Laboratory Testing	Y
Batch Certification and Batch Release	Y
Sterilisation of excipient, active substance or medicinal product	N
Broker	N
Other:	N

Name and Address of sites inspected (if different to cover):

Site Contact: [redacted]

Dates of Inspection: 24 – 25 Feb 2026

Lead Inspector: [redacted]

Accompanying Inspectors:

Case Folder References: Insp GMP 40699/7634946-0011
Insp GMP 40699/839548-0011
Insp GMP 40699/18353863-0005

Section B General Introduction

B1 Background information

Aptuit was part of the Evotec group, headquartered in Germany. Aptuit conducted research, development and contract manufacturing services. The UK facilities in Abingdon dated from 1991 and provided contract manufacture and QC testing of APIs and intermediates.

Previous Inspection Dates: Sept 2021

Previous Inspectors: [redacted]

B2 Inspected Areas

Management review PQRs Change control Deviations and CAPA OOS and laboratory investigations Complaints Recalls Self-inspection Warehousing, goods receipt, dispatch API manufacture QC laboratories Supplier approval New product introduction Cross contamination controls Cleaning verification Process validation Equipment qualification Calibration and maintenance Purified water systems Outsourced activities Training

Limitations / exclusions to inspected areas

None

B3 Key Personnel met/contacted during the inspection

Name	Position
[redacted]	

[redacted]

B4 Documents submitted prior to the inspection

Document	Version/Date of document	Reflected activities on site?
Site Master File	[redacted] Feb 2026	Y
Compliance Report	13 Feb 2026	Y
Comments: None		

Section C Inspector's Findings

C1 Summary of significant changes

Detailed changes are recorded in the pre-inspection compliance reports held in the case folder.

Changes since previous inspection which are of particular relevance to compliance / risk rating, or which relate to inspection deficiencies are listed below:

[redacted] API had not been manufactured since 2011.

A replacement purified water generation system had been introduced in Building [redacted]

In [redacted] a new isolation suite had been created within the dispensary.

Various new items of laboratory equipment had been introduced.

Implementation of [redacted] was in progress.

Future planned changes which are of particular relevance to compliance / risk rating, or which relate to inspection deficiencies are listed below:

[redacted] would be replacing [redacted] as the computerised maintenance management system.

[redacted] (warehouse temperature monitoring system) was due to be upgraded.

C2 Action taken since the last inspection

The GMP certificate was extended in Jan 2025 following a desktop assessment.

C3 Starting Materials

General

Procedure [redacted] was entitled [redacted] There was an additional SOP, [redacted] All suppliers and contractors for services and materials relevant to product quality had to be evaluated and approved by QA prior to being used. If any deviation or OOS/OOT investigation raised suspicion or provided evidence that the material/service provided by a supplier/contractor was deficient or not meeting [redacted] expectations, the area affected was required to raise a complaint with the supplier and ask them to investigate the issue and provide a written response including details and outcome of the investigation and an appropriate corrective action plan to prevent reoccurrence. If required companies could also be removed from the Approved Supplier List.

[redacted] supplier assurance activities were reviewed during the inspection. Critical raw materials were supplied by [redacted] having been manufactured by the company in [redacted] BSE/TSE statements were required, and this was defined in the relevant QTA that was verified to be within its specified acceptance time. An appropriate questionnaire was available with the documentation for both the manufacturing site and the distributor. A method of conducting periodic reviews was in place. An approved supplier list was in place.

The audit of the [redacted] manufacturing site in [redacted] was reviewed. This occurred in February 2025 and had been contracted out to [redacted] The audit took place over one day and focused on two critical raw materials. Two minor observations were raised.

Separately, no audit could be conducted of the manufacturer [redacted] due to a [redacted] precluding the ability to access the plant. The supplier was on hold at the time of the inspection, and a risk assessment had been performed to evaluate the inherent risk of not being able to attend the site to conduct an audit.

Compliance with TSE Guidelines

Appropriate systems were verified to be in place. Refer to general, above.

API Compliance

Not applicable for this inspection.

C4 Pharmaceutical Quality System

The company's PQS was stated to be aligned with EU GMP Part II / ICH Q7a and US FDA 21 CFR 210/211.

Management Review

Procedure [redacted] covered the management review processes; these were comprised of regular KPI monitoring, automated weekly alerts of pending actions, a monthly site quality council meeting, and a periodic global quality council. The inputs (slideshow) and outputs (minutes) for July 2025 and Dec 29025 were reviewed. These showed an appropriate level of detail, covering subjects such as deviations, CAPA, changes, complaints, lab investigations, audit findings, self-inspections, regulatory updates, PQRs, etc. Metrics for closure rates were acceptable, and overdue items were generally at a low rate. In recent months the reporting had been revised to look beyond 'human error' as a root cause and dig deeper into the causal factors behind such issues.

An example of a regulatory update was selected; this was a revision to the wording of USP NF 2025 [redacted] for method 1a of the water determination test. The update had been reviewed at the Abingdon site and documented as having no impact as they only carried out the test using method 1b.

Deviations

The procedure included appropriate scope and application along with specified timelines for implementation. Deviations had to be logged within 1 working day of discovery and assessed by QA within a further working day. Impact assessment had to take place within 5 office working days as this would be reliant on QA support which was not in place during the weekend. Standard deviations required investigation and closure within 30 days, but critical deviations had to be completed in 15 days. Classifications of Critical, Major and Minor were assignable. Fishbone and 5 whys could be used for RCA and evidence of their use was available. Recurrence reviews were performed. Human error investigation forms had been in place since November 2025. CAPA effectiveness checks had also been implemented.

The following deviations and CAPA were reviewed:

[redacted] - Batches were released meeting the specification criteria. However, the analysis was not specific, and the reported results were inaccurate.

[redacted] - Following transfer of the clarified final API solution, the vessel lid broke due to accidental build-up of nitrogen pressure, potentially contaminating the API with glass particles.

[redacted] - Clear, colourless liquid observed in [redacted] prior to cleaning post execution of [redacted] stage 4 in [redacted]

[redacted] - Potential contamination of products with unknown lubricant from bottom outlet valves for [redacted] reactor systems (used in cGMP laboratories).

[redacted] - Incorrect label found to be applied to a handling unit of [redacted] (for Process [redacted] (material code [redacted]

[redacted] - Contaminated drum of cleaning acetone (HU: [redacted] used for rinse boil-out on RV4 and post-maintenance cleaning for FD2.

[redacted] - Temperature excursion during drying period.

Change Control

Change Control procedure [redacted] was reviewed along with corresponding documentation from within the Quality System.

[redacted] - Transition to global supplier management procedures. This change was in progress at the time of the inspection.

[redacted] - Shipment of ADX-102 batches under quarantine

[redacted] - Ensure the relabelling process is adequately defined

This was generally appropriate, however there was evidence of not raising change controls where it was appropriate to do so was identified, refer to Section D of this report.

Product Quality Reviews

PQRs were completed for all commercial APIs, in line with procedure [redacted]. There was a published PQR schedule, with each report covering a 12-month period and there was a further 3 months allowed for completion and approval of the report. Trending data indicated that the schedule was being adhered to.

The last 2 PQRs for the commercial API [redacted] were selected for review. These covered the periods July 2023-June 2024 and July 2024-June 2025. Each report included all 4 stages of the synthesis. Trending data for stages 1, 2 and 3 (up to production of the crude API) included yield, assay and impurities. Data for the final purified API also captured chloride and moisture data. All data was seen to be within specification, and no adverse trends were noted. All deviations and OOS investigations were discussed in suitable detail. There had been no changes to starting materials, no temperature excursions during shipment and no customer complaints. All stability data was included and continued to support the shelf life of the API.

API Registration

The company's API registration named [redacted] APIs which were manufactured on site. It was noted that the company also manufactured APIs for use in clinical trials; the inspectors advised that this category should be added to the API Registration at the next annual update.

C5 Personnel

There were approximately [redacted] GMP-related staff based at the Abingdon site, including [redacted] in API manufacture, [redacted] in QC and [redacted] in QA.

Manufacturing operated on a 24/7 basis across [redacted] shifts. The associated QC support also ran 24/7. All staff met during the inspection were knowledgeable about their roles.

C6 Premises and Equipment

The Abingdon site comprised several buildings in close proximity, covered by 3 separate MHRA site numbers due to the development history of the site:

Building	Operations	MHRA site number
[redacted]	[redacted]	7634946
		839548
		18353863

Powder handling areas such as dispensaries and isolation suites were designed to meet ISO Class 8 at rest.

Warehousing

The warehouse within [redacted] managed the receipt, sampling, labelling, storage and distribution of all GMP raw materials, intermediates and finished API products. Materials were receipted into the site ERP system and sampled according to GMP sampling plans before release for use.

Building [redacted] contained a small storage area for materials used in 'kilo lab' manufacturing operations.

API manufacture

The manufacturing facilities in [redacted] and [redacted] included a typical range of equipment such as reaction vessels (glass-lined and Hastelloy), header tanks, receivers, condensers, filters, vacuum dryers and assorted transfer lines. The [redacted] process plant was connected to a SCADA system, [redacted] The [redacted] vessels did not have a SCADA but online data was captured through digital chart recorders and automatically uploaded to a shared drive, and this data was reviewed for every batch.

[redacted] Pilot Plant #2

Building [redacted] contained the larger-scale manufacturing equipment on site (up to 120Kg batches). There were 4 process streams, each comprising of a reactor and receiver plus the associated ancillary equipment. The streams were paired (being operated and cleaned as a unit), and at the time of the inspection [redacted] and [redacted] were manufacturing Stage 4 of a [redacted] The other pair [redacted] and [redacted] were manufacturing Stage 5 of the same molecule.

Solid starting materials were collated by the warehouse and passed through to the dispensary area (limited to one project at a time) via an airlock. The dispensary contained a downflow booth equipped with two balances. There was also an isolator for handling potent materials, as defined by OEB band 4. Dispensed goods were double bagged, tied and labelled before transfer into the relevant manufacturing building.

It was noted that the balances in the manufacturing facility (including those in the [redacted] dispensary) were not connected to printers or other means of automatic data capture and instead relied on each weighing operation being witnessed by a second operator. The company provided a data integrity risk assessment for the facility [redacted] dated Nov 2024. This covered a number of elements such as SCADA systems, batch documentation and worksheets, logbooks, HPLC systems, other analytical equipment, and balances. It was stated that there was a [redacted]

The balances were subject to a daily check, and monthly calibration over the working range. Records of usage and calibration were maintained in logbooks.

[redacted] Pilot Plant #1

[redacted] housed the small-scale pilot plant facility (up to 50Kg batches), again containing various types of reactor vessels, in 3 streams. The [redacted] pair of vessels were observed during a [redacted] campaign.

[redacted] cGMP lab

The cGMP laboratories (used for development purposes) used dedicated glassware for each project. Any non-dedicated items such as drying ovens and jacketed vessels were subject to QA release prior to use in a specific campaign.

Water System

There were two separate purified water systems on site; a [redacted] capacity system serving [redacted] and a [redacted] system for [redacted] Both used RO-EDI purification and UV sanitisation, and both distribution loops were designed to circulate PW at <16°C in normal use, and >80°C during routine quarterly sanitisation. Part of the generation system in [redacted] had been upgraded since the last inspection and now used two [redacted] units in parallel which had increased the generation capacity. The system was controlled through a PLC unit, and there was online monitoring of TOC, conductivity, temperature and flow rate. The latest annual trend report for the water systems was reviewed, covering Jan – Dec 2025. No adverse trends were noted, and the systems appeared to provide a good level of control.

Equipment qualification

Reactor vessel [redacted] was a relatively recent addition, and the qualification of this was reviewed. The validation summary report [redacted] included a summary of the previous stages (change control, URS, DQ, IOQ, PQ), and there was also a traceability matrix outlining each of the URS requirements alongside a reference to where the corresponding evidence could be found. The IOQ protocol and report were also reviewed, along with various supporting documents such as calibration certificates, system drawings and screenshots used to capture protocol test results. No issues were noted.

Calibration and maintenance

Calibration and maintenance tasks were scheduled in the [redacted] software system, which generated works orders for the engineers. Calibration was either performed by the in-house engineers or by approved contractors.

The equipment calibration policy was [redacted] It was noted that the policy stated '*in general at least two points which embrace the whole range of the equipment must be used for the calibration*'. The calibration record for pressure gauge [redacted] (attached to reactor vessel [redacted] in building [redacted] was aligned with the works order's stated requirements of 5 calibration points across the range -1 to +1.5 bar. No issues were noted.

In contrast to this, the latest calibration record for TOC meter [redacted] on the [redacted] purified water plant was carried out by [redacted] in Oct 2025, and it was noted to be a single point calibration at 500ppb. This did not align with the policy requirement noted above. In addition, it was unclear what Aptuit's requirements were for the calibration range and acceptance criteria, as these were not stated on the works order.

C7 Documentation

Historically the company had used a paper-based system but had [redacted] as a global document management system.

Batch records

Batch documentation was referred to as BPGs (batch processing guides), and cleaning processes were recorded on RCGs (reactor cleaning guides). Both documents were seen to be suitably detailed, well designed and user-friendly, with key instructions highlighted in bold.

New product introduction

The site had an ever-changing schedule of Active Pharmaceutical Ingredients (APIs) manufactured, means that cleaning validation was not always considered to be feasible. As such a 100% analytical verification model was employed. Validation of cleaning was completed on a case-by-case basis if necessary to meet a client or regulatory requirement for a commercial product, rather than being performed as standard.

Analytical assessment on changeovers was routinely conducted. Various methodologies could be used to determine a baseline PDE particularly in cases where the molecule did not have extensive toxicological data available. The procedure covered sampling requirements and how sample integrity should be maintained. Failures in cleaning verification required investigation before continuing with the operations and recleaning.

The cross-contamination risk assessment for API cross contamination in [redacted] was reviewed during the inspection, [redacted] This was reviewed and followed an FMEA with controls and rescoring where risks were identified and mitigated.

The validation plan for the cleaning validation of [redacted] drug substance [redacted] at [redacted] production facility was reviewed during the inspection and was underway at that time.

A recently completed cleaning record for the dispensary isolator was also reviewed during the inspection, [redacted]

Process validation

Typically process validation was only carried out prior to API commercialisation, though this was also subject to the wishes of the client company with earlier validation performed as required.

SOP [redacted] was reviewed during the inspection along with the [redacted] and [redacted] for [redacted] Drug Substance [redacted] and [redacted]

The procedure had been last updated in 2023 and was approaching its 3 year review. The company's preferred approach was prospective validation. Concurrent validation could be carried out in exceptional circumstances if properly justified; this had to be documented as part of the validation plan. It was expected the justification should be based on significant patient benefit. Annual process verification was conducted via the annual PQR process.

For [redacted] the process development had been conducted across various studies. Smaller scale batches had also been produced and documented in campaign reports and utilised for stability studies. A risk assessment was conducted that identified the critical stages of manufacture, using an FMEA approach, [redacted] Specifications had been developed in advance for each isolated intermediate and the final product. BPGs had been developed for each stage in advance. Acceptance criteria had been defined. Process knowledge had been used to define critical process parameters. The approach was considered comprehensive.

C8 Production

Commercial APIs manufactured on site included [redacted] and [redacted] were currently undergoing validation. All processes were standard chemical synthesis and purification operations. Solvent recovery was not carried out on site.

C9 Quality Control

Building [redacted] housed the main QC laboratories, which carried out routine testing of starting materials, intermediates and finished APIs.

All incoming samples were receipted against an RFA ('request for analysis') form, outlining the sample details and specification. Testing worksheets were then generated for each test. Historically all testing data was recorded manually on the forms, but this was [redacted] – initially this was directly capturing balance weighings and mobile phase preparations but would in time be rolled out to include wider aspects of QC testing. Chromatographic test methods included details of the required SST testing, and outlined parameters such as the number of replicate samples, and the requirements for bracketing of standards. Manual integration was only permitted where pre-approved for specific purposes. Checking processes included verification of all raw data, online review of all chromatograms and audit trails, and checking for any single injections outside of sequences.

The labs had multiple HPLC and GC systems, mainly [redacted] units using [redacted] Equipment calibration status was clearly identified, and established expiry dates were applied to mobile phases and wash solutions. Columns logs were evident.

Other instruments included [redacted] and some specialist items such as [redacted] For identification testing by [redacted] samples were analysed alongside a reference standard (rather than using a pre-tested library reference) and visually compared.

Balances were located in a separate room, and required a function check every day [redacted] prevented further use if this check was not performed). They were also subject to a quarterly OQ which included a full range calibration; the records for 6-place balance [redacted] were reviewed with no issued noted. Minimum weight was recalculated every year. Al these balance controls were defined in procedure [redacted]

Reference standards were typically prepared in house; the first preparation was generally a full characterisation, including multiple identification tests, assay, impurities, limit tests and any relevant sold state tests such as [redacted] or [redacted] Thereafter an annual requalification of each standard was performed under a protocol, typically using key tests such as assay, impurities and moisture. The most recent requalification of the [redacted] working standard was reviewed, including protocol [redacted] and the resultant C of A. no issues were noted.

From the stock of qualified working standard, a number of single-use vials were prepared, and the usage of these was tracked. All standards were subject to appropriate storage conditions such as controlled ambient, refrigerator or freezer, and each of these were subject to continuous monitoring; the system would generate alarms in the event of any excursions.

<u>OOS investigations</u>

Procedure [redacted] covered OOX investigations (comprising OOS, OOT, OOE), and was applicable to QC testing of starting materials, intermediates, APIs, stability samples and cleaning verification samples. In general the approach was in line with published MHRA guidance, following the standard phase Ia / Ib / II process. Any hypothesis testing had to be documented and pre-approved ahead of starting the work.

Three example OOS investigations were reviewed. These were [redacted] (duplicate low OOS assay results for [redacted] confirmed as a genuine OOS), [redacted] (one sodium nitrite assay sample low OOS, assigned as lab error) and [redacted] (high impurity results on a stability sample, confirmed to be due to the assigning of an incorrect specification).

Although the confirmed OOS of a starting material did not trigger a complaint to the supplier, the SOP had subsequently been reviewed to include this requirement, and a more recent OOS was provided to show that a complaint had duly been raised and the investigation provided.

There was a separate process for laboratory investigations (LIFs) which did not meet the criteria for OOS (for example instrument failure or SST problems). Two LIFs were reviewed;

[redacted] was a peak purity problem affecting all samples and standards in a sequence. [redacted] was linked to a contaminated batch of acetone used in sample preparation.

No issues were noted in the investigations.

Method validation

The validation of the assay and related substances HPLC method for [redacted] was reviewed. This was a gradient elution method. The validation parameters were aligned with ICH requirements and included accuracy, precision, linearity, specificity, sensitivity (LOD/LOQ for related substances), robustness, solution stability and range. The report [redacted] demonstrated that the acceptance criteria were met, and included example chromatograms, linearity plots and peak purity overlays. There was a separate method validation report for the analysis of [redacted] aldehyde impurity [redacted] No issues were noted.

Stability

Building [redacted] contained further laboratory space, which was typically used for early formulation testing, method validation work and stability testing. The equipment, controls and procedures were aligned with those used in [redacted] Stability studies were managed by Aptuit who also carried out all stability testing; however sample storage was contracted out to [redacted] Stability protocols were generated for each study and approved by the client/customer. Time points and pull dates were shared with [redacted] and there was a longstanding arrangement in place whereby [redacted] would pull samples and ship them to Aptuit for testing [redacted] SOPs allowed for appropriate tolerances around pull dates and testing windows, with the tolerances tighter at the earlier timepoints.

C10 Outsourced Activities

Outsourced activities included contract microbiology testing of APIs [redacted] stability sample storage [redacted] and particle size micronisation [redacted] In addition, [redacted] were used for micro testing of purified water to both Ph Eur and USP requirements. The technical agreement [redacted] and audit report [redacted] for [redacted] were reviewed, and no issues were noted [redacted] method for membrane filtration of purified water samples specified the volume of water to be filtered (100ml).

C11 Complaints and Product Recall

Complaints

Compaints were classified as critical, major or minor dependant on the risk level identified during the initial triage. An investigation was performed and links to the CAPA and recall procedures were in place. The following complaint investigations were reviewed:

[redacted] - Form 3 identified during the XPRD analysis at Aptuit [redacted] site for [redacted] The relevant CAPA in [redacted] was reviewed during the inspection.

[redacted] - Foreign particulate identified in lot [redacted] during dispensing and sieving API product. The relevant CAPA in [redacted] was reviewed during the inspection.

Recall

It was stated that there had been no recalls from any market since the last inspection. Storage and quarantine procedures were in place if any stock being recalled was returned to the site.

A mock recall process to evaluate the effectiveness of the recall procedure was in place and had to be performed at least once per calendar year. Tests of the process were conducted using one of two alternating scenarios. An internal KPI was in place to complete the process within 48 hours. The last mock recall in March 2025 was reviewed and was found to be generally satisfactory.

C12 Self Inspection

The internal audit program was described in [redacted] The QA department produced an annual schedule and assigned trained independent auditors to each inspection. The schedule was influenced by an annual risk assessment, taking into account previous audit findings, any changes within the department/area, or any relevant external audit observations. There was also scope for performing DI-focussed audits. Any audit findings were captured in the site CAPA program and tracked to closure.

The schedules and associated risk assessments for 205 and 2026 were seen, with no comments raised.

C13 Distribution and shipment (including WDA activities if relevant)

Following approval by QA, batches of API were dispatched to clients in accordance with the requirements of GDP and the corresponding Quality Technical Agreement. Anti-tampering devices were used by the company on API containers, and temperature loggers used where deemed appropriate.

C14 Questions raised by the Assessors in relation to the assessment of a marketing authorisation

None

C15 Annexes attached

Annex 1 site risk rating

Section D List of Deficiencies

D1 Critical

None

D2 Major

None

D3 Others

3.1 The Quality Management System was deficient, as evidenced by:

3.1.1 Deviation investigations were deficient, as the holistic consideration of broader implications of incidents was lacking, in that:

3.1.1.1 [redacted] did not adequately consider whether the discrepancies within the training system could be indicative of a broader and more significant issue.

3.1.1.2 [redacted] did not consider and clearly determine whether any other products were affected by the problem identified with the re-labelling process.

3.1.2 No change control was raised to assess the impact of refurbishment of a kilo-laboratory. For example, confirmation that there was no risk of contamination of other areas, and the displacement of equipment into areas.

3.1.3 There was no formal step in the batch release procedure to determine and consider the status of any ongoing qualification and validation activities.

Reference: EU GMP Part II: 2.16, 6.70, 8.15, 13.10, 13.12

3.2 Labelling procedures were deficient, in that:

3.2.1 The label template for finished goods was not adequately controlled. For example, the template was not locked and properly version controlled, and there was no requirement in the SOP to ensure that the printed label template was in compliance with the example in the procedure.

3.2.2 Re-labelling procedures were deficient:

3.2.2.1 Requests to re-label starting materials were provided by e-mail and as such lacked appropriate formality, documented authorisation from an appropriate person, and traceability.

3.2.2.2 Records made during re-labelling operations were not to the same degree as initial labelling, for example no documentation during the activity was completed and no sample label was retained.

3.2.2.3 Label printing processes lacked a defined line clearance step to ensure that there was no opportunity for mix up.

Reference: EU GMP Part II: 9.31, 9.40, 9.41, 9.44, 9.45

3.3 Production controls were deficient, as evidenced by:

3.3.1 Following a breakdown within a vessel, there was no requirement in [redacted] to specifically confirm that any implicated process material was confirmed to be present and then discharged to waste during the post-production cleaning operation.

3.3.2 The dispensing area preventative maintenance works order [redacted] required remedial maintenance work to be conducted within the booth. However, the works order had been closed out without the work being completed.

Reference: EU GMP Part II: 4.70, 7.44

3.4 The vendor assurance process was deficient. For example, in respect to [redacted]

3.4.1 There was no conclusion about whether the supplier should remain on the Approved Supplier List in [redacted] as required by SOP [redacted]

3.4.2 The supplier was 'on hold' on the Approved Supplier List even though this status was not defined in a procedure. In addition, the supplier remained active on the [redacted] system.

Reference: EU GMP Part II: 2.16, 7.11

3.5 Warehouse controls were deficient, in that:

3.5.1 There was insufficient procedural control over temperature sensitive materials being transported within the intra-site vehicle to ensure excursions would be prevented and detected if they occurred.

3.5.2 The outside storage area containing [redacted] was in a poor condition and contained cobwebs. In addition, rust residues were evident on containers that would be taken to production areas for use during manufacturing.

Reference: EU GMP Part II: 7.40, 7.42

3.6 Equipment calibration was deficient, as evidenced by:

3.6.1 The calibration of TOC meter [redacted] on the purified water plant was carried out at a single point (500ppb). This was not in accordance with the calibration policy [redacted] which stated that 'at least two points which embrace the whole range of the equipment must be used for the calibration'.

3.6.2 Aptuit's calibration requirements and acceptance criteria for [redacted] were not defined on the associated works order.

Reference: EU GMP Part II: 5.30

D4 Comments

4.1 As the company was manufacturing APIs for use in clinical trials, this category should be added to the API Registration at the next annual update.

Section E Site Oversight Mechanism

Site referred or to be monitored by:	Tick (✓)	Referral date	Summary of basis for action
Risk Based Inspection Programme	✓	[redacted]	[redacted]
Compliance Management Team			
Inspection Action Group			

Section F Summary and Evaluation

F1 Closing Meeting

The deficiencies were outlined to the company, who committed to providing a response in the allocated timeline.

F2 Assessment of response(s) to inspection report

An acceptable response was provided on 1st April 2026.

F3 Documents or Samples taken

None

F4 Final Conclusion/Recommendation, Comments and Evaluation of Compliance with GMP and GDP

The site operates in general compliance with the requirements of:

Compliance statement	Tick all statements that apply
GMP as required by the Human Medicines Regulations 2012 (as amended) and the Human Medicines (Amendment) Regulations 2019	✓
The Medicines for Human Use (Clinical Trials) Regulations 2004	N/A
Regulation 5 of the current Veterinary Medicines Regulations	N/A
Regulation C17 of the Human Medicines Regulations 2012 (as amended) and the Human Medicines (Amendment) Regulations 2019	N/A

and is acceptable for the products in question.

Names of Inspectors:

Lead Inspector: [redacted] **Date:** 13th April 2026

Accompanying Inspector: **Date:** 13th April 2026

Annex 1

GMP Site Risk Rating

(a). Inspection Findings

Critical deficiencies this inspection:	0	Last inspection:	0
Major deficiencies this inspection:	0	Last inspection:	1
Other deficiencies this inspection:	6	Last Inspection:	2

(b). Provisional Rating based on Inspection Output (✓ applicable box)

Risk rating level	Input from current Inspection Findings (last inspection findings applicable to rating V only)	Provisional rating – this assessment	Final rating last assessment
0	Serious triggers outside the inspection cycle	[redacted]	
I	Critical finding		
II	>/= 6 Major findings		
III	<6 Major findings		
IV	No critical or major findings		
V	No critical or major findings from current or previous inspection and <6 other findings on each.		

(c). Risk Assessment Inputs – discriminatory factors (✓applicable box)

[redacted]	None relevant (default)
	Significant concern over robustness of quality system to retain adequate control
	Significant failures to complete actions to close previous deficiencies raised at the last inspection
	Complex site
	Significant changes reported in Compliance Report
	Significant mitigating factors applied by the site
	Higher risk rating identified by other GxP and considered relevant to the GMP site
	Relevant site cause recalls, notifications to DMRC or rapid alerts since last inspection
	Nature of batch specific variations submitted since the last inspection give concern over the level of control
	Regulatory action related to the site
	Failure to submit interim update and/or failure to notify MHRA of significant change or slippage in commitments from post inspection action plan
	First Inspection by MHRA (does not require countersignature for RR II)
	Other discriminatory factor (record details and justify below)

(d). Inspectors Comments Related to Discriminatory Factors

[redacted]

(e). Risk Rating Result Incorporating Discriminatory factors (✓ applicable box)

Risk rating level	Inspection Frequency	Inspector Proposed Risk Rating (✓)
0	Immediate (as soon as practicable)	[redacted]
I	6 monthly	
II	12 months	
III	24 months	
IV	30 months	
V	30 months with 50% reduction in duration of the next inspection	

(f). Basis for risk-based acceptance of specific matters arising during the inspection

[redacted]

(g). GMP or GDP certificate conditioning remarks required as a result of risk-based decisions noted in section (f) above

[redacted]

(h). Conclusions

[redacted]

(i). Expert/ Operations Manager / Compliance Management Team (CMT) Comments (Risk rating level 0, I, II):

[redacted]

(j). Confirm Agreed Risk rating following this inspection:

Risk Rating:	Next Inspection target date:
[redacted]	

Notes regarding re-inspection and GMP certificate validity

1. The inspection schedule is based upon risk and resource. This date may change at any time due to factors not pertaining to your site.
2. The GMP certificate does not 'expire' it is provisionally assigned 3 year validity date. For external questions regarding your validity thereafter; please advise that this can be confirmed by contacting the inspectorate at gmpinspectorate@mhra.gov.uk