DEPARTMENT OF HEALTH	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER 60 Eighth Street, N.E.	DATE(S) OF INSPECTION 2-3-14/03
Atlanta, GA 30309	FEI NUMBER
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	1
TO: Connie J. Jones, Senior Director A	PA/QA
FIRM NAME CryoLife	STREET ADDRESS 1655 Roberts Blvd., NW
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED
Kennesaw, GA 30144  DURING AN INSPECTION OF YOUR FIRM I OBSERVED:	Human Tissue Processor/Medical Device Manu
The observations noted in this Form FDA-483 are not an exhaust firm is responsible for conducting internal self-audits to identify a requirements.  1.  A). The firm did not retrieve allografts that are known to Recall Order – 8/12/02) from the market. At least twelve Clostridium, Candida, or E. Coli infections. No actions is	be associated with infections (processed prior to the FDA distributed allografts are associated with reported
inspection (2/5/03). Connected your Verified  B). The firm reportedly conducted a review (look back)	
2. The complaint handling system is deficient in that:	27,17 = 0.005
Aspergillus 2 years ago and most recently with Staphylo	mplaint received on 1/2/03 from the agency through  The heart valve is reported to have been infected with coccus. The complaint was not investigated and, the firm did corrected met nerfuel 2/14/03 Com
B). Many complaints are incomplete and/or the files are	disorganized. For example,
on 9/10/02) indicated that a femoral vein was implanted acquired through other exposures. The complaint report	aplaint (#02-5210367). The complaint (reported to Cryolife 5/24/02 and the patient developed an infection not normally ed "heavy growth of Corynebacterium. Heavy growth mixed mmary and limited follow-up reports were available in the was still outstanding. Currented : Mury 2/14/63
2. As of 2/10/03 the firm has at least 20 incomplete 255 days. Under Communderation 2/14/0	complaint investigations as that have been outstanding for 174-
	PLOYEE(S) NAME AND TITLE (Print or Type)  DATE ISSUED
REVERSE Raia a. Colemony, Ka	udette D. Brooks, CSO en A. Coleman, CSO 2/14/03
PAGE 1 2 7 2 11	ry Alice Papdimitriou, CSO Il A. Bonneau, Microbiologist

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 60 Eighth Street, NE 2/3-Atlanta, GA 30309 FEI NUMBER NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Connie J. Jones, Senior Director RA/QA FIRM NAME STREET ADDRESS CrvoLife 1655 Roberts Blvd. CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Kennesaw, GA 30144 Human Tissue Processor/Medical Device Manuf DURING AN INSPECTION OF YOUR FIRM I OBSERVED: 3. Complaints#02-5210373, #02-5210372, #02-5210326 have been assigned however, specifics about these complaints have not been documented. Conjusting prioring 2/21/024. As of 1/31/03, the firm's complaint files contained 72 "open" complaints. The complaints have been in open status 144 days (4.5 months) or longer. The complaint investigations have not been reviewed and final dispositions have not been determined. Under Com der to 2/14/03 C. The firm's QA unit does not have oversight for complaint handling and does not review the complaints, complaint investigations or complaint corrective actions/follow-up. Cornected not unified The firm's bacteriostasis/fungistasis testing on the anti-microbial cocktail for failed to establish consistent hold times across all challenge organisms and anti-microbial solutions. Under Consideration The firm's bioburden program is deficient in that: A. The firm has not completed the validation protocol and methods development to address incoming bioburden as B. As of 2/11/03 the firm has not analyzed the cumulated bioburden data from which began in June 2002. outlined in the corrective action plan. The firm does not perform an assessment into the root cause when donor organisms. For example: Donor ID Pre-Culture Results Post-Culture Results Streptococcus pyogenes Propionbactrium acnes Enterobacter aerogenes Propionbactrium acnes Staphylococcus epidermidis Pseudomonas fluorscens Pseudomonas aeruginosa

	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
SEE REVERSE OF THIS PAGE	Claudette D. Brown Karen a. Coleman Mary alsie Fapadimitrion Vall a. Borrheau	Claudette D. Brooks, CSO Karen A. Coleman, CSO Mary Alice Papadimitriou, CSO Paul Bonneau, Microbiologist	2/14/03

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 60 Eighth Street, NE 2/3-Atlanta, GA 30309 FEI NUMBER NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED FIRM NAME STREET ADDRESS CryoLife 1655 Roberts Blvd. CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Kennesaw, GA 30144 Human Tissue Processor/Medical Device Manuf DURING AN INSPECTION OF YOUR FIRM I OBSERVED: For example: The firm has not performed the following equipment qualification: being used on human tissue (E0113F, E0113J, E0113G) did not have complete validation; the Performance Qualifications were not done. Connected not neugrid 2/14/03 COB B. Current Preventative Maintenance procedures for the pare not in accordance with the manufacturer's corrected not veryed 2/4/03 COB recommendations. On 2/3/03 an area of rust/corrosion was observed along the bottom back panel of Laminar flow hood (E00491) located in the Microbiology Lab. 2114/03 COB corrected not very ud EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED EMPLOYEE(S) SIGNATURE Claudette D. Brooks, CSO Clanditte Brown 2/14/03 SEE Karen A. Coleman, CSO Karen a. Coleman REVERSE Mary Alice Papadimitriou, CSO OF THIS

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Past a Bonneake

Paul Bonneau, Microbiologist