



Our STN: BL 125637/0

July 7, 2017  
**BLA APPROVAL**

Alba Bioscience Limited  
Attention: Mr. Robert Dorris  
21 Ellens Glen Road  
Edinburgh EH17 7QT  
United Kingdom

Dear Mr. Dorris:

Please refer to your Biologics License Application (BLA) for Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal) dated August 31, 2016, received September 8, 2016, submitted under section 351(a) of the Public Health Service Act (PHS Act).

We have approved your BLA for Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal) under your existing Department of Health and Human Services U.S. License No. 1807. Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal) is indicated for the Direct Agglutination Test by Tube Technique for the qualitative *in vitro* detection and identification of human Fy<sup>b</sup> positive red blood cells.

Under this license, you are approved to manufacture Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal) at your facility located at Edinburgh, Scotland, UK. You may label your product with the proprietary name ALBAclone<sup>®</sup> Anti-Fy<sup>b</sup> Human/Murine Monoclonal and market it as approved in your license application.

### **ADVISORY COMMITTEE**

We did not refer your application to the Advisory Committee because our review of information submitted in your BLA, including the clinical study design and trial results, did not raise concerns or controversial issues that would have benefited from an advisory committee discussion.

### **DATING PERIOD**

The dating period for Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal) shall be 24 months from the date of manufacture when stored at 2 to 8 °C. The date of manufacture shall be defined as the last date of pre-fill potency testing.

## **FDA LOT RELEASE**

Please submit lot release protocols showing results of all applicable tests. You may not distribute any lots of product until you receive a notification of release from the Director, Center for Biologics Evaluation and Research (CBER).

## **BIOLOGICAL PRODUCT DEVIATIONS**

You must submit reports of biological product deviations under 21 CFR 600.14. You should identify and investigate all manufacturing deviations promptly, including those associated with processing, testing, packaging, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA 3486 to the Director, Office of Compliance and Biologics Quality, at the following address:

Food and Drug Administration  
Center for Biologics Evaluation and Research  
Document Control Center  
10903 New Hampshire Ave.  
WO71-G112  
Silver Spring, MD 20993-0002

## **MANUFACTURING CHANGES**

You must submit information to your BLA for our review and written approval under 21 CFR 601.12 for any changes in, including but not limited to, the manufacturing, testing, packaging or labeling of Blood Grouping Reagent, Anti-Fy<sup>b</sup> (Human/Murine Monoclonal), or in the manufacturing facilities.

## **LABELING**

We hereby approve the draft carton, container, and package insert labeling submitted under amendment 2, May 11, 2017. This is a reminder that as of September 24, 2014, medical devices that are licensed under the PHS Act are subject to certain provisions of the final Unique Device Identifier (UDI) rule. These provisions include the requirement to provide a UDI on the device label and packages (21 CFR 801.20), format dates on the device label in accordance with 21 CFR 801.18, and submit data to the Global Unique Device Identification Database (GUDID) (21 CFR 830 Subpart E). Additionally, please identify each device identifier implemented for the subject device, and the device identifiers that have been discontinued for the subject device as a labeling change in an annual report consistent with 21 CFR 601.12(f)(3). For more information on these requirements, please see the UDI website, <http://www.fda.gov/udi>.

## **ADVERSE EVENT REPORTING**

You must submit adverse experience reports in accordance with the Medical Device Reporting (MDR) requirements for medical devices (21 CFR 803) as required by 21 CFR 600.80(k)(2). Since your product is characterized as a device as well as a biologic, submit these reports to the MedWatch System using MedWatch Reporting Form 3500A or an electronic equivalent. Please refer to the February 2014 document *Questions and Answers about eMDR – Electronic Medical Device Reporting – Guidance for Industry, User Facilities and FDA Staff* at

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/PostmarketRequirements/ReportingAdverseEvents/eMDR–ElectronicMedicalDeviceReporting/UCM2019327.htm>.

Required reports are to be submitted to:

Food and Drug Administration  
Center for Devices and Radiological Health  
MDR Policy Branch  
10903 New Hampshire Avenue  
WO Bldg. 66, Room 3217  
Silver Spring, MD 20993-0002

Sincerely,

Jay S. Epstein, MD  
Director  
Office of Blood Research and Review  
Center for Biologics Evaluation and Research