Client Audit Request Form

Thank you for your audit request. In order to expedite your request, some critical information is required. Please take a moment to fully and accurately complete this form and forward to the Alcami Corporation personnel listed below. Upon completion of the form, you will receive an email confirmation of an agreed upon date, and any pertinent pre-audit information. Please forward your audit plan at the earliest convenience.

We request your completion of this form **at least 30 days** prior to your desired audit date(s).

Audits are limited to **not more than 2 auditors and 2 days in length** at a mutually agreed upon time.

Thank you for choosing Alcami for your business needs, and we look forward to seeing you.

Please forward completed form to:

jenny.pavlovsky@alcaminow.com

Alcami Corporation Quality Audit Representative(s)

Client Audit Request Form

Company Name and **Address**	
Desired and alternate audit dates	
Number of Auditors (**NMT 2**)	
Names and **Titles** of Auditors (Please identify all consultants if applicable)	
Contact information for Auditors (**email** and **telephone**)	
Food Restrictions of Auditors (if any)	
Have you done business with Alcami in the past?	☐Yes ☐No
Do you have a Confidentiality Agreement in place with Alcami Corporation? *Note: if a consultant is being utilized for the audit, a bridging letter is required.*	☐Yes ☐No ☐Not known
Audit Type (Select all that apply)	☐Routine ☐New business / Qualification ☐For Cause ☐Due Diligence ☐Mock PAI
Auditing Regulations (Select all that apply)	**Country:** ☐US ☐EU ☐Canadian ☐Other, please specify **Regulatory Area:** ☐GMPs ☐Other, please specify
Alcami Site(s) and areas of interest to be Audited	☐**Wilmington, NC** (Formulations, Analytical, Microbiology, Stability, Sterile Visual Inspection, Packaging, Distribution, and Solid Dose Manufacturing) **Manufacturing Services** ☐Solid Dose Manufacturing ☐Packaging ☐Distribution **Laboratory Services** ☐Sample Log-In Area ☐Stability Storage Services ☐Microbiology ☐Wet Chemistry / Raw Material Testing ☐QC Stability / Release Testing ☐Analytical Development ☐Biotechnology (large molecule) ☐Physical Chemistry **Product Formulations Development (R&D)** ☐Sterile ☐Non-sterile ☐**Durham, NC** (Analytical Services)

	☐ **Charleston, SC** (Sterile Manufacturing, Visual Inspection, Support Laboratories - In-process testing, Microbiology)
	    Manufacturing Services
	    ☐ Sterile Manufacturing
	    ☐ Visual Inspection
	    Laboratory Services
	    ☐ Support Labs – In process testing
	    ☐ Microbiology
	
	☐ **Edison, NJ** (Analytical Chemistry, Microbiology and Stability Programs)
	    Laboratory Services
	    ☐ Analytical Chemistry
	    ☐ Microbiology
	    ☐ Stability Storage
	
	☐ **St. Louis, MO** (Analytical Chemistry, Microbiology and Stability Programs)
	    Laboratory Services
	    ☐ Analytical Chemistry
	    ☐ Microbiology
	    ☐ Stability Storage

Product Name and Lot Numbers / Material Numbers / Project Numbers / Batch Records / Study Protocol Numbers / Other Documents to be Reviewed etc. pertaining to the audit	

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Name and title of person completing this form