Pharmacy Manual:

Title	**Pharmacy Manual and Logistics of DeltEx DRI for INB-400**		
Version	**03**	**Effective Date**	**2024JUN_19**
Manual Document ID	**INB-400 Pharmacy Manual**	**Supersedes Version and Date**	**V2, 2023JUN22**

Referencing Clinical Trial Study Protocol:

Title	**A PHASE 1B / 2 OPEN-LABEL STUDY TO INVESTIGATE THE SAFETY, TOLERANCE AND EFFICACY OF DRUG RESISTANT IMMUNOTHERAPY WITH ACTIVATED, GENE MODIFIED ALLOGENEIC OR AUTOLOGOUS γδ T CELLS (DELTEX) IN COMBINATION WITH MAINTENANCE TEMOZOLOMIDE IN SUBJECTS WITH RECURRENT OR NEWLY DIAGNOSED GLIOBLASTOMA**		
Protocol ID	**INB400**	**Sponsor**	**IN8bio**

Title: Pharmacy Manual and Logistics of DeltEx DRI for INB-400	
Document Number: INB-400 Pharmacy Manual	**Version:** 03
Effective Date: 2024JUN_19	**Page:** 2 of 33

IN8bio Approvals:

Name	Title	Signature	Date
Trishna Goswami	Chief Medical Officer	DocuSigned by: Trishna Goswami B415320190A24C5...	6/17/2024
Kate Rochlin	Chief Operating Officer	DocuSigned by: Kate Rochlin 775C9048358246...	6/17/2024
Stacey Bilinski	VP of Clinical Operations	DocuSigned by: Stacey Bilinski 153994E8F2124A2...	6/18/2024
Jessie Ann Flaim-Spetsas	Director, Clinical Quality	DocuSigned by: Jessie Ann Flaim-Spetsas 4A5CA2B6B8924F3...	6/18/2024
Guoling Chen	Senior Director of Quality Operations	DocuSigned by: Guoling Chen 0DDA12C19777412...	6/17/2024
Marsia Silletti	Operations Director	DocuSigned by: Marsia Silletti C7D7568EDFDC4C9...	6/17/2024
Becca Weekley	Associate Director, Cell Manufacturing Lead	DocuSigned by: Becca Weekley B0A7D777B3AD43A...	6/17/2024

Table of Contents

1. PURPOSE

1.1 The purpose of this document is to describe the guidelines and procedures for the INB-400 clinical sites relating to the receiving, storage and use of the manufactured cryopreserved DeltEx DRI product to support the INB-400 clinical trial IND#28676 sponsored by IN8bio. The key topics to be addressed in this pharmacy manual include:

1.1.1 Receiving, unpacking and inspection of the Cryopreserved DeltEx DRI product from the Manufacturing Facility to the administering Clinical Site;

1.1.2 DeltEx DRI storage at the clinical site LN2 freezer;

1.1.3 Dose Preparation of the DeltEx DRI product for administration including product washing, dilution, syringe loading, labeling and CoA generation;

1.1.4 Chain of Custody and Chain of Identity throughout the processes above.

2. SCOPE

2.1 This document applies to the DeltEx DRI products in the INB-400 clinical trial sponsored by IN8bio.

2.2 The target audience of this document is the product receiving staff at the Clinical Site, Clinical CRO, Couriers, GMP facility staff who will process and dose prep the DeltEx DRI product, and applicable coordinating personnel at IN8bio.

2.3 Note: The Apheresis product collection, handling, and shipping is described in the Apheresis Manual.

3. STUDY TEAM & RESPONSIBILITY

Study team members, contact information, and responsibilities in the execution or oversight of specimen collection and management:

Institution, Role	Responsibility	Name, Address, Phone Number, Email
Trial Site Primary Investigator or designee	Ensure trial site personnel are properly trained for this procedure. Ensure that all patient doses are scheduled and administered according to the clinical protocol.	Refer to master contact list for clinical sites.
Trial Site Pharmacy/Dose Preparation Facility, QC and QA	Responsible for issuance of Dose Prep Worksheet (Appendix 1) prior to dosing. Responsible for performing this procedure in accordance with the provided training.	Refer to master contact list for clinical sites.

Institution, Role	Responsibility	Name, Address, Phone Number, Email
	Coordinate completion of testing required for COA generation and release. Generate and review the Dose Prep Syringe COA (Appendix 2) both at generation (pre-dosing) and also at sterility follow-up dates (post dosing). Review the Dose Prep worksheet for completion in accordance to form elements.	
Syneos Health	Responsible for oversight of product logistics, shipping scheduling and communication with vendor (e.g., CryoPort) and IN8bio.	DL_IN8Bio_Logistics@syneoshealth.com Evyonne (Evy) Shands Senior Clinical Trial Supplies Associate Clinical Trial Supply Management Syneos Health Direct: + (267) 496-1069 Evyonne.Shands@syneoshealth.com
IN8bio, Clinical Operations	Ensure the pharmacy manual is timely and accurately revised to reflect the current study protocol; Coordinate the cryopreserved product transportation with Operations, coordinate administration activities with CRO and clinical sites.	Stacey Bilinski 350 5th Ave, Suite 5330 New York, NY 10118 O: 917-813-1450 sabilinski@IN8bio.com
IN8bio, Chief Operating Officer	Coordinate IN8bio Operations staff, manufacturing facility, and CRO.	Kate Rochlin, 350 5th Ave, Suite 5330 New York, NY 10118 O: 646-933-5605, kmrochlin@in8bio.com
IN8bio, Senior Director of Quality Operations	Provide Quality and facilitate the Dose Preparation laboratory operations related revisions / suggestions to this Manual, to facilitate safe, user-friendly, streamlined and standardized execution of this manual	Guoling Chen, 2901 Second Ave South, Suite 230, Birmingham, AL 35233, O: 205-855-5009, gchen@in8bio.com
IN8bio, Operations Director	Responsible for review of logistics and other applicable sections of this manual; communicate or work with vendor (e.g., Syneos, Cryoport) to ensure proper communication with trial sites and manufacturing site, regarding product logistics activities or related concerns.	Marsia Silletti, 350 5th Ave, Suite 5330 New York, NY 10118 O: 917-813-1452 msilletti@IN8bio.com
CryoPort	Responsible for providing shipping containers, detailed SOPs, and couriers services, shipping and tracking of the cryopreserved DeltEx product between sites.	Gwendolyn Erskine, 112 Westwood Place Suite 350 Brentwood, TN 37027 O: 610-810-7094 gerskine@cryoport.com

4. DEFINITIONS AND BACKGROUNDS

4.1 DeltEx DRI: (γδ T cell) Drug Resistant Immunotherapy.

4.2 Manufacturing: Refers to the processing, modification, expansion, culture, manipulation and production of the cell therapy products.

4.3 Manufacturing Facility: IN8bio's contract manufacturing facility to manufacture the INB-400 DeltEx DRI drug product.

4.4 Chain of Identity (**COI**): The process that links a subject's peripheral blood apheresis product to their final product throughout the MNC collection, shipping, manufacturing, clinical site receipt and product infusion. In addition, this process should link a donor product to a subject when subjects are enrolled in the allogeneic arms.

4.5 CRO: clinical research organizations. Such as Syneos Health.

4.6 CryoPort: Company providing courier services used in this trial. Contracted with Syneos Health.

4.7 Good Manufacturing Practice (GMP)*:* A set or sets of principles followed by pharmaceutical or biotechnology firms to ensure their products are manufactured to assure the requisite quality, purity, identity and strength are represented or purported to possess. GMP is enforced by the United States Food and Drug Administration (FDA)

4.8 Aseptic technique: Application of strict practices and procedures to prevent contamination of pathogens

4.9 ISBT 128: is the global standard for the terminology, identification, coding and labeling of medical products of human origin (including blood, cell, tissue, milk, and organ products).

4.10 DIN: Donation Identification Number. A unique product-specific number associated to the subject's blood product from the time of the MNC collection through DeltEx DRI product injection.

4.11 DF: Dilution Factor.

4.12 EDC/CRF: Electronic Data Capture / Case Report Form.

4.13 Subject ID: assigned by IN8bio, a unique identifier. Clinical trial specific numbering scheme with elements of the clinical protocol, clinical site ID and sequential subject numbering. For INB-400, the subject ID format is: INB400-XXX-YYY. Note: only XXX-YYY will be entered into EDC/CRF.

4.14 Local Patient Identifiers: personal identifying information (e.g., name and date of birth) by which an individual can be recognized, to be used within the clinical site (administering facility). All HIPPA/Personal Health Identifiers (PHI) information should be redacted before sending to the specimen or associated documents to the CRO, the manufacturing facility and / or IN8bio.

4.15 Subject Identity Verification: The act of confirming subject identity. This activity is performed by ensuring the subject's identifiers, subject ID, and product identifier on the manufactured product label exactly matches the clinical site documentation. Upon patient arrival, this activity can be performed by either visually confirming the subject's identifiers on the vial labels exactly matches their clinical site identification (e.g. medical institution identification) or by verbally confirming the label content with the subject.

5. EQUIPMENT & MATERIALS

5.1 Equipment for Cryopreserved product shipping

Equipment Name, specifications	Manufacturer	Model
LN2 Vapor Shipper	CryoPort	CXHV2SPHU
Temperature logger, LN2	CryoPort	Smartpak II LTE data logger

5.2 Equipment for DeltEx DRI Thawing and Dose Prep INSIDE cleanroom

Equipment Name, specifications	Manufacturer	Model
Water Bath or Bead Bath, 5L or above	Fisher, or equivalent	205, or equivalent
Centrifuge, with a swing bucket rotor and 15 mL and 50 mL tube adapters	Thermo, or equivalent	Legend X1R, or equivalent

Pipettes, for endotoxin testing or sample dilution	Eppendorf, or equivalent	As provided by sites
Pipet Aid	Thermo, or equivalent	As provided by sites
Refrigerator, 2 to 8˚C	As provided by sites	As provided by sites

5.3 Equipment to support testing and transport OUTSIDE of cleanroom during Dose prep

Equipment Name, specifications	Manufacturer	Model
Pipettes	Eppendorf, or equivalent	As provided by sites
Flow Cytometer	BD, or equivalent	As provided by sites
Refrigerator, 2 to 8˚C	As provided by sites	As provided by sites
Automated Hematology Analyzer	Sysmex, or equivalent	XS-1000i, or equivalent
Transport Container, room temperature	As provided by sites	As provided by sites
Temperature monitoring device (if transport is not within the same building)	As provided by sites	As provided by sites
Shipping box for sterility testing	Intelsius	Biotherm 5 DI 48 (BT002)

5.4 Reagents

Reagent Name, specifications (size, grade etc)	**Manufacturer**	**Cat#**
Plasma-Lyte A, pH 7.4 (USP Injectable), 500mL or 1000mL **(pre-cooled to 2 to 8°C before use)**	Baxter	NDC #: 00338-0179-04 2B2543, 2B2544 or equivalent
Stem Cell Enumeration Kit (7-AAD + CD45) or equivalent method to obtain CD45 viability	BD BioSciences, or equivalent	344563, or equivalent

Reagent Name, specifications (size, grade etc)	**Manufacturer**	**Cat#**
Endosafe-PTS Cartridges, sensitivity 10-0.1 EU/mL or equivalent	CharlesRiver	PTS201F, or equivalent
LAL Reagent Water (for endotoxin testing), 30mL	CharlesRiver, or equivalent	W130, or equivalent
Sterile Water or DI water (for water bath)	B.Braun, or equivalent	R8005

5.5 Supplies for Dose Prep required INSIDE cleanroom

Supply Name, specifications (size, grade etc)	**Manufacturer**	**Cat#**
Centrifuge tubes, conical, 50 mL, sterile	Falcon, or equivalent	352070, or equivalent
Centrifuge tubes, conical, 15 mL, sterile	Falcon, or equivalent	352095, or equivalent
Test tube, sterile	Fisherbrand, or equivalent	14-965-313, or equivalent
Syringe, 50mL (and other miscellaneous volumes), sterile	BD, or equivalent	309653, or equivalent
Syringe, 5mL, sterile	BD, or equivalent	309646, or equivalent
Syringe, 3mL, sterile	BD, or equivalent	309657, or equivalent
Syringe, 1mL, sterile	BD, or equivalent	309628, or equivalent
Needle, 18G, 1 inch, sterile	BD, or equivalent	305195, or equivalent
Spinal Needle, 18G, 3 inch, sterile	BD, or equivalent	405174, or equivalent
Transfer Set, sterile	Charter Medical, or equivalent	03-220-90, or equivalent
Serological pipettes, sterile, 10mL (and other miscellaneous sizes)	As provided by sites	As provided by sites
Pipette tips, various sizes, sterile, for making sample dilutions	As provided by sites	As provided by sites
Cryovials, 1.8 or 2mL, sterile	Corning, or equivalent	430488, or equivalent

5.6 Supplies to support sample testing OUTSIDE of cleanroom

Supply Name, specifications (size, grade etc)	**Manufacturer**	**Cat#**
Test tube, non-sterile	Falcon, or equivalent	352054 or equivalent
Pipette tips, various sizes, for flow cytometry	As provided by sites	As provided by sites
Dry ice	As provided by sites	As provided by sites

5.7 Supplies for Dose Prepped DeltEx DRI product administration

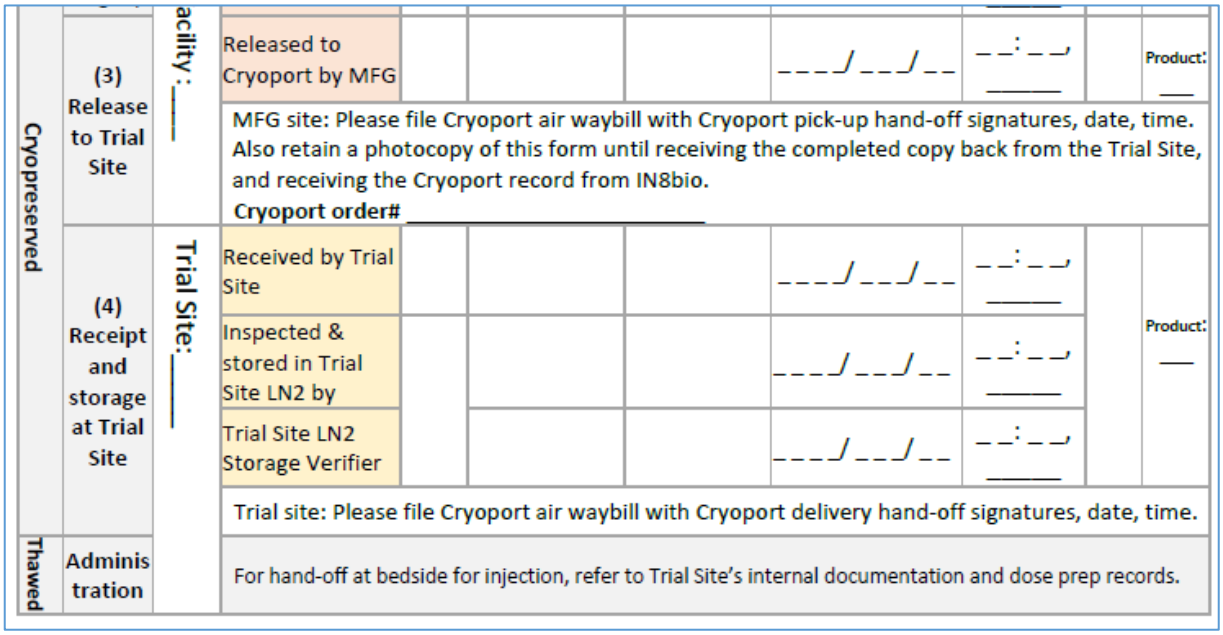
Supply Name, specifications (size, grade etc)	**Manufacturer**	**Cat#**
CODMAN® HOLTER® SALMON™-RICKHAM® Reservoir with stainless steel base and 6mm burr hole.	Integra	821625

6. Cryopreserved DeltEx DRI Unpacking and Storage

6.1 See **Appendix 4** for unpacking instructions and the checklist to fill out.

6.2 Upon receipt, inspect the product primary and secondary containers for signs of unauthorized access or damage (per instruction in **Appendix 4**). Further, investigate that the product in the shipping container has not opened and/or does not appear damaged. **PLEASE NOTE**: this inspection must be done rapidly with the product remaining in LN2 vapor phase temperature to prevent thawing and product damage. Perform all checks as quickly as is reasonably possible to minimize exposure of vials to room temperature which could impact cellular viability.

6.3 Confirm COI (Chain of Identity) according to **Chain of Custody form** and other source documents, which were received with the vial shipment. **(The upper portion should have already been completed by the collection site and the manufacturing site.)** Please fill out the lower portion of the Chain of custody form. See example below.



Cryopreserved	(3) Release to Trial Site	acility: ___	Released to Cryoport by MFG				___/___/__	__:__ ___		Product: ___
			MFG site: Please file Cryoport air waybill with Cryoport pick-up hand-off signatures, date, time. Also retain a photocopy of this form until receiving the completed copy back from the Trial Site, and receiving the Cryoport record from IN8bio. **Cryoport order#** _____							
	(4) Receipt and storage at Trial Site	Trial Site: ___	Received by Trial Site				___/___/__	__:__ ___		Product: ___
			Inspected & stored in Trial Site LN2 by				___/___/__	__:__ ___		
			Trial Site LN2 Storage Verifier				___/___/__	__:__ ___		
			Trial site: Please file Cryoport air waybill with Cryoport delivery hand-off signatures, date, time.							
Thawed	Administration		For hand-off at bedside for injection, refer to Trial Site's internal documentation and dose prep records.							

6.4 Immediately transfer the vial boxes into in a local LN2 freezer vapor phase (≤-150°C) until use. Update / record storage location in local inventory records.

6.5 Storage freezers should be set up for 24/7 electronic monitoring with staff notification of alarms.

6.6 Scan the completed copy of Chain of Custody form and the Unpacking Checklist to **DL_IN8bio_logistics@syneoshealth.com.**

7. DeltEx DRI Patient Dose Scheduling

7.1 Clinical site staff is responsible for scheduling the patient doses and notifying the Syneos Logistics Manager and GMP facility of scheduling, which should be done **at least** 2 weeks prior to the dose date.

7.2 The treating physician or PI should send a Dose Prep request/order to the Dose Prep GMP laboratory. **Use of either an Institutional Form or IN8bio form (Appendix 6 of this manual) is acceptable.** The Order/Request should include this information at minimum:

7.2.1 DIN

7.2.2 Subject ID

7.2.3 Lot Number

7.2.4 Date of Dose Prep

7.2.5 Cell Dose requested (10×10^6 total viable cells)

8. Dose Prep Worksheet Generation and Issuance

8.1 Prior to the scheduled dosing date, it is the responsibility of Dose Prep site staff to prepare the Dose Prep Worksheet for DeltEx DRI INB-400 (INB-400 Pharmacy Manual Appendix 1), have it reviewed for accuracy, and issued. Required personnel will sign page 1 of the Worksheet as dictated by their role in issuance.

8.1.1 Prepared by: Pre-fills the required information in the footer of each page of the worksheet.

8.1.1.1 Use the cryopreserved DeltEx DRI product COA as the source document when preparing this worksheet.

8.1.2 Verified by: Verifies the accuracy of the information entered in the footer of each page. Must be different than the “Prepared by” personnel.

8.1.3 Issued by: Issues the worksheet for use. Can be either a third person or one of the preparing or verifying personnel.

8.1.4 **If a site has an alternative established procedure for record issuance, sites are urged to follow institutional procedures for this process.**

8.1.5 On the day of dose prep performance, personnel must cross check and verify that the information recorded in the footer aligns with the dose prep request and the vials to be thawed.

9. In-process ISBT 128 labels for Pharmacy / Dose Prep GMP Lab use

9.1 Refer to the cryopreserved DeltEx DRI product COA as the source document when generating these labels.

9.2 Thawed In-Process ISBT 128 Label generation instructions: Must include

9.2.1 Donation Identification Number (DIN) number assigned by the collection site.

9.2.2 It is recommended to use product code “S4223” for in-process: Product Name “T CELLS, APHERESIS”, Description “10% DMSO, Other Additives Present, Genetically Modified, Thawed, Cultured, Activated T cell Enriched”. Alternatively, an

institutional defined internal product code may be used if "S4223" can not be used due to institutional policy or limitations.

9.2.3 Select "Investigational Drug" option.

9.2.4 Enter the lot number and RID according to source document.

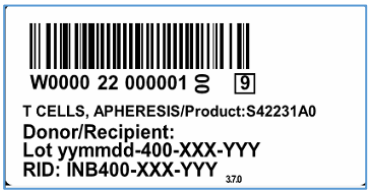
9.2.5 Biohazard symbol, if applicable.

9.2.6 Division Code (in-process):

Thawed DeltEx DRI, S4223 In-process labels						
Dose Prep Event	1st	2nd	3rd	4th	5th	6th
Division code (In-process)	A0	B0	C0	D0	E0	F0

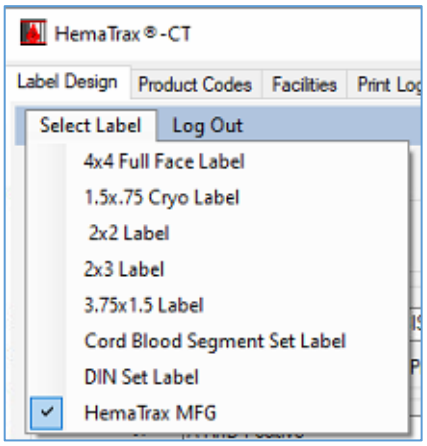
9.2.7 **NOTE:** The vial-specific Division Code should be hand-written on one label for each vial to be thawed.

9.2.8 Select the 1.5 × 0.75 inch size labels and print 20 of the applicable division code for the dosing event. See below.



9.3 Final Thawed Washed DeltEx DRI Dose Prepped Syringe Labels (4x4 inch).

9.3.1 If using the HemaTrax® CT software, select the "HemaTrax MFG" label size (when print, use the 4x4 inch size label roll).



9.3.2 Upper left quadrant:

9.3.2.1 Use/Scan the Donation Identification Number (DIN) number assigned by the collection site, from the COA

9.3.2.2 Enter the Collection Facility's name and address according to the Cryopreserved product label

9.3.2.3 Enter Collection End Date, Time, Time zone

9.3.2.4 Statement "Do Not Irradiate", "Do not Use Leukoreduction Filters"

9.3.3 Lower left quadrant:

9.3.3.1 Product code: S4351,

9.3.3.2 Produce name "T CELLS, APHERSIS", Description "Other additives, present, Genetically Modified, Thawed Washed, Cultured, Gamma Delta T cell enriched"

9.3.3.3 "See Accompanying Documentation"

9.3.3.4 Total Volume (manually filled in or typed in)

9.3.3.5 Manually write "containing Plasma-Lyte A ___mL (Approx.)" (write-in)

9.3.3.6 "Store at Room Temperature"

9.3.3.7 Investigational Drug statement

9.3.3.8 **Division code** rule for **dose prepped** syringes:

Thawed Washed DeltEx DRI, S4351 Final Dose Prepped Syringe						
Dose Prep Event	1st	2nd	3rd	4th	5th	6th
Primary Dose Syringe	Aa	Ba	Ca	Da	Ea	Fa
Back up Syringe	Ab	Bb	Cb	Db	Eb	Fb

9.3.4 Upper right quadrant:

9.3.4.1 "For Clinical Trial Use Only"

9.3.4.2 "FOR AUTOLOGOUS USE ONLY" or "Biohazard for Autologous Use Only", whichever applicable

9.3.4.3 Intended Recipient: Recipient ID: INB400-XXX-YYY, Lot yymmdd-400-XXX-YYY (according to the cryopreserved product label)

9.3.4.3.1 NOTE: Do not enter ":" or "#" between "Lot" and the numbers.

9.3.4.4 Expiration date, time, time zone: add 3 hours after the dose prep completion time.

9.3.5 Lower right quadrant:

9.3.5.1 **COI**: Subject ID INB400-XXX-YYY

9.3.5.1.1 NOTE: the word "Subject ID" must be included.

9.3.5.2 "Protocol: INB400"

9.3.5.3 Sponsor Information: "Inject within 3hr after formulation, DeltEx DRI Manufactured for IN8bio, 350 5th Ave, Ste 5330, New York, NY 10118"

9.3.6 Add biohazard symbol and warning labels as applicable, following institutional ISBT 128 labeling requirements.

9.3.7 NOTE: If patient's name, date of birth, MRN (or other PHI) are added to the Dose Prepped Syringe label per institutional patient identification procedure, these **PHI MUST be redacted** before copies of such labels are sent outside of the clinical administering facility.

9.3.8 Hand-write /fill in the following on the label (in the area below noted "free text").

9.3.8.1 Total volume

9.3.8.2 Approximate volume of PlasmaLyte-A

9.3.8.3 Viable cell density

9.3.8.4 Initial and date

9.3.9 Example (Dose Prepped Syringe Label):

10. DeltEx DRI Dose Preparation for Injection

10.1 The GMP Laboratory / Pharmacy staff confirms the physician's DeltEx DRI Injection **Order/Request.** Refer to the Cryopreserved COA to determine the number of vials per dose and record the **vial IDs to be thawed** for this dose prep on the Dose Prep Request form (institutional form or IN8bio form - Appendix 6 of this manual). If this information is not required per institutional form, this may be omitted and the vials IDs recorded only in the dose prep worksheet (App 1)

10.2 On the day of the dose event, after the cryopreserved vials are retrieved from the LN2 freezer GMP lab and/or Pharmacy staff are to print the LN2 freezer temperature profile for the entire period in which the DeltEx DRI products were stored. Label the temperature profile printout with the following information and file the profile into the Dose Prep Record:

10.2.1 DIN, and vial IDs retrieved

10.2.2 LN2 Storage start date and end date

10.2.3 Inspect if temperature profile was all within less than or equal to -150°C. Make note and explain if not.

10.2.4 Initial and date.

10.3 General Information

10.3.1 All procedures must be fully documented, signed, dated, and retained as part of patient administration batch records.

10.3.2 All calculations and other documentation must be verified and checked for accuracy in real time by a second employee at the time of dose preparation.

10.3.3 Coordinate with the patient's clinical team regarding timing of TMZ dosing. Follow the package insert or institutional guidelines for TMZ administration.

10.3.3.1 DRI cells must be injected within 4 hours of completion of TMZ administration, and within 3 hours of completion of the dose prep procedure.

10.3.3.2 It takes *approximately* 3 to 4 hours to complete dose preparation. This approximation will depend on set up of the cleanroom, testing and institutional procedures.

10.3.3.3 It is recommended for GMP/Pharmacy staff to coordinate the timing of dosing with the clinical staff of the facility.

10.3.4 It is recommended not to thaw vials until the PI or his/her designee verifies TMZ dosing is underway or complete and approximate infusion time is established (e.g., coordinator starts TMZ at 8 a.m., and informs GMP lab that subject will be ready to receive cells typically within 4 hours of the end of TMZ dosing).

10.3.5 Notify Clinical Coordinator/Neuro-Oncology and Testing Labs (if applicable) at the start of cell preparation (approximate time to complete is 3 to 4 hours).

10.3.6 **Note:** The viability of the cells begins to decrease at 3 hours after the completion of the final formulation in PlasmaLyte-A.

10.3.7 **Note:** The final dose syringes will be labeled with a 3-hour expiration time from the time of the end of aliquoting.

10.3.8 Each cryopreserved vial contains 1.5mL of cell suspension with approximately 15×10^6 Total Nucleated Cells (TNC). 2 to 4 vials (specified on the Cryopreserved DeltEx DRI COA for that patient) should be thawed, washed, combined and diluted for the final syringe preparation.

10.3.9 The target administration dose is 10×10^6 viable cells in 1mL Plasma-Lyte A buffer for clinical injection. The acceptable viable cell density range is from 12.5×10^6/mL to 5×10^6/mL, corresponding to a final dose volume of 0.8 to 2mL.

10.3.10 Aseptic techniques must be used throughout the entire procedure.

10.3.11 Wash steps (supernatant removal) and Plasma-Lyte A addition may be performed using either a spinal needle attached to an appropriately sized syringe or a serological pipette.

10.4 Pre-Thaw Preparations

10.4.1 Make Thawed In-Process and Thawed-Washed Final syringe ISBT 128 Labels, see section "ISBT 128 labels for Pharmacy / Dose Prep GMP Lab dose preparation" above.

10.4.2 Label tubes as outlined below and in table **B** of **Appendix 1 Dose Prep Worksheet** either hand-write or make secondary labels with the "Sample Name"

Container	Sample Name	Pre-fill
15mL conical tube (one for each corresponding vial to be thawed)	The respective division code of the thawed vial, should be hand-written on each corresponding conical tube (e.g. "Pa", "Pb", etc)	10mL of cold (2 to 8˚C) Plasma-Lyte A in each conical tube prior to start of thaw.
50mL conical tube	Waste 1	N/A
	Waste 2	
	Sterility Sample	
	STOCK PlasmaLyte-A	45 to 50mL (only if serological pipettes are used)
12×75 mm test tubes, non-sterile or sterile	Pre-Formulation	Cold (2 to 8˚C) Plasma-Lyte A for dilution (*optional*)
	Formulation	Cold (2 to 8˚C) Plasma-Lyte A for dilution (*optional*)
	Re-Formulation	Cold (2 to 8˚C) Plasma-Lyte A for dilution (*optional*)
12×75 mm test tubes, sterile	STAT Gram Stain	N/A
	Endotoxin Testing	N/A
Sterile zip top bags	N/A	N/A

10.4.3 If "Containers" have a "Pre-Fill" requirement in the table above, add the specified volume to corresponding tube. Keep 15mL conical tubes for vials and stock PlasmaLyte-A chilled.

10.4.4 Equipment and Material preparation - must be completed **PRIOR** to vial thawing.

10.4.4.1 Sanitize water/bead bath chamber per institutional procedures, fill with at least 3L sterile water (if applicable), set at 37˚C.

10.4.4.1.1 Using a NIST thermometer, ensure the water/bead bath has reached 37˚C (±1°C) before vial thawing.

10.4.4.2 Prepare a cryo-cooler at -80˚C (if needed, if transport from vial storage to thaw in cleanroom will take >1 minute).

10.4.4.3 Pre-cool 1 bag of Plasma-Lyte A at 2 to 8˚C.

10.4.4.4 Room temperature Carrier/ “cooler” for transportation of syringe.

10.4.5 Sanitize BSC and perform all steps using aseptic technique according to facility best practices.

10.4.6 Assemble all necessary supplies and stock the clean room appropriately.

10.4.7 Notify the patient’s clinical staff and testing labs (if applicable) of the start of cell preparation (*Approximate* time to completion: 3 to 4 hours).

10.5 Vial Thawing

10.5.1 The number of vials to thaw for each dose event can be found on the Cryopreserved DeltEx DRI CoA that accompanies the shipped product. Remove the indicated number of vials, indicated on the COA, (2 to 4) of frozen cells from LN2 storage and transport quickly to the processing area. Use the -80˚C cryo-cooler if needed to prevent thawing.

10.5.2 Begin thawing vials

10.5.2.1 Before thawing begins, perform institutionally required check-off procedures against source documents (at minimum, the Cryopreserved DeltEx DRI COA or Dose Prep Order/Request).

10.5.2.2 Ensure vial caps are closed tightly and then place all vials in one sterile zip-top bag.

10.5.2.3 Record vial identifiers, water bath temperature (should be **36 to 38°C**) and thaw start time in the Vial Thawing Record on the Worksheet.

10.5.2.4 Fully submerge the vials in the water bath (hold the vials in hand so they remain fully submerged).

10.5.2.5 Thaw the vials with occasional inversion until the contents are a “slushy” consistency (most of the ice has melted, ~3 to 5 minutes).

10.5.2.6 Remove vials from the water bath and record thaw end time in the Vial Thawing Record on Worksheet.

10.5.2.7 Spray vials with sterile 70% IPA solution and wipe, or wipe with a pre-saturated IPA wipe then place in BSC.

10.6 Vial Transfer, Wash and Re-Suspension

10.6.1 Carefully transfer the contents of one vial to the corresponding labeled 15mL conical tube (conical should be pre-filled with 10mL of **cold** Plasma-Lyte A).

10.6.2 Remove 1mL from the 15mL conical tube and use to rinse the original vial.

10.6.3 Add this 1mL rinse back to the associated 15 mL conical tube.

10.6.4 Gently pipet to resuspend cells and "rinse" the syringe/pipette used for the transfer. Cap tube and set aside.

10.6.5 Repeat this transfer and rinse process for each additional vial using a separate 15mL conical tube for each vial. Inversion of the tubes is acceptable, prior to centrifugation.

10.6.6 Centrifuge the 15mL tubes: **200XG, 10 minutes, Room Temperature**, **Medium (4) Break**.

10.6.7 Without disturbing the cell pellet and using a serological pipette, carefully remove and save the supernatant in the 50mL conical tube "**Waste 1**".

10.6.7.1 Acceptable to leave approximately 0.5 to 1mL of supernatant on the pellets at this point.

10.6.8 Gently tap each 15mL conical tube to loosen the cell pellets.

10.6.9 Add **12mL** of cold Plasma-Lyte A to each conical tube and pipette gently to mix.

10.6.10 Centrifuge the 15mL tubes**: 200 XG, 10 minutes, Room Temperature**, **Medium (4) Break**.

10.6.11 Remove the supernatant from each tube without disturbing the pellet. Save the supernatant in the 50mL conical tube "**Waste 2**".

10.6.11.1 Recommended to leave <0.5mL of supernatant on the pellets at this point.

10.6.12 Gently tap each 15mL conical tube to loosen the cell pellets.

10.6.13 Add **2.5mL** of cold Plasma-Lyte A to each conical tube and pipette gently to mix.

10.6.14 Combine all cell suspensions into one of the 15mL conical tubes. Mix and resuspend gently by pipetting up and down. Relabel tube with an in-process label. Handwrite tube ID as "**Combined Tube**".

10.6.15 Sequentially rinse all empty 15mL tubes with **2mL** of cold Plasma-Lyte A to recover any residual cells. (i.e. - Rinse Tube 2 with 2mL of Plasma-Lyte A, transfer the 2mL to Tube 3 to rinse, then continue to each subsequent 15mL tube until all empty tubes are rinsed.) Finally, transfer the 2mL wash to the "Combined Tube".

10.6.16 Resuspend the "Combined Tube" again by gently mixing.

10.6.17 Remove volume of cell suspension required for testing and add to the "***Pre-Formulation***" test tube.

10.6.17.1 Optionally, dilute the sample. Example: Remove 0.2mL of well mixed cell suspension from "Combined Tube" and add to the "***Pre-Formulation***" test tube pre-filled with 0.2mL of Plasma-Lyte A (Dilution Factor = 2).

10.6.17.2 The need for dilution and ideal DF (dilution factor) is determined by the user based on the number of vials thawed and optimal performance of site-specific instrumentation.

10.6.18 Perform testing outlined in the step below. Record results in the **Pre-Formulation** Data Table on the Worksheet.

10.6.18.1 WBC Density, CD45+ Viability, Volume after sampling (total volume in tube minus the volume removed for sampling).

10.6.19 Using the results from the step above, complete **Pre-Formulation Critical Calculations. Ensure calculations are verified in real time.**

10.6.20 Using the Total Viable Cells in Pre-Formulation cell suspension, make the correct determination:

10.6.20.1 IF Total Viable Cells > 10×10^6 – continue with "Formulation".

10.6.20.2 IF Total Viable Cells < 10×10^6 – Contact IN8bio immediately by emailing doseprep@in8bio.com with details and a call back number. Also call 205-855-5006 and you will receive a call back shortly.

10.7 Formulation

10.7.1 Centrifuge the **Combined Tube**: **200XG, 10 minutes, Room Temperature, Medium (4) Break**.

10.7.2 Without disturbing the cell pellet, carefully remove the supernatant (leave approximately 0.1mL on the pellet). Transfer supernatant to the 50mL conical tube labeled "**Sterility Sample**".

10.7.2.1 Transfer 0.5mL from the "Sterility Sample" to the 1.5mL sterile tube labeled "**STAT Gram Stain**". Submit the sample immediately for testing.

10.7.2.2 Transfer 0.5mL from the "Sterility Sample" to the tube labeled "**Endotoxin Testing**". Submit the sample immediately for testing.

10.7.2.3 Save the remaining "sterility sample" in the 50mL conical tube for sterility sample aliquots, detailed below.

10.7.3 **Target viable Cell Density is 10×10^6/mL**. Complete Formulation Volume Critical Calculations to determine the "Theoretical Target Volume" and the volume of Plasma-Lyte A to add in order to reach the "Theoretical Target Volume" (and therefore the target viable cell density).

10.7.3.1 NOTE: Subtract the approximate volume remaining on the pellet (i.e. – 0.1mL) from the volume of Plasma-Lyte A to add.

10.7.4 Loosen the pellet by gently tapping the tube.

10.7.5 Add the calculated volume of Plasma-Lyte A to the **Combined Tube** and record.

10.7.6 Gently pipette up and down to resuspend the cells. Draw the full volume into the pipette to measure the final volume.

10.7.7 Record volume as estimated from the pipette graduations as the Measured Formulation Volume.

10.7.8 Remove volume of cell suspension required for testing and add to the "***Formulation***" test tube.

10.7.8.1 Optionally, dilute the sample. Example: Remove 0.2mL of well mixed cell suspension from "Combined Tube" and add to the "***Formulation***" test tube pre-filled with 0.2mL of Plasma-Lyte A (DF = 2).

10.7.8.2 The need for dilution and ideal DF is determined by the user based on the number of vials thawed and optimal performance of site-specific instrumentation.

10.7.9 Perform the following testing and record results in the "**Formulation Sample**" Data Table.

10.7.9.1 WBC density, CD45+ Viability, Volume after sampling (total volume in tube minus the volume for sampling).

10.7.10 Using the results from the step above, complete **Formulation Critical Calculations. Ensure calculations are verified in real time.**

10.7.11 Based on the **Formulation viable cell density**, proceed with one of the following options:

10.7.11.1 If the viable cell density is within the acceptable/ideal range (5×10^6 to 12.5×10^6 viable cells/mL) – this is the Final Formulation. Re-Formulation is not indicated, proceed to "**QC Samples**" steps.

10.7.11.2 If the viable cell density > 12.5×10^6 cells/mL, perform Reformulation, proceed to "Re-Formulation" steps below (and fill out "Re-formulation worksheet")

10.7.11.3 If the viable cell density < 5×10^6 cells/mL, **Contact IN8bio immediately** by emailing doseprep@in8bio.com with details and a call back number and call 205-855-5006. You will receive a call back shortly.

10.8 Re-Formulation (**ONLY if** > 12.5×10^6 viable cells/mL)

10.8.1 Target Viable Cell Density is 10×10^6/mL. Use value "Formulation Viable Cell Density" and "Formulation Volume after Sampling" from the Formulation Calculations to calculate the "New Theoretical Target Volume" in the Re-Formulation Section.

10.8.2 Calculate the additional Plasma-Lyte A Volume to add, in order to reach the desired density.

10.8.3 Add the calculated volume of Plasma-Lyte A to the **Combined Tube**.

10.8.4 Pipette gently to resuspend and measure the volume.

10.8.5 Record as the "Re-Formulation Volume" on Worksheet.

10.8.6 Remove volume of cell suspension required for testing and add to the "***Formulation***" test tube.

10.8.6.1 Optionally, dilute the sample: Remove 0.2mL of well mixed cell suspension from "Combined Tube" and add to the "***Formulation***" test tube pre-filled with 0.2mL of Plasma-Lyte A (DF = 2).

10.8.6.2 The need for dilution and ideal DF is determined by the user based on the number of vials thawed and optimal performance of site-specific instrumentation.

10.8.7 Perform testing outlined below and record results in the "**Re-Formulation Sample**" Data Table.

10.8.7.1 WBC Density, CD45+ Viability, Volume after sampling (total volume in tube minus the 0.1mL for sampling)

10.8.8 Calculate the un-diluted WBC density in the **Re-Formulation cell suspension.**

WBC density (Diluted sample)	×	Dilution Factor	=	WBC density (un-diluted "Re-Formulation Sample")

10.8.9 Calculate the viable cell density in the **Re-Formulation cell suspension:**

WBC density (un-diluted "Re-Formulation Sample")	×	Total Cell Viability	=	Re-Formulation Viable Cell Density

10.8.10 Based on the **Re-Formulation viable cell density**, proceed with one of the following options:

10.8.10.1 Within the acceptable/ideal range (5 to 12.5×10^6 viable cells/mL) – this is the Final Formulation, proceed to "QC Samples" Steps.

10.8.10.2 If the viable cell density is > 12.5×10^6 cells/mL or <5×10^6 cells/mL, **Contact IN8bio immediately** at doseprep@in8bio.com with details and a call back number and call 205-855-5006. You will receive a call back shortly.

10.9 Aliquot calculations and Decision Making

10.9.1 Determine the **Required Volume per Dose (per aliquot)** to have **10×10^6 viable cells per dose.**

Required viable cells per aliquot	÷	Formulation or Re-formulation Viable Cell Density (Whichever applicable and just completed)	=	Required Volume per Aliquot (Dose)

10.9.1.1 NOTE: It is acceptable to dose a range of 0.8 to 2mL

10.9.2 Calculate the **total number of Formulation aliquots to yield, ideally 2 aliquots (1 for dosing and 1 emergency backup).**

Final Volume of Formulation	÷	Required Volume per Dose	=	Number of Doses yielded

10.9.3 Decision Making: based on the calculated Number of doses yielded, proceed with one of the following:

10.9.3.1 If the "Number of Doses yielded" is 1 or more, proceed to "Aliquot"

10.9.3.2 If the "Number of Doses yielded" is less than 1, injection cannot proceed! **Contact IN8bio immediately** at doseprep@in8bio.com with details and a call back number and call 205-855-5006. You will receive a call back shortly.

10.10 Aliquot

10.10.1 Prepare the labels for one to two 3mL syringes (one for injection, one for backup), according to the number of aliquots. Fill in the volume and cellular density on the syringe label(s).

10.10.1.1 If there are two syringes, follow the "Division" rule according to the "ISBT labeling" section above.

10.10.1.2 Add required information to the label with division code "00" and attach it to dose prep worksheet as an example of labeled syringe(s).

10.10.2 Gently mix the formulated cells with serological pipette.

10.10.3 Draw the required volume aliquot (dose) into the 3mL syringe. Immediately cap and remove the needle, insert a sterile stopper into the syringe.

10.10.4 If there is sufficient volume make ONE backup aliquot syringe.

10.10.5 Leave the remaining volume (if any) in the tube.

10.10.6 **Keep the backup syringe dose at room temperature as emergency backup. Do not deliver the Backup syringe to the bedside, unless requested by the physician! ONLY ONE syringe should be administered to the patient at each dose prep.**

10.10.7 Record the division codes of prepared doses (maximum 2), and the Formulation Completion Time on the Worksheet.

10.10.8 **Add 3 hours to the Formulation completion time and record as the "Expiration Time"**. Hand write the expiration date and time on each syringe label. Attach the label(s) to the corresponding syringe(s).

10.10.8.1 The 3 Hour Stability begins immediately after doses are aliquoted.

10.10.8.2 Also record this time on the "00" example label attached to the Dose Prep worksheet, also record on the Dose Prepped Syringe COA.

10.10.9 Draw 5 mL of Plasma-Lyte A into a syringe labeled "Plasma-Lyte A Flush", with lot and expiration date, cap with a sterile stopper.

10.10.10 Place the ONE dose syringe and the "Plasma-Lyte A Flush" syringe each into their own separate sterile zip-lock bag. Place them into the room temperature transport container, while all paperwork is being completed.

10.11 Sterility QC samples (send-out)

10.11.1 Label 1.8mL (or 2mL size) cryovials ×3 with ISBT 128 labels with handwritten tube ID as "Sterility Sample", add 1.5mL from the 50mL **Sterility Sample** tube into each cryovial. Freeze at **-20˚C** or below, until sent out for testing. These results will be completed in 2 to 3 weeks and will be received after the dosing is complete.

10.11.2 For sterility testing instructions follow the steps defined in section **9.15**.

10.11.3 **Please Note**: "Ultracold (-60°C to –80°C)" is pre-filled in on the CLONGEN "Biotech Testing Submission Form", because samples must be shipped on dry ice. However, storage at -20°C or below is allowable, before shipping.

10.11.4 For the required Sterility testing at the 3rd party laboratory fill in the Form provided in **Appendix 5**.

10.11.4.1 Please complete Appendix 5 by filling in the yellow highlighted field ONLY. This includes the subject ID in the Sample ID field and the Sponsor signature and date. The rest of the form has been prefilled.

10.11.4.2 Shipments should be performed on Monday to Thursday only. Ship the sample within one business day by overnight shipment on **dry ice**. Shipment boxes, labels and packing instructions are provided by Cryoport/Syneos. Each trial site is responsible for procuring dry ice for the shipment. Include the completed sample submission form from Appendix 5 in the shipment box.

10.11.4.3 Acquire the shipment tracking number and provide the information to IN8bio staff by sending an email with the tracking information to csmicro@in8bio.com. Include the following in the email subject; **the date of dosing, type of sample, the dose number, and the patient number in the following format: YYYYMMDD_Sterility-DoseX_400-XXX-YYY, e.g. 20230330_Sterility-Dose1_400-001-001**.

10.11.4.4 Final results for Sterility are obtained from external laboratory by the IN8bio Microbiology team. When reports are received from external laboratory and reviewed for accuracy, the microbiology team will share the report from the external laboratory with **Syneos to communicate** to the Trial Site Primary Investigator or designee according to the site master list.

10.11.4.4.1 In case of issues during sterility testing at the external party and/or reports of positive results the microbiology team will follow the process laid out in SOP IN.817, directly notifies the Chief Medical Officer to ensure escalation to the Trial Site Primary Investigator or designee according to the site master list.

10.12 Personnel monitoring (not required, strongly recommended)

10.12.1 At the end of the steps that require aseptic processing, follow institutional personnel monitoring procedures to sample and test the processors' gloved fingers on TSA / culture plates.

10.12.2 Record the results in the table in Step 5.4 of the Dose Prep Worksheet

10.13 Endotoxin calculation for COA:

= Endotoxin Device output (EU/mL) × volume per dose (mL) ÷ recipient body weight (kg) ÷ injection time duration (hr)*= _____ **EU per kg per hr**

Note: (1) Endotoxin EU/mL (please keep the number of decimals according to the device output)

(2) Volume per dose should be 0.8 to 2.0 mL, please keep 1 decimal.

(3) Recipient body weight: Use the patient weight at initial trial consent (unless the weight has changed more than 10% or otherwise instructed by clinical staff), keep 1 decimal.

(4) hr: Since the injection speed should be approximately 1mL/minute, and the total volume injected is 0.8 to 2.0mL, the default value is always rounded up to "1hr" (each injection time above 0 and less than 1 hour is rounded to 1 hour).

(5) Endotoxin should be less than or equal to 0.2 EU per Kg per hr, to pass.

10.14 Obtain the gram stain result report. Gram Stain should be "no organism seen" (or equivalent) to pass.

10.15 Document Completion, Review, COA generation, release

10.15.1 Add the gram stain result and complete the Endotoxin calculation. NOTE: Results will also be added to COA.

10.15.2 Make sure all dose prep worksheets and associated reports are completed and release criteria pass prior to releasing the product.

10.15.3 Have a second facility staff member verify accuracy of all data entries in the Dose Preparation Worksheet.

10.15.4 GMP /Pharmacy staff presents the completed package to Management/QA for Certificate of Analysis generation and release.

10.15.5 Ensure the Sterility supernatant sample is sent for external laboratory testing.

10.15.6 Follow additional institutional cell and gene therapy product release guidelines and procedures.

10.16 While paperwork is being completed, GMP / Pharmacy staff or the coordinator shall notify patient clinical staff that dosage is ready and that it must be injected within 3-hour post final formulation completion. Record the name of personnel being notified, and re-confirm the department /building /room# to deliver the dose. Record on the worksheet.

10.17 Transporting the dose to the injection site:

10.17.1 Follow institutional requirements for read-off procedures at the patient bedside.

10.17.2 Transport the dose syringe in a room temperature storage container to the specified patient unit for injection. Must be injected within 3 hours of the dose preparation completion time.

10.17.3 Record the dose release time from the lab, syringe receipt time to the unit, and any other necessary information on the Worksheet.

10.17.4 Clinical staff shall follow "DeltEx DRI Injection through Rickham Catheter (Administration)" instructions below for injection instructions. At minimum, the injection date, start and end time, number of syringe/dose injected, volume injected, should be recorded. Injection should be performed by a study investigator.

10.18 Dose Vial Reconciliation and Formulation Disposal

10.18.1 After the injection is completed, count and reconcile number of dose syringes returned from surgery and kept in BSC. Record on the Dose Prep Worksheet.

10.18.2 Dispose of all remaining formulation, tubes, etc. into biohazardous waste containers.

10.18.3 If there is an out-of-specification product, retain it and contact IN8bio. Shipment back to IN8bio might be required for investigation purposes.

10.19 Documentation: Ensure all of the following documents are completed and filed into the Dose Prep Record binder for the corresponding patient.

10.19.1 DeltEx DRI Dose Preparation Worksheet

10.19.2 Endotoxin Results

10.19.3 Gram Stain Results

10.19.4 Sterility Results (which will be received ~3 weeks after the dose is administered)

10.19.5 Cell Count Results

10.19.6 Viability Results

10.19.7 Institutionally required injection documentation.

10.19.8 Dose Prep Label reconciliation form.

11. DeltEx DRI Injection through Rickham Catheter (Administration)

11.1 Sterile prep the patient and site of needle insertion into the Rickham catheter per institutional guidelines.

11.2 Remove approximately 1 to 2mL of CSF from the Rickham catheter prior to infusion of the DeltEx DRI and place into the CSF correlate sample tube and follow sample shipping instructions to laboratory from INB-400 correlate sample Lab Flowchart.

11.3 Infuse cells with a rate of 1mL per minute till syringe till full dose is administered.

11.4 Infuse the **MINIMUM** amount of the 5mL plasmalyte flush required to flush the Rickham **(usually less than 1mL)** at 1mL per minute.

11.5 DO NOT administer the investigational product through a Close System Transfer Device.

11.6 Follow-up wound care per institutional standards.

12. Information should be captured in EDC

12.1 For Dose Prep

12.1.1 Dose prep date.

12.2 For Injection

12.2.1 Injection Date, Begin and End Time.

12.2.2 Actual Volume Injected.

12.2.3 Provide reason if not full dose not administered, AE, Others.

13. Dose Prep Record Review and Retention

13.1 The completed Dose Prep Worksheet and associated testing reports, and the Dose Prepped COA should be completed, reviewed, signed, before product release for injection.

13.2 A copy of the records described above in 12.1 should be sent to IN8bio **DL_IN8bio_logistics@syneoshealth.com** within **3 weeks** of the dose prep event. If this is delayed for any reason, the Dose Prep GMP Facility / trial site coordinator should communicate with IN8bio. If any changes were made to these documents after the files are sent to IN8bio, these changes should also be communicated to IN8bio within **3 weeks** of the changes made.

13.3 The original physical copies of dose prep, testing reports, COAs, administering records, should be filed locally according to institutional SOPs, and should be readily available for auditing / inspection purposes if needed.

14. Safe Handling and Spillage Handling (reference: SAFETY DATA SHEET for LENTIVIRAL VECTORS, Lentigen)

14.1 Precautions for safe handling: Handle as a biohazardous material under Biosafety Level 2/Enhanced Biosafety Level 2 Containment. Wear appropriate protective equipment when handling. Do not eat or drink while handling this material. Avoid contact with eyes, skin and clothing.

14.2 Spills: Allow aerosols to settle; contain spill and decontaminate with 10% chlorine bleach; allow sufficient contact time (30 min) before clean up.

14.3 Disposal: Decontaminate all wastes before disposal: steam sterilization, chemical disinfection with 10% chlorine bleach (liquid wastes), incineration (tissues or animal carcasses).

14.4 **Accidental exposure via needle stick or liquid**: DeltEx DRI has been manufacturing using a third-generation lentivirus vector which is confirmed to be replication incompetent. The manufactured DeltEx DRI investigational product has also been tested and shown to be sterile and replication incompetent at manufacturing product release. There is NO need to administer any product specific countermeasures following accidental exposure. Please follow institutional guidelines for biohazard exposure and notify IN8bio Clinical Operations and Chief Operating Officer as soon as possible.

15. APPENDICES (SEE APPENDICES PAGES)

15.1 Appendix 1: Dose Prep Worksheet for DeltEx DRI INB-400

15.2 Appendix 2: INB-400 DeltEx DRI Dose Prepped Syringe Certificate of Analysis (CoA)

15.3 Appendix 3: INB-400 DeltEx DRI Dose Prep Process Flow Diagram

15.4 Appendix 4: Cryopreserved Product Unpacking Checklist for INB-400

15.5 Appendix 5: INB-400 DeltEx DRI Dose prep Sterility Sample Submission Form

15.6 Appendix 6: INB-400 Dose Prep Request Form

16. REVISION HISTORY

Version #	Last Revised by/Date	Approval by/ Date	Effective Date	Summary of Revision/ Review Activity
01	Becca Weekley, Guoling Chen, Marsia Silletti, Kate Rochlin, Stacey Bilinski / 2023 JAN 20	Trishna Goswami, /2023 JAN 20	2023 JAN 20	New pharmacy manual with 4 appendices.
02	Mariska ter Haak/ Kate Rochlin, Stacey Bilinski, Marsia Silletti, Guoling Chen 2023JUN15	Trishna Goswami/ 2023 JUN22	2023 JUN 22	Added Appendix 5_INB-400 DeltEx DRI Dose prep Sterility Sample Submission Form, and instructions for sterility sample submission to external party. Added sentence to 9.5.2 to ensure check off required procedures is performed. Added Appendix 6_INB-400 Dose Prep Request Form, and instructions around this form. Specified the "source documents". Updated Appendix 3 (Diagram) to add CBC testing and "infuse within 4 hours of TMZ" for clarity. Added Plasmalyte-A volume free text in the label example. Updated QC sample storage at -20°C or below (while shipping to testing lab is still on dry ice). Added clarifications that dose should be administered by an investigator, and that CSTD should not be used. Added guidance in case of accidental exposure to IP (liquid or needle stick).
03	Marsia Silletti, Guoling Chen, Becca Weekley, Kate Rochlin / 2024 JUN 17	Trishna Goswami, Stacey Bilinski, Jessie Ann Flaim-Spetsas / 2024 JUN 18	2024 JUN 19	Updated the inserted image of Chain of custody form in section 6.3, to reflect the current Apheresis Manual Appendix 3 "Chain of Custody Form for INB-400". Changed the ISBT 128 labels division codes of the 6th dose prep event from "G0" to "F0", from "Ga" to "Fa"," Gb" to Fb". Added the dose prep label reconciliation form to the document list in section 10.19. Other edits for clarity and alignments with the Apheresis manual v4. Updated in the manual and Appendix 1: Added more generic language to dose prep steps in order to account for differing site GMP requirements. Updated Appendix 1: Edited "Procedure Outline" section to better delineate what can be done before, during and after dose prep. Removed the specification of using pipette or serological pipette. Updated in-process label quantity to print.

Version #	Last Revised by/Date	Approval by/ Date	Effective Date	Summary of Revision/ Review Activity
(see previous page)	(see previous page)	(see previous page)	(see previous page)	Clarified that sample dilution is optional and determined by user judgement based on the number of available cells. Clarified what information to record in the "Vial Thawing Record" section. Corrected that dose vial division codes begin with "Pa, Pb, etc". Noted that the use of a bead bath for vial thaw is acceptable per facility GMP requirements. Specified syringe used for dose prepped product is 3mL. Clarified "viability" is CD45 viability. Added example, other edits for clarity, alignments based on site feedback and observations. Updated Appendix 2 (COA): sterility, changed from "submitted, report pending" to "Sampled to be submitted, result pending", to reflect the COA generation and the sample submission timelines. Added "CD45" to "Viability" for clarity. Added "or equivalent" to "No organism seen", in the Gram Stain result specification. Changed the 14-day sterility result follow up to a table. Other clerical edits. Appendix 3 (Flow diagram): added "bead bath", updated the injection time window verbiage to align with Appendix 1. Updated Appendix 4 Unpackaging Checklist: removed "Donor ID" field to align with other logistic forms of this trial. Added explanations of "UAB CTL" and "UofL DCTC". Reduced places to record initials, replaced the majority of them with checkboxes, with new instructions in the header. Adjusted Layout to be easier to read. Added a place for performer to record red tape SN, select if matches and outline subsequent step to take. Separated the ID alignment check to its own step. Formatting edits in Appendix 5, and Appendix 6.

Confidential and Proprietary **Pharmacy Manual Appendix-Worksheet**

Title: Dose Prep Worksheet for DeltEx DRI INB-400	
Document Number: INB-400 Pharmacy Manual Appendix 1	**Version:** 03
Effective Date: 2024JUN __19	**Page:** 1 of 20

Dose Prep Record Issuance

Verify: Product Lot, subject ID, DIN, Injection Date, Dose Event, are indicated at the footer of each page of this document by the "Prepared by" employee and are accurate.

	Name (Print)	Signature	Date
Prepared By			
Verified By (must be different than "Prepared by")			
Issued By			

Completed Dose Prep Record Review

Title	Name (Print)	Signature	Date

Dose Prep Cleanroom Operators

Name (Print)	Signature	Initials	Date

In-Process Testing Operators (CBC, Viability, Endotoxin etc.)

Name (Print)	Signature	Initials	Date

THE ABOVE SIGNATURES COVER ALL PAGES WITHIN THIS DOCUMENT. ALL PROCESSING OPERATIONS ARE IN ACCORDANCE WITH cGMP AND CURRENT DOSE PREP FACILITY SOPS AND / OR IN8bio PHARMACY MANUAL.

"Date" format: YYYYMMMdd

"Time" format: 24 hour. Default time zone for entire dose prep record: _____

Please N/A if not applicable, do not leave blanks. To N/A more than 1 cell or 1 line, draw a single line across the area, write "N/A", initial and date.

To make corrections, draw a single line across the entry being corrected, initial and date. For all corrections, note the reason, e.g. "Error" or other more detailed reason, if not obvious.

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

DS BW	DS SB	DS GC	DS MF	DS KR	DS MS	DS TG
6/17/2024	6/18/2024	6/17/2024	6/18/2024	6/17/2024	6/17/2024	6/17/2024

Title: Dose Prep Worksheet for DeltEx DRI INB-400	
Document Number: INB-400 Pharmacy Manual Appendix 1	**Version:** 03
Effective Date: 2024JUN 19	**Page:** 2 of 20

Procedure Outline

- All Dose Preparation steps must take place in the GMP Cleanroom and all open-vial manipulation must occur in a BSC.
- It is vital to coordinate with the patient's clinical team regarding the timing of TMZ dosing.
  - DeltEx DRI cells must be **injected within 4 hours of TMZ completion**.
  - Prepared DeltEx DRI cells **expire 3 hours after completion of dose prep (when drawn into the syringe)**.
  - It takes *approximately* **3 to 4 hours to complete dose preparation**.
- All supernatant removal steps may be performed using either a serological pipette or a spinal needle attached to an appropriate syringe.
- It is acceptable to dose a volumetric range of **0.8 to 2mL (total mL, based on cell density).**

Section A. Equipment and Supply Information*

Fill out information for equipment and supplies to be used during the process.

Section B. Process Preparation

Prep Equipment, print in-process labels, Label tubes, pre-fill reagents.

NOTE: Refer to the Pharmacy Manual "In-process ISBT 128 labels for Pharmacy / Dose Prep GMP use" section to prepare the in-process and final syringe labels. Pay special attention to the **division code** rules.

Section C1. Pre-Formulation

Retrieve, verify, thaw 2 to 4 vials (as specified on the Cryopreserved DeltEx DRI COA). Transfer thawed cells to 15mL tubes. Two washes to remove DMSO. Combine in 1 tube. Resuspend in Plasma-Lyte A. Sample. Measure CBC, Viability, Volume.
Complete "Pre-formulation" calculations.

Section C2. Formulation

Centrifuge. Save Supernatant for Sterility, Endotoxin, Gram Stain. Resuspend in Plasma-Lyte A.
Sample. Measure CBC, Viability, Volume.
Complete "Formulation" calculations.

Section C3. Re-Formulation (only needed if viable cells >12.5×10^6/mL, N/A if not applicable)

Section C4. Aliquot and Release (if viable cell density between 5.0×10^6/mL and 12.5×10^6/mL)

Aim to aliquot 10×10^6 viable cells in 0.8mL to 2mL into a syringe (dose). If sufficient material, load a backup syringe with 10×10^6 viable cells in 0.8mL to 2mL (1 backup dose).

Section D. Aliquot Reconciliation (post injection)**

Section E. Document Filing Checklist**

* = Section maybe completed prior to dose prep (during supply batching/GMP preparation).

** = Sections will not be completed until after COA generation and patient dosing.

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Section A: Equipment and Supply Information

Equipment	Manufacturer	Model	Serial Number	Calibration/ PM Due
Biological Safety Cabinet				
Centrifuge				
Automated Hematology Analyzer				
Flow Cytometer				
Water Bath or equivalent				
Refrigerator, 2 to 8˚C				
Pipette Aid				
Pipette, _____µL				
Pipette, _____µL				
Pipette, _____µL				
Transport Container, room temperature				
Temperature monitoring device				

Recorded by _____ Date _ _ _ _/_ _ _/_ _ Verified by _____ Date _ _ _ _/_ _ _/_ _

Reagent or Supply	Manufacturer	Part# /Cat#	Lot Number	Expiration Date
Plasma-Lyte A **(2 to 8°C)**				
Conical Tubes, 15mL, sterile				
Conical Tubes, 50mL, sterile				
Test Tubes, 12×75, sterile				
Sterile Water				
Syringe, 20mL, sterile				
Syringe, 10mL, sterile				
Syringe, 5mL, sterile				

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Reagent or Supply	Manufacturer	Part# /Cat#	Lot Number	Expiration Date
Syringe, 3mL, sterile				
Syringe, 1mL, sterile				
Syringe, ___ mL, sterile				
Syringe, ___ mL, sterile				
Needle, 18G, 1in, sterile				
Spinal Needle, 18G, 3 in, sterile				
Transfer Set/Dispensing pen, sterile				
Needle-free Spike/ Dispensing pen, sterile				
Serological pipettes, 10mL, sterile				
Serological pipettes, ____ mL, sterile				
Serological pipettes, ____ mL, sterile				
Cryovials, 2mL, sterile				
Endosafe-PTS Cartridges, sensitivity 10-0.1 EU/mL or equivalent	Charles River Laboratories	PTS201F or equivalent		
LAL Reagent Water, 30mL or equivalent	Charles River Laboratories	W130 or equivalent		
Stem Cell Enumeration Kit – CD45 Reagent	BD or equivalent	91-0674		
Stem Cell Enumeration Kit – 7-AAD Reagent	BD or equivalent	91-0675		

Recorded by _____ Date _ _ _ _/_ _ _/_ _ Verified by _____ Date _ _ _ _/_ _ _/_ _

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Section B. Process Preparation

Step	Step Break-down	Complete
Prepare equipment and print labels.	Sanitize BSC and other equipment.	☐
	Sanitize bead/water bath (per institutional cleaning procedures). Fill with sterile water (if applicable), set at 37°C.	☐
	Cryo-cooler at -80°C (if transport from storage to thaw will take >1 minute).	☐
	Vial carrier/"cooler" at room temperature (for transport to injection).	☐
	Print **in-process** labels with **Division Code** corresponding to **Dose Event** (×20). Print the **final dose prepped syringe labels**. Please refer to the "**ISBT 128 labels for Pharmacy / Dose Prep GMP Lab dose preparation"** section of Pharmacy Manual for detailed labeling instructions. Labels made by _____ Date _ _ _ _/_ _ _/_ _ Verified by _____ Date _ _ _ _/_ _ _/_ _	☐
Prepare tubes and reagents.	Label a 15mL conical tube for **each vial to be thawed** – Hand-write the **vial specific Division Code** on the label. **Pre-Fill** each of these tubes with **10mL** of **cold** **Plasma-Lyte A. Keep tubes chilled.**	☐
	Label 50mL conical tubes ×3 with in-process labels, hand-write tube IDs as: "**Waste 1**", "**Waste 2**", "**Sterility Sample**"	☐
	Label 12×75mm test tubes ×3 with in-process labels, hand-write tube IDs as: "**Pre-Formulation**", "**Formulation**", "**Re-Formulation**"	☐
	Label sterile 12×75mm test tubes ×2 with in-process labels, hand-write tube IDs as: "**STAT Gram Stain**", "**Endotoxin Testing**"	☐
Set-up	Assemble all supplies and stock clean room appropriately.	☐
	Using a NIST thermometer, ensure the water bath has reached 37˚C.	☐
	Identify the storage location of vials within LN2 inventory. **Record storage location**: _____	☐
	Print and review the LN2 freezer temperature profile from the freezer where the vials were stored. Confirm it has been ≤ -150°C during the entire storage period. Label with: DIN, vial IDs, storage start and end date, initial and date.	☐
Notify	Notify the patient's clinical staff and testing labs (if applicable) of the start of cell preparation (*approximate* time to completion: 3 to 4 hours).	☐

Performed by _____ Date _ _ _ _/_ _ _/_ _ Verified by _____ Date _ _ _ _/_ _ _/_ _

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Section C1. Pre-Formulation

C1.1: Product Retrieval and Thaw		
Step	**Step Break-down**	**Complete**
Retrieval	Remove the vials of DeltEx DRI cells to be thawed from storage.	☐
	Perform institutionally required check-off procedures against Cryopreserved DeltEx DRI COA.	☐
	Transport vials to processing area as quickly as possible.	☐
Thaw	Thaw the vials in the 37°C water/bead bath with occasional inversion until the contents reach a "slushy" consistency. Fill out **"Vial Thawing Record"** below.	☐
	Spray the vials with 70% IPA, wipe and place in BSC.	☐

Vial Thawing Record

Record vial identifiers in the "Vial Information" column.
Optionally, remove one vial label after thaw and paste in the "Vial Information" column. Record division codes of each vial thawed. N/A extra rows.

Vial Information	NIST Temperature (at start of thaw, 37°C ±1°C)	Thaw Start Time (24hr)	Thaw End Time (24hr)
Lot: RID: Division Code:		__ __:__ __	__ __:__ __
Lot: RID: Division Code:		__ __:__ __	__ __:__ __
Lot: RID: Division Code:		__ __:__ __	__ __:__ __
Lot: RID: Division Code:		__ __:__ __	__ __:__ __
Performed by (initials)		**Date**	_ _ _ _/_ _ _/_ _
Verified by (initials)		**Date**	_ _ _ _/_ _ _/_ _

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

C1.2: Vial Transfer, Wash and Re-Suspension		
Step	**Step Break-down**	**Complete**
1	Carefully add contents of one vial to the corresponding 15mL conical tube containing 10mL of **cold** Plasma-Lyte A **(add to tube labeled with corresponding vial Division Code).**	☐
2	Using 1mL from this 15mL tube, rinse the vial. Add the rinse back to the 15mL tube and gently mix with serological pipette. Cap tube and set aside.	☐
3	Repeat this process for each additional vial using the separate tubes (containing 10 mL of **cold** Plasma-Lyte A) corresponding to vial Division Code.	☐
4	**Centrifuge:** 200XG, 10 minutes, RT, medium (4) brake.	☐
5	Remove the supernatant from each tube without disturbing the pellet. Save supernatant in 50mL tube - **Waste 1.**	☐
6	Gently tap each tube to loosen pellets.	☐
7	Add **12mL** of Plasma-Lyte A to each tube, pipette gently to mix.	☐
8	**Centrifuge:** 200XG, 10 minutes, Room temperature, medium (4) brake.	☐
9	Remove the supernatant from each tube without disturbing the pellet. Save supernatant in 50mL tube - **Waste 2.**	☐
10	Gently tap each tube to loosen pellets.	☐
11	Add **2.5mL** of Plasma-Lyte A to each tube, pipette gently to mix.	☐
12	Combine the cell suspensions into **1 of the tubes** and resuspend by pipetting. Relabel this tube to "**Combined Tube**".	☐
13	Sequentially rinse **all empty tubes** with 2mL of Plasma-Lyte A. Finally, transfer the rinse to the **Combined Tube.**	☐

C1.3: Pre-Formulation Sampling (optional dilution) and Testing		
Step	**Step Break-down**	**Complete**
1	Gently mix to resuspend cells in **Combined Tube**.	☐
2	Remove the required volume for testing from the **Combined Tube**. Add to the test tube labeled "**Pre-Formulation".**	☐
3	**Optionally, dilute the sample**. Example: Remove 0.2mL from **Combined Tube**, add 0.2mL of Plasma-Lyte A, Dilution Factor (DF) = 2.	☐ ☐ N/A
4	**Measure and Record**: Cell Count, CD45+ Viability, Volume after sampling (total volume in tube minus the volume of sample).	☐

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

C1.3.1 Pre-Formulation Data Table		Reference ID
Volume sampled	__. __ mL	(d)
Volume after sampling	__ __ . __ mL	(e)
Volume of Plasma-Lyte A added to dilute sample	__ . __mL	(f)
Dilution Factor DF=(d+f)/d	__	(g)
WBC density (from CBC report)	__ __ . __ __ × 10^6/mL	(h)
CD45+ Cell Viability (%) (CD45+, 7-AAD+)	__ __ . __ %	(i)

C1.4: Pre-Formulation Critical Calculations						
1	**Calculate un-diluted WBC/mL in Pre-Formulation cell suspension.**					
WBC Density	×	Dilution Factor	=	WBC density (un-diluted "Pre-Formulation Sample")		
__ __ . __ __ × 10^6 /mL	×	__	=	___ __ . __ __ × 10^6 /mL (k)		
2	Calculate **Total Viable Cells in Pre-Formulation cell suspension.**					
WBC density (un-diluted "Pre-Formulation Sample")	×	Volume after Sampling	×	CD45+ Cell Viability	=	Pre-formulation Total Viable Cells
__ __ . __ __ × 10^6 /mL (k)	×	__ __ . __ mL (e)	×	__ __ . __ __ % (i)	=	__ __ . __ × 10^6 (m)

Calculation Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Calculated By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

C1.5: Decision-Making based on ***Pre-Formulation Total Viable Cells*** (check one)	
☐	Pre-Formulation Total Viable Cells **(m) > 10 × 10^6** → Proceed to **"Section C2: Formulation"**
☐	**Pre-Formulation Total Viable Cells (m) < 10 × 10^6** → Contact IN8bio immediately. Email doseprep@in8bio.com with details and a call back number and call 205-855-5006. Instruction:_____ From _____ Received by _____ Date _ _ _ _/_ _ _/_ _ Time __ __:__ __

Decision Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Decided By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Section C2: Formulation

C2.1: Pellet cells for Formulation

Step	Step Break-down	Complete
1	**Centrifuge Combined Tube**: 200XG, 10 minutes, RT, medium (4) brake.	☐
2	Carefully remove the supernatant, leaving about **0.1mL** on the pellet.	☐
3	Save supernatant in 50mL tube labeled "**Sterility Sample"**.	☐
4	Transfer 0.5mL from the supernatant to the sterile tube labeled "**STAT Gram Stain**", submit **immediately** for testing.	☐
5	Transfer 0.5mL from the supernatant to the sterile tube labeled "**Endotoxin Testing**", submit **immediately** for testing.	☐

C2.2: Formulation Volume Critical Calculations

1	Calculate the **Theoretical Target Volume (TTV)** to achieve **target viable cell concentration.**			
Pre-formulation Total Viable Cells	÷	Target Viable Cell Density	=	Theoretical Target Volume (TTV)
__ __ . __ __ × 10^6 (m)	÷	10 × 10^6/mL	=	__ __ . __ mL (a)
2	Calculate the **Volume of Plasma-Lyte A** to add to cell suspension, **to achieve TTV.**			
Theoretical Target Volume (TTV)	-	Estimated Pellet Volume	=	Volume of Plasma-Lyte A to add
__ __ . __ mL (a)	-	__ . __ mL	=	__ __ . __ mL (b)

Calculation Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Calculated By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

C2.3: Add Plasma-Lyte A to Formulate

Step	Step Break-down	Complete
1	Loosen the pellet by tapping tube. Add the above calculated volume of Plasma-Lyte A to the **Combined Tube** (b): **Plasma-Lyte A Volume actually added**: __ __. __ mL	☐
2	Using a serological pipette, pipette gently to resuspend and measure the volume. Record final volume as estimated from the pipette graduations. **Measured Formulation Volume**: __ __. __ mL (c)	☐

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

C2.4: Formulation Sampling (optional dilution) and Testing

Step	Step Break-down	Complete
1	Gently mix the tube to resuspend cells in **Combined Tube.**	☐
2	Remove the required volume for testing from the **Combined Tube**. Add to the test tube labeled "**Formulation".**	☐
3	**Optionally, dilute the sample**. Example: Remove 0.1mL from **Combined Tube**, add 0.3mL of Plasma-Lyte A, Dilution Factor (DF) = 4	☐
4	**Measure and Record**: Cell Count, CD45+ Viability, Volume after sampling (total volume in tube minus the volume of sample).	☐

C2.4.1 Formulation Sample Data Table		Reference ID
Volume sampled	__. __ mL	(d2)
Volume after Sampling (Volume = c – d2)	__ __ . __ mL	(e2)
Vol. of Plasma-Lyte A added to Dilute Sample	__ . __mL	(f2)
Dilution Factor DF=(d2+f2)/d2	__	(g2)
WBC density Formulation (from CBC report)	__ __ . __ __ × 10^6/mL	(h2)
CD45+ Viability Formulation (%) (CD45+, 7-AAD+)	__ __ . __ %	(i2)

C2.5: Formulation Critical Calculations

1 Calculate the **undiluted WBC density** in ***Formulation cell suspension*.**

WBC density	×	Dilution Factor	=	WBC density (undiluted "Formulation Sample")
__ __ . __ __ × 10^6 /mL (h2)	×	__ (g2)	=	__ __ . __ __ × 10^6 /mL (k2)

2 Calculate the **Viable Cell density** in ***Formulation cell suspension*.**

WBC density (undiluted "Formulation Sample")	×	CD45+ Cell Viability	=	Formulation Viable Cell Density
__ __ . __ __ × 10^6/mL (k2)	×	__ __ . __ % (i2)	=	__ __ . __ __ × 10^6/mL (n2)

Calculation Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Calculated By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

**__NOTE:__ Proceed immediately to Decision-Making on following page.

C2.6: Decision-Making based on ***Formulation Viable Cell Density*** (choose one)	
☐	**n2** is **between 5 to 12.5×10^6/mL** → Use as **Final Formulation** → Proceed to "**Section C4. Aliquot and Release**"
☐	**n2** is **greater than 12.5×10^6/mL** → Perform **Re-Formulation** → Proceed to "**Section C3. Re-Formulation**"
☐	**n2** is **less than 5×10^6/mL**→ Contact IN8bio immediately. Email doseprep@in8bio.com with details and a call back number and call 205-855-5006. You will receive a call back shortly. Instruction: _____ From _____ Received by _____ Date _ _ _ _/_ _ _/_ _ Time __ __:__ __

Decision Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Decided By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

Comments:

Section C.3: Re-Formulation ☐ N/A

Only needed if Formulation Viable Cell Density (from C2.5, step 2) >12.5×10^6/mL

C3.1: Re-Formulation Volume Calculations							
1	Calculate the **Theoretical Target Volume (TTV)** to achieve **required cell concentration.**						
(Formulation Viable Cell Density	×	Formulation Volume after) Sampling	÷	Target Viable Cell Concentration	=	New Theoretical Target Volume	
(__ __ . __ × 10^6/mL (n2)	×	__ . __ mL) (e2)	÷	10 × 10^6/mL	=	__ __ . __ mL (a-Re)	
2	Calculate the **Volume of Plasma-Lyte A** required **to Re-Formulate.**						
New Theoretical Target Volume	-	Formulation Volume After Sampling	=	Volume of Plasma-Lyte A to add			
__ __ . __ mL (a-Re)	-	__ __ . __ mL (e2)	=	__ __ . __ mL (b-Re)			

Calculation Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Calculated By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

C3.2: Add Plasma-Lyte A to Re-Formulate		
Steps	**Step Break-down**	**Complete**
1	Add the above calculated volume of Plasma-Lyte A to the **Combined Tube**: **Plasma-Lyte A Volume actually added**: __ __. __ mL	☐
2	Using a serological pipette, pipette gently to resuspend. Measure and record the volume. **Re-Formulation Volume**: __ __. __ mL (c-Re)	☐

C3.3: Re-Formulation Sampling (optional dilution) and Testing		
Steps	**Step Break-down**	**Complete**
1	Gently mix the tube to resuspend cells in **Combined Tube**	☐
2	Remove the required volume for testing from the **Combined Tube**. Add to the test tube labeled **"Re-Formulation".**	☐
3	**Optionally, dilute the sample**. Example: remove 0.2mL from **Combined Tube**, add 0.2mL of Plasma-Lyte A, Dilution Factor (DF) = 2.	☐
4	**Measure and Record**: Cell Count, CD45+ Viability, Volume after sampling (total volume in tube minus the 0.1mL for sampling).	☐

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

C3.3.1 Re-Formulation Sample Data Table		Reference ID
Volume sampled	__. __ mL	(d2-Re)
Volume after sampling (c-Re) – (d2-Re)	__ __ . __ mL	(e2-Re)
Volume of Plasma-Lyte A added to dilute sample	__ . __mL	(f2-Re)
Dilution Factor DF=[(d2-Re)+(f2-Re)] / (d2-Re)	__	(g2-Re)
WBC density Re-Formulation (from CBC report)	__ __ . __ __ × 10^6/mL	(h2-Re)
CD45+ Viability Re-Formulation (%) (CD45+, 7-AAD+)	__ __ . __ %	(i2-Re)

C3.4: Re-Formulation Calculations

1 Calculate the **undiluted WBC density** in ***Re-Formulation cell suspension***.

WBC density	×	Dilution Factor	=	WBC density (undiluted "Re-Formulation Sample")
__ __ . __ __ × 10^6 /mL (h2-Re)	×	__ (g2-Re)	=	__ __ . __ __ × 10^6 /mL (k2-Re)

2 Calculate the **Viable Cell density** in ***Re-Formulation cell suspension***.

WBC density (undiluted "Re-Formulation Sample")	×	CD45+ Cell Viability	=	Re-Formulation Viable Cell Density
__ __ . __ __ × 10^6/mL (k2-Re)	×	__ __ . __ % (i2-Re)	=	__ __ . __ __ × 10^6/mL (n2-Re)

Calculation Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Calculated By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

C3.5: Decision Making based on ***Re-Formulation Viable Cell Density*** (n2-Re) (choose one):

☐	**n2-Re is 5 to 12.5×10^6/mL**	**Use as Final Formulation** → proceed to **Section C4. Aliquot and Release**
☐	**n2-Re > 12.5×10^6/mL**	Contact IN8bio immediately. Email doseprep@in8bio.com with details and a call back number and call 205-855-5006. You will receive a call back shortly.
☐	**n2-Re < 5×10^6/mL**	

Decision Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Decided By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Section C4. Aliquot and Release

C4.1: Aliquot Calculation and Decision Making				
1	Determine the **Required Volume per Dose** to have **10 × 10^6 viable cells per dose.**			
Required viable cells per aliquot	÷	Formulation or Re-Formulation Viable Cell Density	=	Required Volume per Aliquot (Dose)
10 × 10^6 viable cells	÷	__ __ . __ __ ×10^6/mL (n2 or n2-Re, circle one)	=	__ . __ mL (V1D)
2	Determine the **total Number of Dose Aliquots.**			
Final Volume after Formulation or Re-formulation	÷	Required Volume per Dose	=	Number of Doses yielded
__. __ mL (e2 or e2-Re, please circle one)	÷	__ . __ mL (V1D)	=	__. __ → ___ (round down to whole number) (NDY)

Calculation Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Calculated By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

C4.2: Decision Making based on the calculated ***Number of doses yielded*** (NDY) (choose one):		
☐	**NDY** ≥ 1	Proceed to **C4.3 "Aliquoting"**
☐	**NDY** < 1	**Injection cannot proceed** - Contact IN8bio immediately. Email doseprep@in8bio.com with details and a call back number and call 205-855-5006. You will receive a call back shortly. Instructions received: _____ By_____ From _____ Date _ _ _ _/_ _ _/_ _ Time __ __:__ __

Decision Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Decided By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

C4.3: Aliquoting		
Steps	**Step Break-down**	**Complete**
1	Gently mix the formulated cells.	☐
2	Draw one "V1D" __. __ mL aliquot into a 3mL syringe for the **primary** dose (division code ending in "**a**").	☐
3	If volume permits, draw a second "V1D" into a second 3mL syringe for the **backup** dose (division code ending in "**b**"). **NOTE**: **Do not deliver the backup dose to bedside, unless requested by the physician!**	☐
4	Immediately cap and remove any needle(s), insert a sterile stopper into the syringe(s).	☐
5	Leave the remaining volume (if any) in the tube.	☐
6	Record Formulation completion time and expiration time. Formulation Completion: Date: _ _ _ _ /_ _ _ /_ _ Time: __ __:__ __ Time zone: _____ Formulation Expiration (Completion time + 3 hours - also record on COA) Date: _ _ _ _ /_ _ _ /_ _ Time: __ __:__ __ Time zone: _____	☐
7	Record the division codes of all DeltEx DRI labels used below. NOTE: Labels MUST be printed in accordance with Pharmacy Manual requirements. **Primary** Dose (the **2nd digit** of the **Division code** is lower case "**a**"): _____ **Backup** Dose (the **2nd digit** of the **Division code** is lower case "**b**"): _____	☐
8	Record additional required information on the label, including: □ Dose volume □ Approximate volume of Plasma-Lyte A (free text) □ Viable cell density (free text) □ Initial and date	☐
9	Attach the completed labels to the dose prepped syringe(s).	☐
10	Add the required information to the label with division code "00". Attach in space on next page as an example of the label pasted to dose syringes.	☐
11	Draw 5 mL of Plasma-Lyte A into a 5mL syringe labeled "Plasma-Lyte A Flush" with lot and expiration date, cap with a sterile stopper. Place in a sterile zip-lock bag and into the transport container.	☐
12	Place the **primary** dose syringe in a sterile bag and into the transport container.	☐
13	Leave the **backup** syringe at room temperature (15 to 25°C as emergency backup.	☐
14	****Prior to leaving GMP – Proceed to Sterility QC Aliquoting****	☐

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

15	Example Final Label:	☐

Label Verification	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Completed By:		_ _ _ _/_ _ _/_ _	__ __:__ __
Verified By:		_ _ _ _/_ _ _/_ _	__ __:__ __

C4.4: Final QC Sample - Sterility		
Steps	**Step Break-down**	**Complete**
1	Label cryovials ×3, with in-process labels. Hand-write tube ID as “Sterility Sample”. Add 1.5mL from the 50mL “**Sterility Sample”** tube into each cryovial. Follow “QC Samples” step in Pharmacy Manual to submit samples for testing.	☐
2	Store at -20˚C or below, until sent out for testing. Storage location/freezer/rack ID _____ [**NOTE**: while temporary storage at -20°C or below is acceptable, sterility sample shipping to testing lab must be on Dry Ice.]	☐

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

A5.5: Dose Release Testing, Notification and Infusion Documentation

1	Verify Sterility and Calculate Endotoxin Results.				
Test	**Specification**	**Result**		**Pass/Fail**	**Result Print-Out**
Endotoxin ☐ **N/A** **(see attached)**	≤ 0.2 EU/kg/hr	Machine output:	_ _._ _EU/mL	☐ Pass ☐ Fail	☐ Labeled, reviewed and signed.
		Calculated result: ((_ _._ _ EU/mL × _._ _ mL) ÷ _ _._ _ kg) ÷ _. 0 hr* = _____ **EU / kg / hr**			
		NOTE: *use recipient consent weight, unless the weight has changed by more than 10%. **Round the injection time up to the whole hour (e.g. if injection takes 1 minute, round up to "1hr").			
		Calculated by: _____	Date: _ _ _ _/_ _ _/_ _		
		Verified by: _____	Date: _ _ _ _/_ _ _/_ _		
Gram Stain	Negative/ No Organism Seen			☐ Pass ☐ Fail	☐ Labeled, reviewed and signed.

2	Present completed package to Management/QA for Certificate of Analysis (COA) generation and release.			☐
3	Notify patient clinical staff that dose is ready for infusion. Record:			☐
	Person notified: _____	Delivery Location: _____		
	Notified by: _____	Date: _ _ _ _/_ _ _/_ _	Time: _ _:_ _	
4	Perform two person or institutionally required check-off procedures. NOTE: Institutional forms are acceptable to record this step. Add documentation as an attachment in A7, Document Filing Checklist.			☐
	Delivered Dose Count (circle): 1 / 2 / 3	Syringe ID: _____		
	Staff 1: _____	Date: _ _ _ _/_ _ _/_ _	Time: _ _:_ _	☐ N/A See A7
	Staff 2: _____	Date: _ _ _ _/_ _ _/_ _	Time: _ _:_ _	
5	Record actual delivery information. **NOTE:** Institutional forms are acceptable to record this step. Add documentation as an attachment in A7, Document Filing Checklist.			☐
	Hospital name: _____	Unit/Department: _____	Room #: _____	☐ N/A See A7
	Received by: _____	Date: _ _ _ _/_ _ _/_ _	Time: _ _:_ _	

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

C4.6: Personnel Monitoring (Optional) ☐ N/A

NOTE: While this step is optional, it is strongly recommended by IN8bio.		
6.1.1	Follow institutional personnel monitoring procedures to sample and test the processors' gloved fingers on TSA / culture plates at the end of the dose prep procedure.	☐

Local Sample ID	Sample Description	Sampled? (Circle)	Result	Result entered by, Date
	Processor #1 - Left fingers	Y / N		____, _ _ _ _/_ _ _/_ _
	Processor #1 - Right fingers	Y / N		____, _ _ _ _/_ _ _/_ _
	Processor #2 - Left fingers	Y / N		____, _ _ _ _/_ _ _/_ _
	Processor #2 - Right fingers	Y / N		____, _ _ _ _/_ _ _/_ _

Section D. Dose Reconciliation (post injection)

D.1: Reconciliation

Step	Step Break-down	✓ if performed
1	After the injection is completed, count and reconcile number of dose syringes returned from the patient unit and kept in BSC. Total **A**liquots (Dose Syringes) **P**repared _____ (**AP**) **A**liquots **D**elivered to Injection unit _____ (**AD**) **A**liquots **R**eturned _____ (**AR**) **A**liquots **U**sed _____ (**AU**) **A**liquots **E**xtra (in BSC) _____ (**AE**) Does **AD = AR + AU?** (Y/N) _____ Does **AP = AD + AE?** (Y/N) _____ If either of these equations are not "Y", explain: _____	☐
2	"Extra" and "returned" aliquots have been discarded as biohazard waste per institutional guidelines.	☐

	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Completed By		_ _ _ _/_ _ _/_ _	__ __:__ __
Final Review By		_ _ _ _/_ _ _/_ _	__ __:__ __

Section E. Document Filing Checklist

Ensure all associated records are completed and filed in the patient dosing record. Send a copy to **DL_IN8bio_logistics@syneoshealth.com.**

Document	Completion confirmed, filed by	Date
Dose Prep Worksheet		_ _ _ _/_ _ _/_ _
In-Process Testing Reports		_ _ _ _/_ _ _/_ _
Endotoxin Results		_ _ _ _/_ _ _/_ _
Gram Stain Results		_ _ _ _/_ _ _/_ _
Sterility Results (14 Day)		_ _ _ _/_ _ _/_ _
Certificate of Analysis (COA)		_ _ _ _/_ _ _/_ _
		_ _ _ _/_ _ _/_ _
		_ _ _ _/_ _ _/_ _
		_ _ _ _/_ _ _/_ _
		_ _ _ _/_ _ _/_ _

NOTE: List any institutional documents used to record required information listed above in the blank spaces of the table.

Comments:

	Initials	Date (YYYY/MMM/DD)	Time (24hr)
Completed By		_ _ _ _/_ _ _/_ _	__ __:__ __
Final Review By		_ _ _ _/_ _ _/_ _	__ __:__ __

Subject ID		**Lot**		**DIN**	
Injection Date	_ _ _ _/ _ _ _/ _ _	**Dose Event**	__ of 6		

Confidential and Proprietary **Pharmacy Manual Appendix - Form**

Title: INB-400 DeltEx DRI Dose Prepped Syringe Certificate of Analysis (CoA)	
Document Number: INB-400 Pharmacy Manual Appendix 2	**Version:** 03
Effective Date: 2024JUN19	**Page:** 1 of 1

Product Name	DeltEx DRI Thawed Washed		**Trial ID**	INB-400	
IN8bio Subject ID	INB400 - _ _ _ - _ _ _		**Lot Number**	_ _ _ _ _ _ - 400 - _ _ _ - _ _ _	
Formulation container	3mL syringe with sterile stopper		**Volume**	__. __ mL per syringe	
Formulation End	**Date**	_ _ _ _/_ _ _/_ _	**Expiration** (3 hrs after Formulation End)	**Date**	_ _ _ _/_ _ _/_ _
	Time	_ _: _ _		**Time**	_ _: _ _
	Time zone	_____		**Time zone**	_____
Storage Condition	15 to 25°C	**Administration Instructions**	Intrathecal push (1mL/min), Rickham catheter. Inject only 1 syringe per dose, followed by flush with 5mL Plasmalyte-A (provided).		
Dose Prep Site			**Dose Event**	___ of 6	
			DIN with dose division code(s)		

ASSAY	METHOD	LAB/VENDOR	SPECIFICATION	RESULT (per syringe)	PASS/FAIL
Total Viable CD45+ Cells	CBC with Differential, Viability using 7-AAD	In house (see Dose Prep record)	10×10^6	_ _. _ _ $\times 10^6$	
Endotoxin	LAL, USP <85>, Ph. Eur. 2.6.14	In house (see Dose Prep calculation)	≤0.2 EU per kg per hour	_ . _ EU per kg per hr	
Gram Stain	Direct staining and microscopy	In house/Hospital Microbiology Lab	No organism seen, or equivalent		
Sterility	USP <71>, Ph. Eur. 2.6.1	3rd party: Clongen	Sampled to be submitted, result pending		
CD45+ Viability	Flow Cytometry	In house/Hospital Flow Lab	≥70%	%	
Comments:					

The above results have been reviewed, approved and certified by the corresponding dosing facility and / or associated third party vendors for conformance to applicable analytical methods, and the required specifications have been met. Supporting documents for the dose prep event, including analytical test results, have been reviewed for accuracy.

Title/Function	Print	Signature	Date

Sterility Follow-up (14+ days after sample submission)			
SPECIFICATION: Sterile	**RESULT**: _____	PASS / FAIL (circle one)	Result Date: _ _ _ _/_ _ _/_ _
Reviewed and filed by	Initials: _____		Date: _ _ _ _/_ _ _/_ _
Quality Reviewed by	Initials: _____		Date: _ _ _ _/_ _ _/_ _

DS BW	DS SB	DS GC	DS MF	DS KR	DS MS	DS TG
6/17/2024	6/18/2024	6/17/2024	6/18/2024	6/17/2024	6/17/2024	6/17/2024

Pharmacy Manual Appendix

Title: INB-400 DeltEx DRI Dose Prep Process Flow Diagram	
Document Number: INB-400 Pharmacy Manual Appendix 3	**Version:** 03
Effective Date: 2024JUN 19	**Page**: 1 of 1

All dose preparation steps take place in GMP cleanroom

Retrieval

Vials removed from LN2 Freezer.

Thaw

Vials are thawed in 37°C water/bead bath.

Cell Wash

Spin and resuspend to wash (twice). Then combine all cells into a single tube.

Formulation

Spin tube and resuspend in calculated volume to reach correct viable cell density of 5 to 12.5×10^6/mL

Syringe Loading

Calculate and aliquot volume needed for 10×10^6 viable cells into a syringe.

Injection

Transfer the Syringe(s) for Injection into the Room Temp Container to the bedside.

Inject within 4 hours of completion of TMZ administration, and within 3 hours of Formulation completion.

Testing: In-process and release

Cell Count Viability

Gram Stain (Supernatant)
Endotoxin (Supernatant)
Viability (Final Formulation)
Cell Count (Final Formulation)
Sterility (Supernatant, available post-infusion)

BW 6/17/2024
SB 6/18/2024
JLF 6/18/2024
KR 6/17/2024
MS 6/17/2024
TG 6/17/2024
GC 6/17/2024

IN8bio

Confidential and Proprietary

Pharmacy Manual Appendix - Form

Title: Cryopreserved Product Unpacking Checklist for INB-400	
Document Number: INB-400 Pharmacy Manual Appendix 4	**Version:** 03
Effective Date: 2024JUN 19	**Page:** 1 of 3

Shipped from Manufacturing Facility	☐ UAB CTL (Cellular Therapy Laboratory UAB in Birmingham, AL) ☐ UofL DCTC (BCC GMP Facility in Louisville, KY)	**Ship to Clinical Site**	

Human Cells for Patient Administration. Handle with Care. Transport Temperature: ≤ **-150°C**

Subject ID	**INB400 - _ _ _ - _ _ _**	**DIN**		**# of Vials**	
		Lot number			

#	Steps (Unpacking by Clinical Site personnel) *Please initial to the right, and check each box beside each step below.*	Performed: (Initials) _____	Verified: (Initials) _____
U1	Inspect the integrity of the outer shipper. **Confirm:** no evidence of damage or unauthorized access, shipper arrived in an upright position. Perform the steps in Section A from the diagram below.	☐	☐
U2	Retrieve the accompanying documents from the pouch between the outer case and the inner LN2 dewar. Record the SN printed on the red tape: _____ Does this match the SN recorded on the enclosed ***Packaging Checklist***? ☐ Yes - Proceed / ☐ NO - **do not proceed.** Immediately contact **DL_IN8bio_logistics@syneoshealth.com**	☐	☐
U3	**Confirm:** Accompanying documents listed in the enclosed Packing Checklist are all present. **Subject ID, Lot number,** and **DIN** are all ALIGNED on all documents **Subject ID, Lot number,** and **DIN** all MATCH the information in the shipment scheduling email sent from Syneos to the Clinical Site. Are all documents present, all of the information aligned and matches the email? ☐ Yes - Proceed / ☐ NO - **do not open the LN2 dewar plug.** Immediately contact **DL_IN8bio_logistics@syneoshealth.com**	☐	☐
U4	**Confirm:** There is space available in local LN2 freezer to store the product box(es).	☐	☐
U5	Follow Section B, "Unloading Samples from Shipment" below to retrieve the product box(es). Record the SN of the serialized zip tie securing the dewar lid: _____ Does this match the SN recorded on the enclosed Packaging Checklist? ☐ Yes - Proceed / ☐ NO - **do not proceed.** Immediately contact **DL_IN8bio_logistics@syneoshealth.com**	☐	☐
U6	Inspect the product box(es) and vials in LN2 vapor phase. Perform all checks as quickly as is reasonably possible to minimize exposure, which could impact cellular viability. Quickly take pictures of (1) the outer box label(s), (2) 1 vial label from each box, and count the number of vials inside of each box. - Verify that the information matches the criteria below. Assess 1 box at a time. Place into LN2 storage while inspecting other box(es) to avoid thaw. **Subject ID, Lot, DIN, Vial count** must match **Chain of Custody form** and **Packaging Checklist**.	☐	☐
U7	Immediately store the vial box(es) in local LN2 freezer vapor phase (≤-150°C) until use.	☐	☐
U8	Ensure the LN2 storage freezer is set up for 24/7 electronic monitoring with staff notification of alarms. Record storage location(s) in local product inventory system.	☐	☐
U9	Follow Section C, "Packaging the Shipment" below to return the shipper to CryoPort.	☐	☐
U10	Complete the ***Chain of Custody Form for INB-400***. Scan and email the completed Chain of Custody form and Unpacking Checklist to **DL_IN8bio_logistics@syneoshealth.com**	☐	☐

	Print	Sign	Date (yyyyMMMdd)	Time (24hr), time zone
Unpacked, Inspected, Stored by			_ _ _ _ / _ _ _ / _ _	_ _ : _ _, _____
Verified by			_ _ _ _ / _ _ _ / _ _	_ _ : _ _, _____

BW	SB	GC	MF	KR	MS	TG
6/17/2024	6/18/2024	6/17/2024	6/18/2024	6/17/2024	6/17/2024	6/17/2024

Title: Cryopreserved Product Unpacking Checklist for INB-400	
Document Number: INB-400 Pharmacy Manual Appendix 4	**Version:** 03
Effective Date: 2024JUN19	**Page:** 2 of 3

Shipped from Manufacturing Facility	☐ UAB CTL (Cellular Therapy Laboratory UAB in Birmingham, AL) ☐ UofL DCTC (BCC GMP Facility in Louisville, KY)	**Ship to Clinical Site**	
Human Cells for Patient Administration. Handle with Care. Transport Temperature: ≤ **-150°C**			
Subject ID	**INB400 - _ _ _ - _ _ _**	**DIN**	
		Lot number	
		# of Vials	

[Images provided by Cryoport]

Title: Cryopreserved Product Unpacking Checklist for INB-400	
Document Number: INB-400 Pharmacy Manual Appendix 4	**Version:** 03
Effective Date: 2024JUN 19	**Page:** 3 of 3

Shipped from Manufacturing Facility	☐ UAB CTL (Cellular Therapy Laboratory UAB in Birmingham, AL) ☐ UofL DCTC (BCC GMP Facility in Louisville, KY)	**Ship to Clinical Site**	
Human Cells for Patient Administration. Handle with Care. Transport Temperature: ≤ **-150°C**			

Subject ID	**INB400 - _ _ _ - _ _ _**	**DIN**		**# of Vials**	
		Lot number			

[Images provided by Cryoport]

Internal Use Only
SAMPLE SUBMISSION FORM
Client ID _____ ***Date Received:***_____
Job # _____ ***Logged by:***___ _____

Clongen laboratories, llc
Committed to Scientific Excellence
301-916-0173 (Phone)
1-877-CLONGEN 301-916-0175 (Fax)

Biotech Testing Submission Form

Please complete one form for multiple samples if testing, hazard level and storage conditions are identical. **All samples should be sent to:**
Clongen Laboratories, LLC; NEW ADDRESS: 211 Perry Parkway, Suite 6, Gaithersburg, MD 20877

Client Information (Must be completed)

Contact Information	Send Results to (Mailing Address):	Bill to: ☐Check box if same as mailing address
	Firm Name: IN8bio, Inc	Firm Name: IN8bio, Inc
	Address: 2901 2nd Ave S, Suite 230 Birmingham, AL 35203	Address: 350 5th Ave, Suite 5330 New York, NY 10118
	Contact Person: Becca Weekley, Caitlyn Lucas	ATTN:
	E-mail: csmicro@in8bio.com, bbweekley@in8bio.com	E-mail: payables@in8bio.com
	Phone: (850) 974-8028 / (205) 855-5004	Phone:
	Fax: N/A	Fax: N/A

Please call 1-877-CLONGEN if you need assistance

Please write your sample ID EXACTLY as you want it to appear on the Final Report:

	Sample ID	*New Submission (Yes/No)*	*Vol./Wt.*	*# Units*	*Protocol #*
1)		☑ Yes ☐ No	1 mL	1	CB112a
2)		☐ Yes ☐ No			
3)		☐ Yes ☐ No			
4)		☐ Yes ☐ No			

For Clongen Labs. Use ONLY:

CL ID: _____
CL ID: _____
CL ID: _____
CL ID: _____

Sample Information

HAZARD STATEMENT (Required Information)
Indicate N/A if inapplicable
Radioactivity: N/A
(Isotope, if applicable)
Chemical: N/A
(Acid, Strong Base, Flammable)
Biological: potential biohazard
(Carcinogenic, Pathogenic, Infectious)

STORAGE CONDITIONS:
☐ Room Temperature (15o C to 30o C)
☐ Refrigerated (2o C to 8o C)
☐ Frozen (-15o C to –25o C)
☒ Ultracold (-60o C to –80o C)
☐ Liquid Nitrogen (-100o C to –196o C)

COMPLIANCE STATEMENT
☐ Non-GLP ☐ GLP
☒ GMP ☐ Non-GMP

SAMPLE DISPOSITION: *(Remaining sample will be discarded 60 days from report date unless return is requested)*
☒ Discard Sample ☐ Return Sample (*Client FedEx account # required*)
Client FedEx #_____

THE SAMPLE CAN BE DESCRIBED AS:
☐Cell Line ☐ Unprocessed Bulk ☐ Purified Bulk ☒ Final Product Other

CONTROLS INCLUDED:
POSITIVE ☐ Yes ☒ No , If Yes, Control ID: _____
NEGATIVE ☐Yes ☒No, If Yes, Control ID: _____

Testing Laboratory Agreement: Clongen laboratories considers the signed protocol an agreement with the client on the provided services. Clongen Laboratories implements the protocols signed by the client and performs all assays according to Standard Operating Procedures.

Signatures

Sponsor: _____
Date:_____

Study Director:_____
Date: _____

BW 6/17/2024 SB 6/18/2024 GC 6/17/2024 MF 6/18/2024 KR 6/17/2024 TG 6/17/2024 MS 6/17/2024

Pharmacy Manual Appendix - Form

Title: INB-400 Dose Prep Request	
Document Number: INB-400 Pharmacy Manual Appendix 6	**Version:** 02
Effective Date: 2024JUN_19	**Page:** 1 of 1

Part 1: to be completed by **treating physician / PI**

Product Name	DeltEx DRI	**Trial ID**	INB-400
IN8bio Subject ID	INB400 - _ _ _ - _ _ _	**Final Formulation Requirement**	$10x10^6$ DeltEx DRI cells (Prepared according to the current Pharmacy Manual instructions)
Intended Dose Prep Date (yyyyMMMdd)	_ _ _ _/ _ _ _/ _ _		
Dose Event	___ of 6	**Administration Facility**	
Comments (Please N/A if not applicable)			

	Title/Role	**Print**	**Signature**	**Date**
Requested by				

Part 2: to be completed by the **Dose Prep GMP Lab / Pharmacy**

Lot Number	_ _ _ _ _ _ - 400 - _ _ _ - _ _ _	**Dose Prep Facility**			
DIN (sticker with barcode)		**# of vials to thaw** (per the Cryo Vials COA)		**Vial IDs to thaw** (Vial Division codes) (N/A extra rows)	

	Title/Role	**Print**	**Signature**	**Date**
Completed by				

BW	SB	GC	MF	KR	MS	TG
6/17/2024	6/18/2024	6/17/2024	6/18/2024	6/17/2024	6/17/2024	6/17/2024