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1 **First inter-laboratory study of a Supercritical Fluid Chromatography method for the**
2 **determination of pharmaceutical impurities**
3

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54 **ABSTRACT**

55 Supercritical Fluid Chromatography (SFC) has known a strong regain of interest for the last 10
56 years, especially in the field of pharmaceutical analysis. Besides the development and
57 validation of the SFC method in one individual laboratory, it is also important to demonstrate
58 its applicability and transferability to various laboratories around the world. Therefore, an inter-
59 laboratory study was conducted and published for the first time in SFC, to assess method
60 reproducibility, and evaluate whether this chromatographic technique could become a reference
61 method for quality control (QC) laboratories. This study involved 19 participating laboratories
62 from 4 continents and 9 different countries. It included 5 academic groups, 3 demonstration
63 laboratories at analytical instrument companies, 10 pharmaceutical companies and 1 food
64 company. In the initial analysis of the study results, consistencies within- and between-
65 laboratories were deeply examined. In the subsequent analysis, the method reproducibility was
66 estimated taking into account variances in replicates, between-days and between-laboratories.
67 The results obtained were compared with the literature values for liquid chromatography (LC)
68 in the context of impurities determination. Repeatability and reproducibility variances were
69 found to be similar or better than those described for LC methods, and highlighted the adequacy
70 of the SFC method for QC analyses. The results demonstrated the excellent and robust
71 quantitative performance of SFC. Consequently, this complementary technique is recognized
72 on equal merit to other chromatographic techniques.

73 **KEYWORDS**

74 Supercritical Fluid Chromatography (SFC), inter-laboratory study, collaborative study,
75 reproducibility, pharmaceutical impurities, salbutamol sulfate

76

77 **1. INTRODUCTION**

78 From its first commercialization in the 1980s, SFC has the reputation to be poorly reproducible
79 and robust. However, the performance of modern SFC instruments has significantly improved
80 since 2012 and it can now be considered as a well-established technology in pharmaceutical
81 research/discovery environments [1,2]. Despite these instrumental advances, its application in
82 more regulated laboratories still seems to be considered risky and this perception may
83 continually hamper the implementation of routine SFC methods in QC environments.

84 Recently, several studies highlighted the excellent quantitative performance of SFC in the
85 pharmaceutical domain [3-6]. The published methods were fully validated according to ICH
86 Q2 guidelines and demonstrated the applicability of modern SFC in the context of
87 pharmaceutical quality control. Nevertheless, the evaluation of method precision was limited
88 to repeatability and intermediate precision, as the validation protocol included only one
89 equipment/laboratory. To properly evaluate method reproducibility, the between-laboratories
90 variability should also be studied by means of an inter-laboratory assay [7,8]. This evaluation
91 is required when the analytical method has to be transferred and used in different laboratories,
92 or is introduced as a reference method in a monograph. Inter-laboratory studies are well
93 described in the literature for chromatographic techniques, especially liquid chromatography
94 [9-11]. To the best of our knowledge, such data have never been published for SFC.

95 In a previous paper, a robust SFC method was developed for the determination of salbutamol
96 sulfate related impurities according to the Quality by Design principles [6]. For this purpose,
97 Design Space determination was employed to find out a robust working zone [12]. The
98 optimization of a robust method was indeed a keystone to guarantee successful method transfer
99 to several laboratories. Moreover, the developed method was fully validated according to the
100 total error approach for the quantitative determination of impurities B, D, F and G, down to a
101 concentration level of 0.3% of active pharmaceutical ingredient, in agreement with the

102 specifications of pharmacopoeai method. This predictive validation strategy follows the
103 requirements of ICH Q2 (R1) guideline and ensures that every future analysis result will fall
104 within the acceptance limits (i.e. $\pm 15\%$ for impurities determination) with at least a
105 probability of 95 %. Method development and validation were performed considering the
106 salbutamol impurities available as chemical reference standard (namely impurity B, D, F, I and
107 G). To propose this method as a normative method, an inter-laboratory study is a mandatory
108 step.

109 The objective of the present study was to estimate the precision (repeatability and
110 reproducibility) of the results obtained for the determination of impurity D in salbutamol sulfate
111 samples. The study protocol was proposed following the ISO 5725-2 international standard [8].
112 A detailed protocol was established to study the sources of variability at different levels, i.e.
113 replicates, days and laboratories. In this study, all experiments were conducted on one single
114 type of instrument to avoid potential problems related to the delivery of a compressible fluid,
115 backpressure control, and injection mode, often observed in SFC. Several academic,
116 demonstration and industrial laboratories equipped with SFC technology were selected to take
117 part in this study.

118 To ensure proper instrument handling and method set-up, a preliminary method test was
119 organized to get familiar with the method and to verify various criteria, i.e. method selectivity,
120 sensitivity and system repeatability. The results of this test were collated and evaluated by the
121 study coordinator before starting the quantitative study.

122 In the following study the content of impurity D was evaluated in three independent salbutamol
123 sulfate samples. These samples at different concentration levels for impurity D aimed at
124 covering the validated dosing range. The results of this study were analysed according to the
125 ISO guidelines [8]. Finally, the quantitative data issued from this study were used to assess
126 measurement uncertainty.

127 **2. MATERIAL AND METHODS**

128 2.1 Chemicals and reagents

129 Salbutamol hemisulfate (> 98.0 %) was purchased from TCI Europe (Zwijndrecht, Belgium)
130 and used as salbutamol hemisulfate standard. Related impurities B, D, F, G and I were provided
131 by EDQM (Strasbourg, France). Salbutamol hemisulfate was split in three batches and each
132 batch was spiked with different amount of related impurity D to get three salbutamol samples.
133 The minimal quality requirements for solvents and reagents were: methanol gradient grade, 2-
134 propanol analytical grade, water ULC-MS/SFC grade, ammonium hydroxide 25 or 28 % w/w
135 analytical grade, carbon dioxide 99.995 %.

136 2.2 Instrumentation

137 Each laboratory used a Waters Acquity UPC²[®] equipped with a PDA detector (Waters, Milford,
138 MA, USA). If MS or another detectors were hyphenated to the chromatographic system, they
139 were disconnected prior to the experiments. The injector was equipped with a 5 or 10 μ L loop
140 operating in the partial loop with needle overfill mode. 2-propanol (900 μ L) and water/methanol
141 (50/50, v/v) (500 μ L) were used as weak and strong needle wash solvents, respectively.
142 Chromatograms were recorded at 220 nm in compensated mode (310-410 nm) with an
143 acquisition frequency of 20 Hz, a resolution of 1.2 nm and a filter time constant of 0.5 s.
144 Masslynx[™] or Empower[™] software was used to control the system and acquire the data.

145 2.3 Chromatographic conditions

146 SFC conditions were reported in a previous publication [6]. The UPC² Torus Diethylamine
147 (DEA) 100 \times 3.0 mm (particle size of 1.7 μ m) analytical column was used. One new column
148 was provided to each laboratory and was used immediately to perform the present study. The
149 experiments were executed at a flow rate of 1.5 mL/min and 0.1 % v/v ammonium hydroxide
150 in methanol was used as modifier. The gradient mode was applied, with an initial modifier
151 fraction of 2 %, followed by a linear increase to 35 % in 6.5 min. Post-run: the initial mobile

152 phase conditions were reached within 0.5 min followed by 3 min of re-equilibration (total run
153 time 10 min). The backpressure regulator was set at 135 bar (1958 psi). The autosampler
154 temperature and the injected volume were set at 6°C and 2 µL, respectively.

155 2.4 Sample preparation

156 All solutions were prepared in water/methanol 20/80 v/v. After preparation, all solutions were
157 stored in the dark at 5°C (\pm 3°C).

158 2.4.1 Preliminary testing

159 Stock solution containing impurities was prepared by transferring accurately weighed amounts
160 of 5 mg impurity B, 5 mg impurity D, 5 mg impurity F and 5 mg impurity G in a volumetric
161 flask of 50.0 mL. Intermediate solution was prepared by weighing an accurate amount of 20
162 mg salbutamol sulfate and adding 600 µL stock solution in a volumetric flask of 10.0 mL. Then
163 the content of one vial of impurity I was dissolved with 1.0 mL of intermediate solution. This
164 latter solution containing salbutamol sulfate and all related impurities is used to perform the
165 preliminary test (system suitability test (SST) solution).

166 2.4.2 Inter-laboratory study

167 Stock solution of impurity D was prepared by adding an accurately weighed amount of 5 mg
168 of impurity D in a volumetric flask of 5.0 mL. Then, calibration standards at 4, 6 and 8 µg mL⁻¹
169 were prepared by means of dilutions (40, 60 and 80 µL of stock solution respectively in a
170 volumetric flask of 10.0 mL).

171 Each lab received three salbutamol samples labelled sample A, B and C. These latters contained
172 different amount of impurity D to evaluate the validated dosing range during this study: 0.2 %
173 of impurity D in salbutamol sulfate (sample B), 0.3 % of impurity D (sample C) and 0.4 % of
174 impurity D (sample A). The study was performed in a blind way as the laboratories did not
175 known samples concentration and level. Sample solution was prepared by adding an accurately
176 weighed amount of 20 mg salbutamol sulfate unknown solid sample in a volumetric flask of

177 10.0 mL. Three independent solutions were prepared for each sample and this protocol was
178 repeated on three days.

179 2.5 Preliminary testing

180 The first step of this collaborative study was to perform a familiarisation experiment, which
181 allowed also checking the reliability of SFC instruments for further quantitative analysis. This
182 preliminary testing was implemented to verify several performance criteria: selectivity,
183 retention times stability, peak area variability and sensitivity. To verify method selectivity and
184 sensitivity, SST solution was injected 6 times using the above described SFC method,. The
185 RSD values should be < 1% for retention times (for all compounds) and < 2 % for peak areas
186 (only for impurities). The signal-to-noise ratio (S/N) was calculated for impurity D as described
187 by USP:

$$188 \quad S/N = 2H/h \quad (1)$$

189 where H is the height of the peak measured from the peak apex to a baseline extrapolated over
190 a distance ≥ 5 times the peak width at its half-height; and h is the amplitude of the noise values
191 observed over a distance ≥ 5 times the peak width at half-height and, if possible, situated equally
192 around the peak of interest. The S/N ratio should be higher than 25.

193 2.5 Set-up of the inter-laboratory study

194 The study involved 19 participating analytical laboratories ($p = 19$): 5 academic (universities),
195 3 demonstration laboratories at analytical instrument company, 1 food and 10 pharmaceutical
196 companies. These laboratories are located on 4 continents and in 9 countries. These 19 sites
197 present different quality standard: GMP for the sending lab, ISO 9001 for the food company
198 lab, GMP for several pharmaceutical companies and R&D instrument in GMP environment for
199 the others. Academic and demonstration laboratories do not have any certification. Each
200 laboratory performed the analyses in three different days (series) ($c = 3$). Per day, the samples
201 were prepared and analysed independently in triplicate ($g = 3$) considering 3 concentrations

202 levels ($q = 3$) by means of samples A, B and C. The study layout per concentration (sample) is
203 summarized in fig. 1.

204 This study layout enables the inclusion of day/series variability as generally done in a method
205 validation protocol. It allows estimating the intermediate precision for each laboratory, which
206 is the sum of intra-day and inter-day variances. The study layout provides information on three
207 sources of variability (i.e. replicates, days, laboratories), which are the main components of
208 method reproducibility. Each laboratory reported raw data in a validated and locked Excel file.
209 The study coordinator performed all data and statistical analyses using Excel (Microsoft
210 Excel® for Mac 2011) followed by a report verification by the study supervisors.

211 2.6 Statistical analysis

212 2.6.1 Scrutiny of results for consistency and outliers

213 First, the results were critically examined for outliers and stragglers regarding between-
214 laboratory and within-laboratory consistency. This examination was done by graphical
215 consistency techniques and numerical outlier tests specified in the ISO guidelines [8,13]. Tables
216 with critical values for all mentioned tests can be found in the ISO guidelines [8]. Mandel's k
217 plotting and Cochran's test were used to verify whether the within-laboratory variances of some
218 laboratories were not considerably larger than in the other participating laboratories. Mandel's
219 k statistic was calculated as:

$$220 \quad k_{ij} = \frac{s_{ij}\sqrt{p_j}}{\sqrt{\sum s_{ij}^2}} \quad (2)$$

221 where s_{ij} is the standard deviation within one cell (laboratory) at concentration level j and p_j is
222 the number of laboratory reporting test result for concentration level j .

223 Mandel's k values were plotted to graphically evaluate the within-laboratory variation. The
224 indicator values at 1% and 5 % significance levels were drawn on the Mandel's plots.

225 The Cochran's test was applied as numerical outlier test and calculated as followed:

226
$$C = \frac{s_{max}^2}{\sum_{i=1}^p s_i^2} \quad (3)$$

227 where s_{max} is the highest variance obtained for one sample and s_i^2 is the variance within one
 228 laboratory for this sample. The variance is considered to be an outlier when C is larger than the
 229 1 % critical value and a straggler when C is smaller than the 1% critical value but larger than
 230 the 5% one. Outliers were noted ** and stragglers * in the results tables.

231 Mandel's h plotting and Grubb's tests were used to verify whether laboratories with deviating
 232 results compared to those of the others (between-laboratory variance consistency) occur.
 233 Mandel's h statistic was calculated as:

234
$$h_{ij} = \frac{\bar{x}_{ij} - \bar{\bar{x}}_j}{\sqrt{\frac{1}{p_j-1} \sum_{i=1}^{p_j} (\bar{x}_{ij} - \bar{\bar{x}}_j)^2}} \quad (4)$$

235 where \bar{x}_{ij} represents a cell (laboratory) mean and $\bar{\bar{x}}_j$ the general mean for concentration level j .
 236 Mandel's h values were also plotted to graphically evaluate the between-laboratory variation.
 237 The Grubb's tests were finally used as a numerical outlier tests. They are structured in four
 238 subsequent tests. First, the test to determine whether the largest observation (\bar{x}_p) is an outlier:

239
$$G_p = \frac{\bar{x}_p - \bar{\bar{x}}_j}{\sqrt{\frac{1}{p_j-1} \sum_{i=1}^{p_j} (\bar{x}_{ij} - \bar{\bar{x}}_j)^2}} \quad (5)$$

240 Simultaneously, the test is used to determine whether the smallest observation (\bar{x}_1) is an outlier:

241
$$G_1 = \frac{\bar{\bar{x}}_j - \bar{x}_1}{\sqrt{\frac{1}{p_j-1} \sum_{i=1}^{p_j} (\bar{x}_{ij} - \bar{\bar{x}}_j)^2}} \quad (6)$$

242 When the single Grubb's test is negative, then the equivalent double Grubb's test is performed.
 243 This Grubb's test is used to examine whether either the two largest ($G_{p-1,p}$) or two smallest ($G_{1,2}$)
 244 observations are outliers

245
$$G_{p-1,p} = \frac{\sum_{i=1}^{p-2} (\bar{x}_{ij} - \bar{\bar{x}}_{p-1,p})^2}{\sum_{i=1}^{p_j} (\bar{x}_{ij} - \bar{\bar{x}}_j)^2} \quad (7)$$

$$246 \quad G_{1,2} = \frac{\sum_{i=3}^p (\bar{x}_{i,j} - \bar{\bar{x}}_{1,2})^2}{\sum_{i=1}^p (\bar{x}_{i,j} - \bar{\bar{x}}_j)^2} \quad (8)$$

247 where $\bar{\bar{x}}_{p-1,p}$ is the average of the two largest observations and $\bar{\bar{x}}_{1,2}$ of the two smallest
 248 observations in the data set. For the single Grubb's test, outliers and stragglers gives rise to
 249 values exceeding the 1 % and 5 % critical values respectively. For the double Grubb's test,
 250 outliers and stragglers gives rise to values smaller than the 1 % and 5 % critical values
 251 respectively.

252 2.6.2 Variances estimation

253 After testing and discarding the outliers, the mean squares between laboratories ($MS_{\text{laboratories}}$),
 254 between days (MS_{days}) and between replicates ($MS_{\text{replicates}}$) were calculated applying the
 255 variance analysis detailed in table 1.

256 From the means squares, the repeatability (s_r^2), between-laboratories ($s_{\text{laboratories}}^2$) and
 257 reproducibility variances (s_R^2) were estimated [9].

258 According to the ISO 5725-2 guidelines, the calculation of the repeatability (s_r^2) and
 259 reproducibility (s_R^2) estimates were performed using the following equations:

$$260 \quad s_r^2 = s_{\text{replicates}}^2 \quad (9)$$

$$261 \quad s_R^2 = s_{\text{replicates}}^2 + s_{\text{laboratories}}^2 \quad (10)$$

262 In the present study, the protocol layout involved three independent series for each laboratory
 263 by means of three different days. Consequently, reproducibility was estimated according to [9]:

$$264 \quad s_R^2 = s_{\text{replicates}}^2 + s_{\text{days}}^2 + s_{\text{laboratories}}^2 \quad (11)$$

265 2.6.3 Uncertainty estimation

266 The reproducibility variance allowed the estimation of the standard uncertainty u_x using the
 267 following equation:

$$268 \quad u_x = \sqrt{s_R^2} \quad (12)$$

269 Therefore, the expanded uncertainty U_x could be calculated as:

270 $U_x = 2u_x$ (13)

271 using a coverage factor $k = 2$ [14].

272 2.6.4 Trueness criterion

273 The z-score gives a bias estimate of the results. An absolute z-scores below 2 are acceptable. A
274 zone of doubtful performance exists for absolute z-scores between 2 and 3. Those results do
275 not necessarily have to be unacceptable, since there is some uncertainty on how close the
276 assigned sample value is to the unknown true value. However, an absolute z-score of 3 or more
277 can be interpreted as an unacceptable performance [15].

278 For the present study, z-score was calculated for each laboratory according to:

279 $z = \frac{\bar{x}_l - \hat{x}}{\sigma}$ (14)

280 where \bar{x}_l is the mean value reported by an individual laboratory, \hat{x} is the assigned sample
281 value, σ is the standard deviation (without outlier lab).

282 3. RESULTS AND DISCUSSION

283 3.1 Preliminary testing – performance criteria

284 The first step of this collaborative study was checking the ability of each laboratory to perform
285 quantitative analysis of the salbutamol sulfate samples. A preliminary testing was done to verify
286 several performance criteria: selectivity, retention times stability, peak area variability and
287 sensitivity. A typical chromatogram is presented in figure 2. In terms of sensitivity, the signal-
288 to-noise ratio was measured for impurity D and was always higher than 25, as highlighted for
289 each laboratory in supplementary data table 1. Nevertheless, a large variability in the S/N values
290 was observed, varying from 34 to 918 with an average of 143. The UV lamp power (depending
291 on its rated life) may partly explain this variability. A difference of noise measurement could
292 also be suspected, especially considering that different software was used within the participant
293 laboratories. As all laboratories fulfilled the sensitivity and variability criterion for impurity D
294 (see below), this S/N difference was not further investigated.

295 Besides sensitivity, each individual laboratory also reported an adequate separation of API and
296 related impurities (baseline separation of all peaks). The observed retention times variability
297 with six replicates was always lower than 0.2%, as shown in supplementary data table 1.
298 Finally, the RSD values on the peak area for six consecutive injections was below 2.0%, except
299 for a few values. The higher variability observed for impurity F could be explained by the more
300 difficult peak integration (more tailing of this peak). The integration of impurity B is harder
301 due to the baseline slope at the end of the gradient leading to higher variability. Nevertheless,
302 this criterion was satisfied by each lab for impurity D (RSD values between 0.27 and 1.89%),
303 which is the target analyte in the present study. All laboratories successfully passed the
304 preliminary step and performed the collaborative study.

305 3.2 Inter-laboratory study – quantitative results

306 Using a validated and locked Excel sheet, each laboratory reported the mass content (% m/m)
307 of impurity D in salbutamol sulfate A, B and C samples. The results are summarized in
308 supplementary data table 2 and supplementary figure 1.

309 3.2.1 Scrutiny of results for consistency and outliers

310 Within- and between-laboratories consistencies were examined by means of the graphical
311 Mandel's methods and with numerical outlier tests.

312 3.2.1.1 Within-laboratory variance tests

313 Mandel's k plotting and Cochran's test were used to verify whether the within-laboratory
314 variance (repeatability) of all laboratories can be considered equal. These tests were performed
315 considering 9 measurements for each sample in each laboratory. Results have been reported in
316 table 2 and figure 3.

317 On the Mandel's k plot (figure 3), indicator lines at 1 and 5 % significance levels were drawn.
318 Laboratory 01 tends to show a higher repeatability variance. The same observation was made
319 for laboratory 11 regarding sample A (borderline case). Numerical outlier testing was also

320 performed by means of a Cochran's test (see table 2). This test highlighted outlier values for
321 laboratory 01 at all concentration levels (samples A, B, C). A second Cochran's test indicated
322 an outlier for sample A at laboratory 11. The third Cochran's test did not suggest outlier or
323 straggler. However, it is important to keep in mind that the repetition of statistical tests may
324 lead to excessive rejection. Moreover, for laboratory 11, an outlier value was only observed for
325 one sample and this value was much more acceptable than in laboratory 01. In this context,
326 laboratory 01 can be considered as an outlying laboratory, while sample A analysed in
327 laboratory 11 was not discarded at this stage.

328 *3.2.1.2 Between laboratories variance tests*

329 Mandel's h plotting and Grubbs' tests were used to verify whether laboratories with deviating
330 results occur. Results have been reported in table 3 and figure 4. On the Mandel's h plot,
331 indicator lines at 1 and 5 % significance levels were drawn.

332 As illustrated in figure 4, laboratories 01 and 11 tend to report higher concentrations than the
333 other laboratories, but Mandel's h remains below the 5% significance level. The raw data of
334 these two laboratories were thoroughly investigated. For laboratory 01, the three calibration
335 curves obtained were not linear, probably due to a standard preparation issue when making the
336 dilutions. For laboratory 11, a systematic lower AUC of calibration standards led to an
337 overestimation of sample content. The preparation of impurity D stock solution seemed to be
338 the source of this issue. It is important to notice that the root causes are not related to the
339 analytical technique (SFC) but to sample and/or standard preparation.

340 This Mandel's h plot also highlighted the quite balanced distribution of reported values around
341 the mean value. Grubb's tests were performed on the means of the values reported by each
342 laboratory. As illustrated in table 3, no outlier or straggler value was reported.

343 These Grubb's tests could also be performed on the individual measurements (individual
344 measurements reported) where the Cochran's test has shown the lab variance was suspicious.

345 These results were also reported in table 4. Grubb's test highlighted one outlying value for an
346 individual measurement reported by laboratory 01. Consequently, this value was discarded and
347 the Cochran's test was repeated on the remaining data set. Without this individual outlying
348 value, the within-laboratory variance of laboratory 01 still remains significantly higher than in
349 other laboratories, as shown in table 4.

350 As already mentioned, an in-depth evaluation of individual laboratory reports showed that
351 laboratory 01 obtained non-linear calibration curves for two series, but the curve profiles for
352 both series were different. According to the laboratory report, accurate balance and appropriate
353 glassware and pipettes were used. However, regarding the calibration curves, an inadequate
354 weighing of standards and/or inappropriate use of the automatic pipette were suspected. The
355 random errors were mainly explained by an operator training/ability to work with low mass
356 weighing (5 mg) and accurate dilutions. This observation is also corroborated by the function
357 of the operator, which was not a qualified and fully trained analyst. Consequently, this
358 laboratory data cannot be considered as reliable and the lab 01 was definitively discarded for
359 the evaluation of method precision.

360 *3.2.1.3 Results consistency*

361 As required by the ISO guidelines, results were removed from the original data set when they
362 were outliers with the numerical technique, or when they were stragglers with the numerical
363 technique and they exceed the 1% critical level on the Mandel plot. Table 5 summarized the
364 results and outliers values. As above explained, outlier values (lab 01) were discarded for
365 method variances estimation. The outlier values obtained were mainly explained by samples
366 and standards preparation. This step of the analytical protocol is similar whatever the analytical
367 technique used for the quantitative analysis (i.e. LC or SFC or other technique).

368 *3.2.2 Variances estimation*

369 The final objective of this inter-laboratory study was to estimate the method variance and
370 variance components. These results were summarized in table 6.

371 As shown in Table 6, the total method variability was mainly due to the “laboratory” factor
372 (contribution around 70 % at all concentration levels). The contributions from the “day” and
373 “replicate” factors were quite similar (10 to 15 % of the total variance), with a slightly larger
374 impact of the day factor, except at the highest concentration level. It is often expected to have
375 the reproducibility about 2 to 4 times higher than the repeatability, when considering the
376 standard deviations [16]. In the present study, ratios close to 3 were observed for the whole
377 dosing range (i.e. from 0.2 to 0.4 % of impurity D). Considering variances (s^2), ratios between
378 reproducibility and repeatability were within the range 6 – 10 (a 4 – 9 range is often advised
379 [13]). However, it is important to notice that both ratios within or above this range have reported
380 in the literature for LC method, including ratios close to 80 for the determination of impurities
381 [9].

382 The reproducibility variance was 2-3 times larger than the intermediate precision (repeatability
383 variance + days variance), confirming the important contribution of the “laboratory” to the total
384 variability. This laboratory contribution to the total variance could be explained by (i) the use
385 of various SFC systems (not evaluated during method validation performed using only one
386 equipment), (ii) the recent SFC implementation in many participating laboratories, (iii) the
387 difficulty to handle low masses and low dilution volumes, (iv) the CO₂ supply that was not
388 evaluated during method optimization and validation. The contribution of different
389 equipment/systems and some technical aspects related to samples and standards preparation are
390 analytical aspects that need to be considered independent of the separation techniques.
391 Nevertheless the reproducibility values, that take into account all variability components, are
392 close to or even lower than those reported for LC impurities determination. Our results obtained

393 with several modern SFC systems in several laboratories highlighted the reliability of this
394 technique.

395 Finally, to present some more intuitive values, standard deviations and relative standard
396 deviations were calculated for both repeatability and reproducibility. The relationship between
397 standard deviation and impurity D concentration was presented in figure 5. As expected, the
398 standard deviation was proportional to the concentration (linear relationship) while the relative
399 standard deviation was rather constant within the validated dosing range (table 6).

400 RSD reproducibility values close to or below 10 % were obtained in this study. Considering all
401 sources of variability, i.e. replicates, days and 18 laboratories (meaning 18 instruments and 18
402 operators), these good RSD values again clearly highlighted the reliability of this SFC method
403 for the quantification of salbutamol sulfate impurity D.

404 3.2.3 Measurement uncertainty evaluation

405 The expanded uncertainty values are described in table 7. For a non-conform sample (0.4 % of
406 impurity D), the result was expected to have an expanded uncertainty of 0.058 % m/m.
407 Therefore, 95 % of the reported values are expected to be comprised between 0.342 and 0.458
408 %. As illustrated in supplementary table 2, the individual measurements fulfilled this
409 expectation, since 9 out of 171 measurements in sample A (5 %) were outside the expanded-
410 uncertainty range. Using the mean value of each laboratory, only one laboratory was outside
411 the range for concentrations of 0.2 and 0.3 % (samples C and B) and two laboratories were
412 outside the range for concentration of 0.4 %. The laboratory outside the range was the one
413 previously discarded by the outlier statistical tests (lab 01). As observed for the variance
414 estimation, the relative expanded uncertainty values were also lower or equivalent those
415 described in the literature for LC methods using a similar study protocol [9].

416 3.2.4 Trueness criterion

417 In the present study, the “true” value of the impurity D content in the three salbutamol sulfate
418 samples is unknown. Consequently, to estimate the trueness, Z-scores were calculated using
419 the general mean (without outlier) as assigned value (see supplementary data table 3). Figure 6
420 demonstrates that the laboratories with the highest |z-scores| were those highlighted during the
421 outliers evaluation. In conclusion, during the preliminary screening, none of the participating
422 laboratories, except laboratories 01 and 11 showed a significant bias.

423 **4. CONCLUSION**

424 A collaborative study was carried out on the SFC method to determine the content of impurity
425 D in salbutamol sulfate API. After the development and validation of a robust SFC method in
426 one single laboratory (the development lab), the precision of this method in various laboratories
427 around the world was demonstrated. It is important to mention that this step of reproducibility
428 evaluation is mandatory to propose the method as an alternative to current normative methods.
429 The method reproducibility was estimated by taking into account replicates, days and
430 laboratories variances. The values obtained were compared with those published in the
431 literature in the context of impurities determination [9,11]. For this SFC method, repeatability
432 and reproducibility variances were similar or better than the ones described for LC methods.
433 The reproducibility values highlighted the reliability of the method and its potential use in
434 different labs for QC analysis. For the first time, the quantitative and robust performance of
435 modern SFC was demonstrated by means of a collaborative study, showing its potential to
436 replace to other chromatographic techniques for pharmaceutical quality control. Finally, as the
437 study involved only Waters® instrumentation, an expanded study should be performed
438 including different manufacturer’s equipment.

439

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450

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501

502 **FIGURES CAPTIONS**

503 Figure 1. Set up of the collaborative study per sample: $p = 19$ laboratories, $c = 3$ series (days),
504 $g = 3$ replicate measurements.

505 Figure 2. Representative SFC chromatogram of salbutamol sulfate and its related impurities.
506 Experimental conditions: see text.

507 Figure 3. Mandel’s k plotting – within-laboratory consistency. Samples A, B and C were
508 represented in orange, purple and blue, respectively. Indicator lines at 1 % (red) and 5 % (black)
509 significance levels.

510 Figure 4. Mandel’s h plotting – between-laboratories consistency. Samples A, B and C were
511 represented in orange, purple and blue, respectively. Indicator lines at 1 % (red) and 5 % (black)
512 significance levels.

513 Figure 5. Standard deviations vs. concentration level relationship. Repeatability (blue triangles),
514 reproducibility (red crosses).

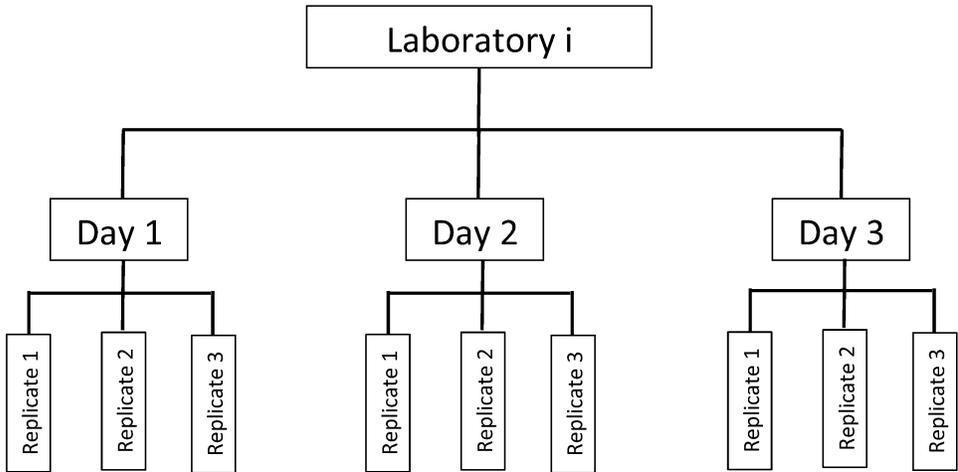
515 Figure 6. Z-scores of the participating laboratories. Samples A, B and C were represented in
516 orange, purple and blue, respectively.

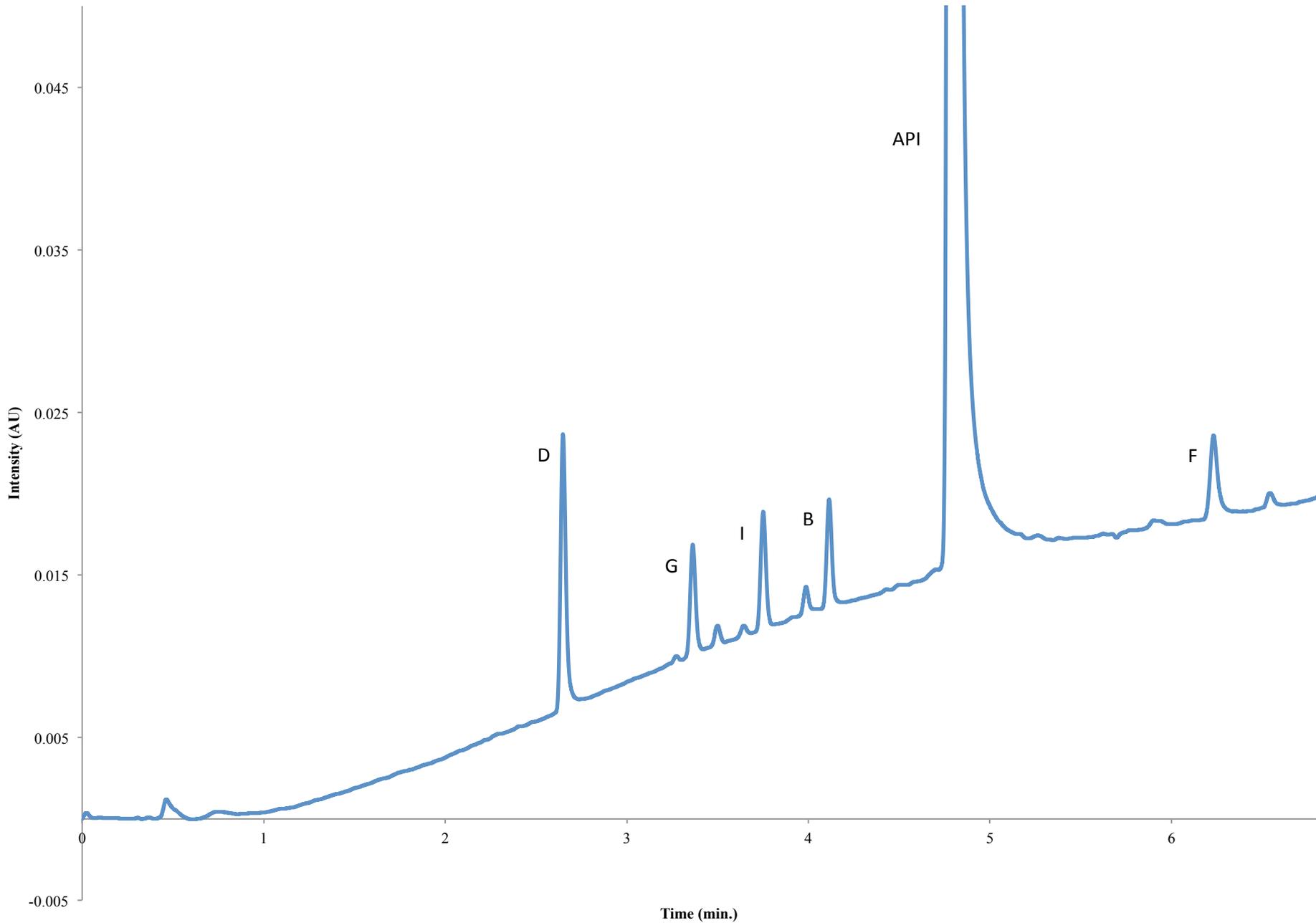
517

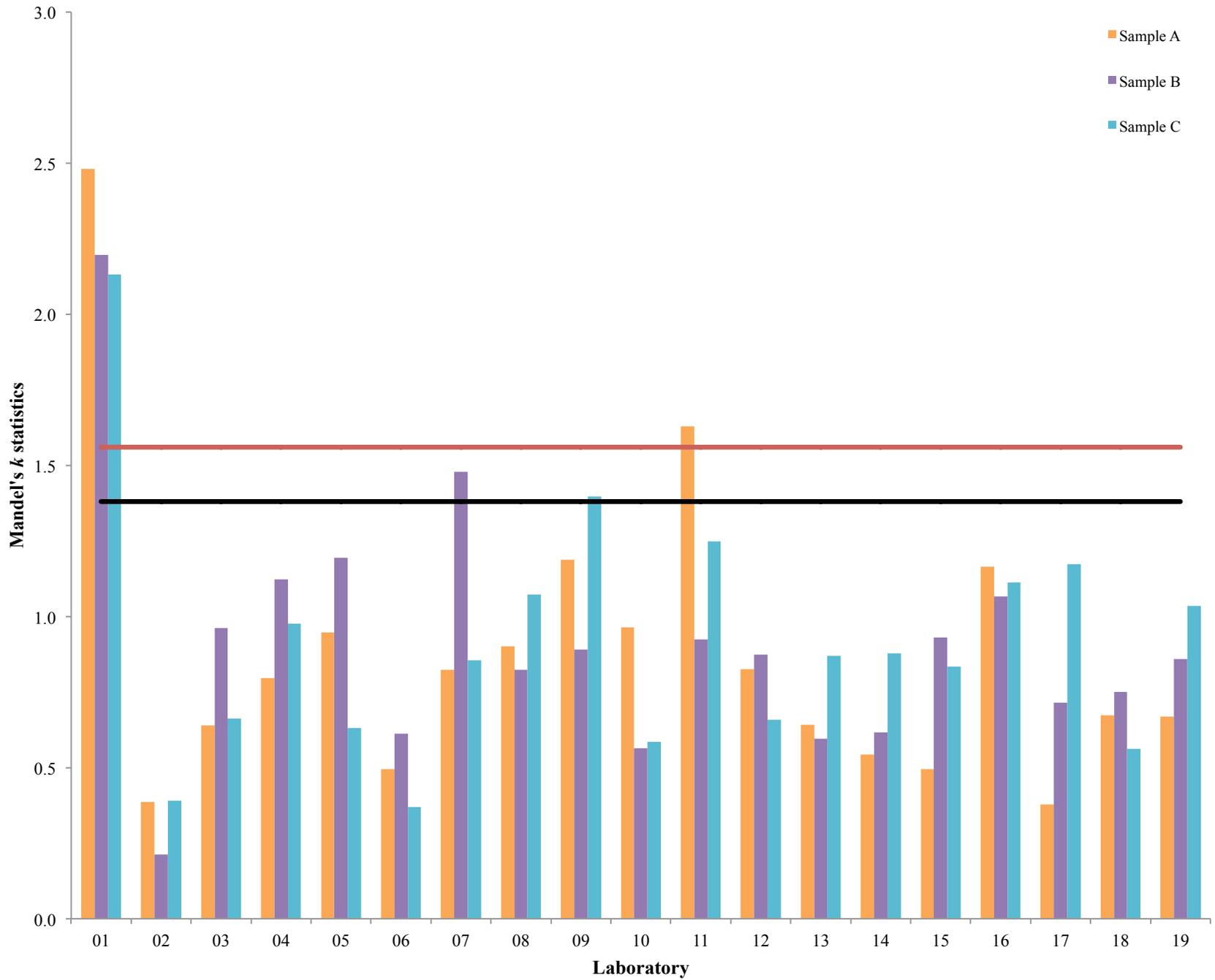
$X_i = (i = 1...p)$

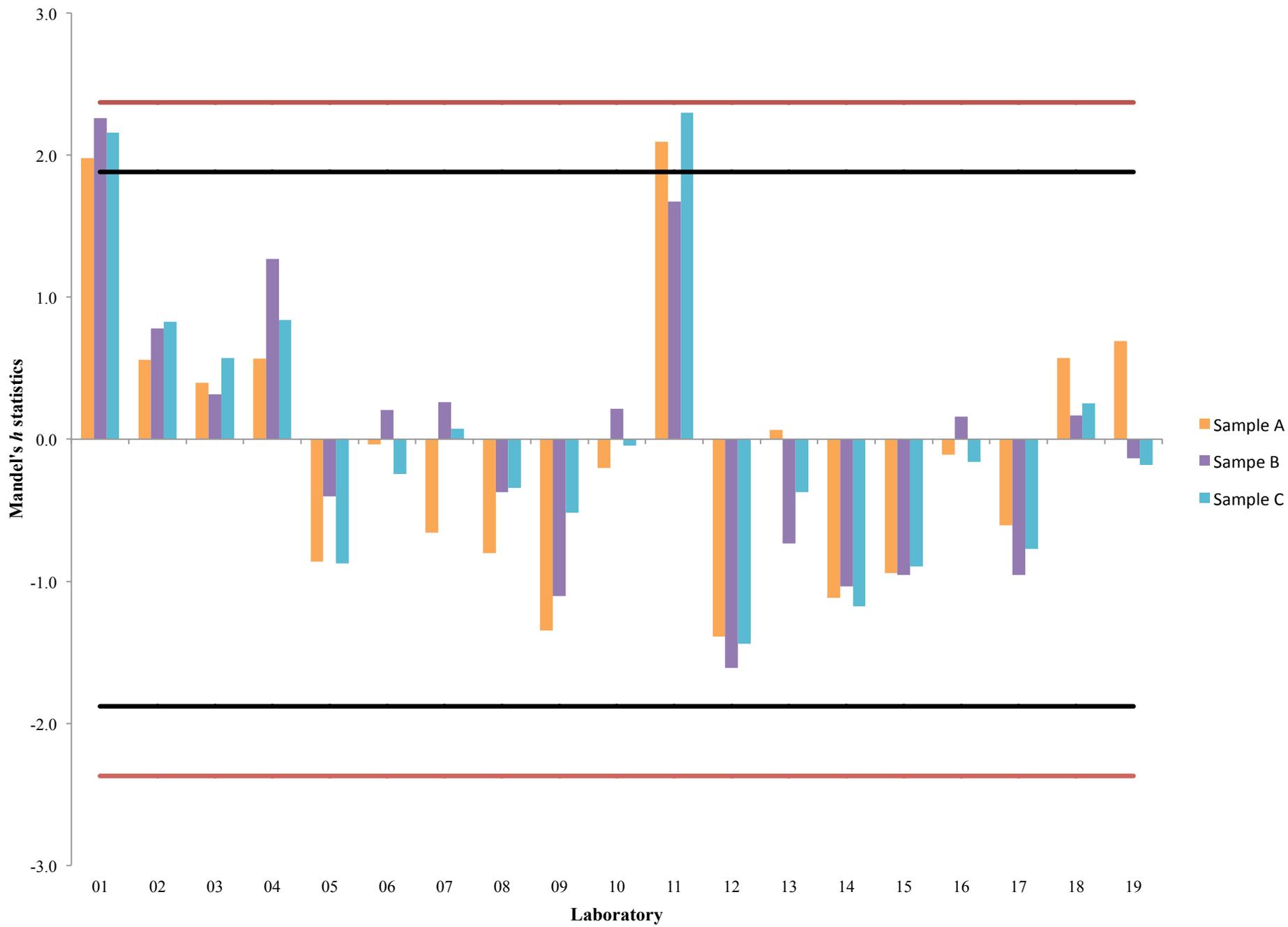
$X_{ij} = (j = 1...c)$

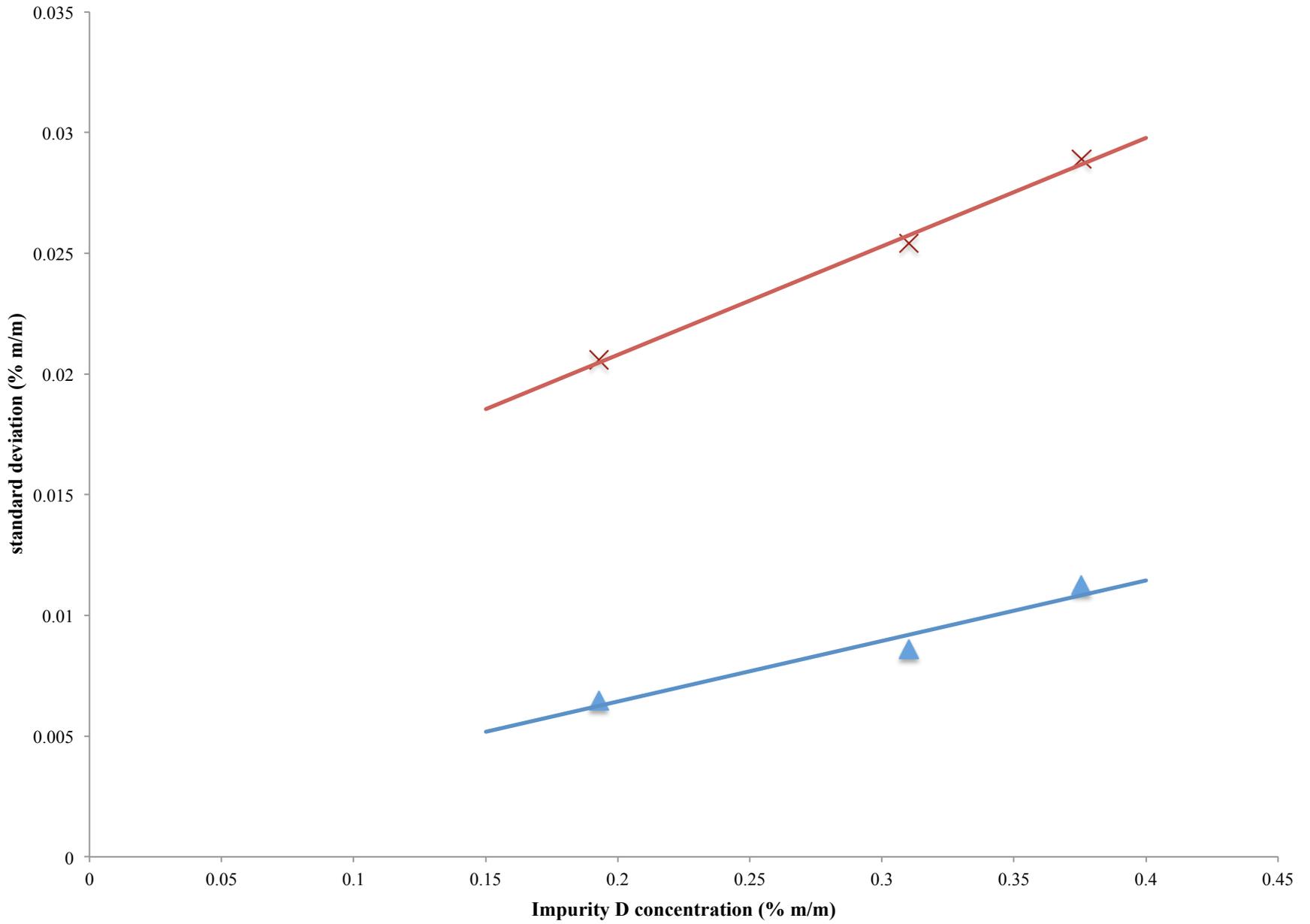
$X_{ijk} = (k = 1...g)$











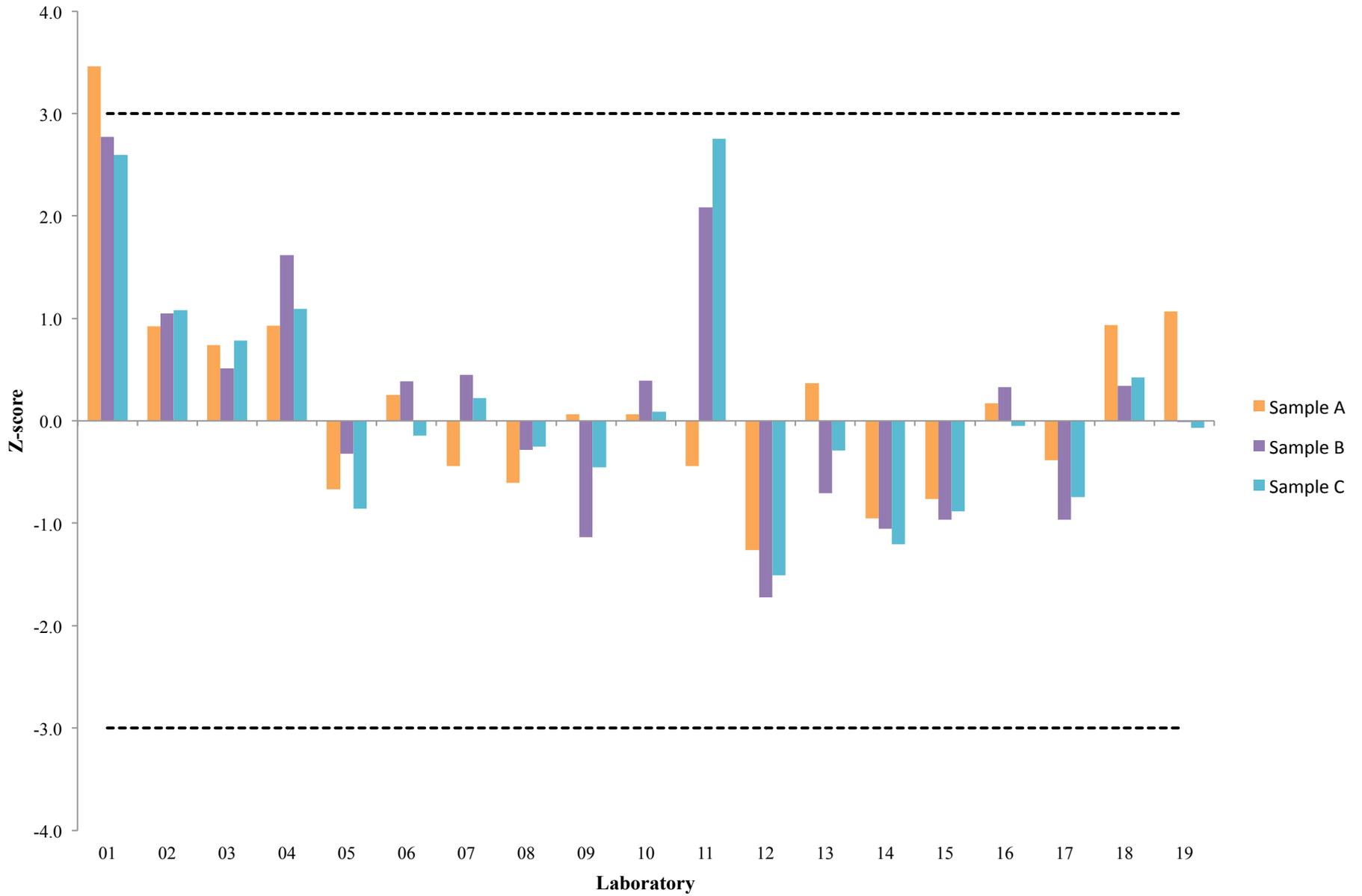


Table 1. Analysis of variance components (p= number of laboratories, c = number of days per laboratory, g = number of replicates per day)

Sources of variability	Mean squares	Estimated variance
Laboratories	$MS_{laboratories} = \frac{cg\sum(\bar{x}_i - \bar{x})^2}{p - 1}$	$s_{laboratories}^2 = \frac{MS_{laboratories} - MS_{days}}{cg}$
Days	$MS_{days} = \frac{g\sum(\bar{x}_{ij} - \bar{x}_i)^2}{p(c - 1)}$	$s_{days}^2 = \frac{MS_{days} - MS_{replicates}}{g}$
Replicates	$MS_{replicates} = \frac{\sum\sum\sum(\bar{x}_{ijk} - \bar{x}_{ij})^2}{pc(g - 1)}$	$s_{replicates}^2 = s_r^2 = MS_{replicates}$

Table 2. Within-laboratory results consistency (**outlier, *straggler)

Mandel's <i>k</i> statistics			
Lab number	Sample A	Sample B	Sample C
01	2.481**	2.197**	2.130**
02	0.386	0.213	0.391
03	0.640	0.961	0.662
04	0.797	1.123	0.975
05	0.947	1.193	0.631
06	0.494	0.613	0.370
07	0.824	1.479*	0.854
08	0.900	0.823	1.074
09	1.188	0.891	1.396
10	0.963	0.565	0.585
11	1.628**	0.924	1.248
12	0.825	0.874	0.658
13	0.642	0.595	0.869
14	0.543	0.616	0.877
15	0.494	0.930	0.834
16	1.165	1.065	1.112
17	0.379	0.715	1.173
18	0.672	0.751	0.562
19	0.668	0.859	1.036
Indicator values for Mandel's <i>k</i> statistics (p=19, n=9)			
	5 % level		1.38
	1 % level		1.56
Cochran's test			
	Sample A	Sample B	Sample C
C	0.3240** (outlier lab 01)	0.2540** (outlier lab 01)	0.2389** (outlier lab 01)
Critical values (p=19, n=9)			
	5 % level		0.1500
	1 % level		0.1738
Second Cochran's test (after elimination of outliers)			
C	0.2064** (outlier lab 11)	0.1544	0.1347
Critical values (p=18, n=9)			
	5 % level		0.1579
	1 % level		0.1829
Third Cochran's test (after elimination of outliers)			
C	0.1386	nd	nd
Critical values (p=17, n=9)			
	5 % level		0.1658
	1 % level		0.1920

Table 3. Between-laboratories results consistency

Mandel's h statistics			
Lab number	Sample A	Sample B	Sample C
01	1.978*	2.260*	2.159*
02	0.560	0.781	0.828
03	0.398	0.318	0.570
04	0.566	1.267	0.841
05	-0.861	-0.404	-0.872
06	-0.036	0.206	-0.246
07	-0.658	0.262	0.075
08	-0.801	-0.371	-0.342
09	-1.344	-1.102	-0.518
10	-0.203	0.213	-0.044
11	2.095*	1.672	2.299*
12	-1.388	-1.611	-1.441
13	0.064	-0.733	-0.374
14	-1.115	-1.035	-1.178
15	-0.942	-0.956	-0.896
16	-0.108	0.160	-0.161
17	-0.605	-0.957	-0.773
18	0.570	0.168	0.252
19	0.691	-0.136	-0.180
Indicator values for Mandel's h statistics ($p=19$)			
	5 % level		[2.37]
	1 % level		[1.88]
Grubb's test on lab mean (one outlying observation)			
	Sample A	Sample B	Sample C
G_p	2.159	2.624	2.299
G_1	1.331	1.871	1.441
Critical values ($p = 19$)			
	1 % level		2.968
	5 % level		2.681
Grubb's test on lab mean (two outlying observations)			
	Sample A	Sample B	Sample C
$G_{p-1,p}$	1.099	1.056	1.099
$G_{1,2}$	0.986	1.034	0.986
Critical values ($p = 19$)			
	1 % level		0.3398
	5 % level		0.4214
Grubb's test on individual measurements (one outlying observation)			
	Sample A	Sample B	Sample C
G_p	4.276**	3.223**	3.474**
G_1	1.863	1.988	1.877
<i>Outlier</i>	<i>Lab 01</i>	<i>Lab 01</i>	<i>Lab 01</i>
Critical values ($p = 19$)			
	1 % level		2.968
	5 % level		2.681
Grubb's test on individual measurements (two outlying observations)			
	Sample A	Sample B	Sample C
$G_{p-1,p}$	0.923	0.916	1.001
$G_{1,2}$	0.922	0.923	1.000
Critical values ($p = 19$)			
	1 % level		0.3398
	5 % level		0.4214

Table 4. Cochran's test results without outlying values (**outlier)

Cochran's test			
	Sample A	Sample B	Sample C
C	0.2148** (outlier lab 01)	0.2353** (outlier lab 01)	0.1918** (outlier lab 01)
Critical values (p=19, n=8)			
	5 % level		0.1583
	1 % level		0.1844

Table 5. Summary of labs results (**outlier)

Lab number	Average impurity D content in salbutamol sulfate (% m/m)		
	Sample A	Sample B	Sample C
01	0.4384**	0.2444**	0.3689**
02	0.3960	0.2124	0.3346
03	0.3912	0.2024	0.3280
04	0.3962	0.2229	0.3349
05	0.3536	0.1868	0.2908
06	0.3782	0.2000	0.3070
07	0.3596	0.2012	0.3152
08	0.3553	0.1875	0.3045
09	0.3680	0.1717	0.3000
10	0.3732	0.2001	0.3122
11	0.4419	0.2317	0.3725
12	0.3378	0.1607	0.2762
13	0.3812	0.1797	0.3037
14	0.3460	0.1731	0.2830
15	0.3511	0.1748	0.2902
16	0.3761	0.1990	0.3091
17	0.3612	0.1748	0.2934
18	0.3963	0.1992	0.3198
19	0.3999	0.1926	0.3087
Mean	0.3790	0.1955	0.3133

Table 6. Estimation of the variance components (p = 18)

Sources of variability	Impurity D at 0.2 % (sample B)	Impurity D at 0.3 % (sample C)	Impurity D at 0.4 % (sample A)
Variances			
Laboratories ($s_{laboratories}^2$)	3.23×10^{-4}	4.67×10^{-4}	5.83×10^{-4}
Days (s_{days}^2)	5.96×10^{-5}	1.04×10^{-4}	1.27×10^{-4}
Replicates ($s_{replicates}^2$)	4.19×10^{-5}	7.37×10^{-5}	1.26×10^{-4}
Repeatability variance (s_r^2)	4.19×10^{-5}	7.37×10^{-5}	1.26×10^{-4}
Reproducibility variance (s_R^2)	4.24×10^{-4}	6.45×10^{-4}	8.36×10^{-4}
Ratio (s_R^2/s_r^2)	10.13	8.75	6.62
Repeatability sd (s_r)	6.47×10^{-3}	8.59×10^{-3}	1.13×10^{-2}
Reproducibility sd (s_R)	2.06×10^{-2}	2.54×10^{-2}	2.89×10^{-2}
Ratio (s_R/s_r)	3.18	2.96	2.57
Repeatability RSD (%)	3.36 %	2.77 %	2.99 %
Reproducibility RSD (%)	10.68 %	8.19 %	7.69 %

Table 7. Estimation of the measurement uncertainty

Uncertainty	Impurity D at 0.2 % (sample B)	Impurity D at 0.3 % (sample C)	Impurity D at 0.4 % (sample A)
Expanded uncertainty (% m/m)	4.12×10^{-2}	5.08×10^{-2}	5.78×10^{-2}
Relative expanded uncertainty (%)	21.36 %	16.37 %	15.39 %

Supplementary table 1. Results of preliminary performance testing (D, G, I, B, API, F refer to the different compounds).

Lab	Retention times (min) and RSD (% <i>, n=6</i>)						Peak area RSD (% <i>, n=6</i>)					S/N imp D
	D	G	I	B	API	F	D	G	I	B	F	
01	2.64 (0.10)	3.41 (0.09)	3.69 (0.06)	3.96 (0.05)	4.76 (0.04)	6.10 (0.05)	0.45	1.87	1.85	4.36	1.58	66
02	2.74 (0.04)	3.46 (0.02)	3.74 (0.02)	3.98 (0.02)	4.77 (0.02)	6.11 (0.01)	0.33	0.41	0.88	3.30	1.89	66
03	2.65 (0.05)	3.44 (0.03)	3.74 (0.01)	4.11 (0.01)	4.79 (0.01)	6.12 (0.01)	1.10	1.15	0.20	0.52	1.16	227
04	2.60 (<i><0.005</i>)	3.36 (0.12)	3.66 (<i><0.005</i>)	4.04 (0.13)	4.72 (<i><0.005</i>)	6.06 (<i><0.005</i>)	1.00	1.22	1.35	1.13	8.27	39
05	2.69 (0.13)	3.26 (0.11)	3.53 (0.08)	3.95 (0.07)	4.63 (0.07)	5.90 (0.06)	1.75	1.40	1.15	1.78	1.23	34
06	2.45 (0.10)	3.27 (0.07)	3.54 (0.04)	3.95 (0.03)	4.64 (0.03)	6.02 (0.01)	0.69	1.11	0.49	0.56	0.59	61
07	2.90 (<i><0.005</i>)	3.63 (<i><0.005</i>)	3.96 (0.10)	4.28 (<i><0.005</i>)	4.95 (0.08)	6.38 (<i><0.005</i>)	1.89	1.67	1.31	1.30	12.4	34
08	2.90 (<i><0.005</i>)	3.40 (<i><0.005</i>)	3.80 (<i><0.005</i>)	4.20 (<i><0.005</i>)	4.90 (<i><0.005</i>)	6.30 (<i><0.005</i>)	0.47	0.00	0.33	0.43	0.29	350
09	2.54 (0.03)	3.33 (0.03)	3.63 (0.02)	4.03 (0.02)	4.73 (0.03)	6.11 (0.01)	1.04	0.96	1.50	0.85	6.12	38
10	2.62 (0.05)	3.49 (0.02)	3.67 (0.04)	4.10 (0.04)	4.78 (0.02)	6.09 (0.06)	0.69	0.70	0.25	0.59	0.98	153
11	2.70 (0.03)	3.49 (0.02)	3.89 (0.02)	4.07 (0.01)	4.90 (0.03)	6.33 (0.01)	1.14	1.96	0.30	3.59	0.98	79
12	2.68 (0.04)	3.31 (0.08)	3.63 (0.10)	3.95 (0.07)	4.77 (0.05)	6.07 (0.05)	0.91	0.67	0.42	1.28	0.71	81
13	2.65 (0.04)	3.36 (0.04)	3.75 (0.02)	4.11 (0.03)	4.80 (0.02)	6.23 (0.01)	1.18	2.45	1.39	2.03	2.55	52
14	2.85 (0.03)	3.46 (0.04)	3.75 (0.03)	4.09 (0.02)	4.89 (0.02)	6.17 (0.02)	0.45	0.56	0.41	0.93	1.08	79
15	2.64 (0.05)	3.41 (0.04)	3.71 (0.02)	4.09 (0.03)	4.77 (0.02)	6.14 (0.02)	1.05	0.61	0.46	1.17	1.69	100
16	2.63 (0.04)	3.41 (0.03)	3.68 (0.03)	4.06 (0.03)	4.72 (0.02)	6.06 (0.02)	0.50	0.47	0.45	0.50	0.67	918
17	2.59 (0.04)	3.41 (0.06)	3.70 (0.03)	3.93 (0.01)	4.74 (0.01)	6.11 (0.01)	0.27	0.48	0.81	1.96	1.29	117
18	2.67 (0.16)	3.35 (0.07)	3.58 (0.08)	3.92 (0.10)	4.53 (0.14)	5.70 (0.05)	0.38	1.87	0.92	1.36	1.92	75
19	2.76 (0.06)	3.47 (0.03)	3.79 (0.01)	4.16 (0.04)	4.82 (0.02)	6.22 (0.02)	0.38	0.81	1.91	1.78	1.45	151
Mean	2.68	3.41	3.71	4.05	4.77	6.12						
SD	0.11	0.09	0.11	0.10	0.10	0.15						

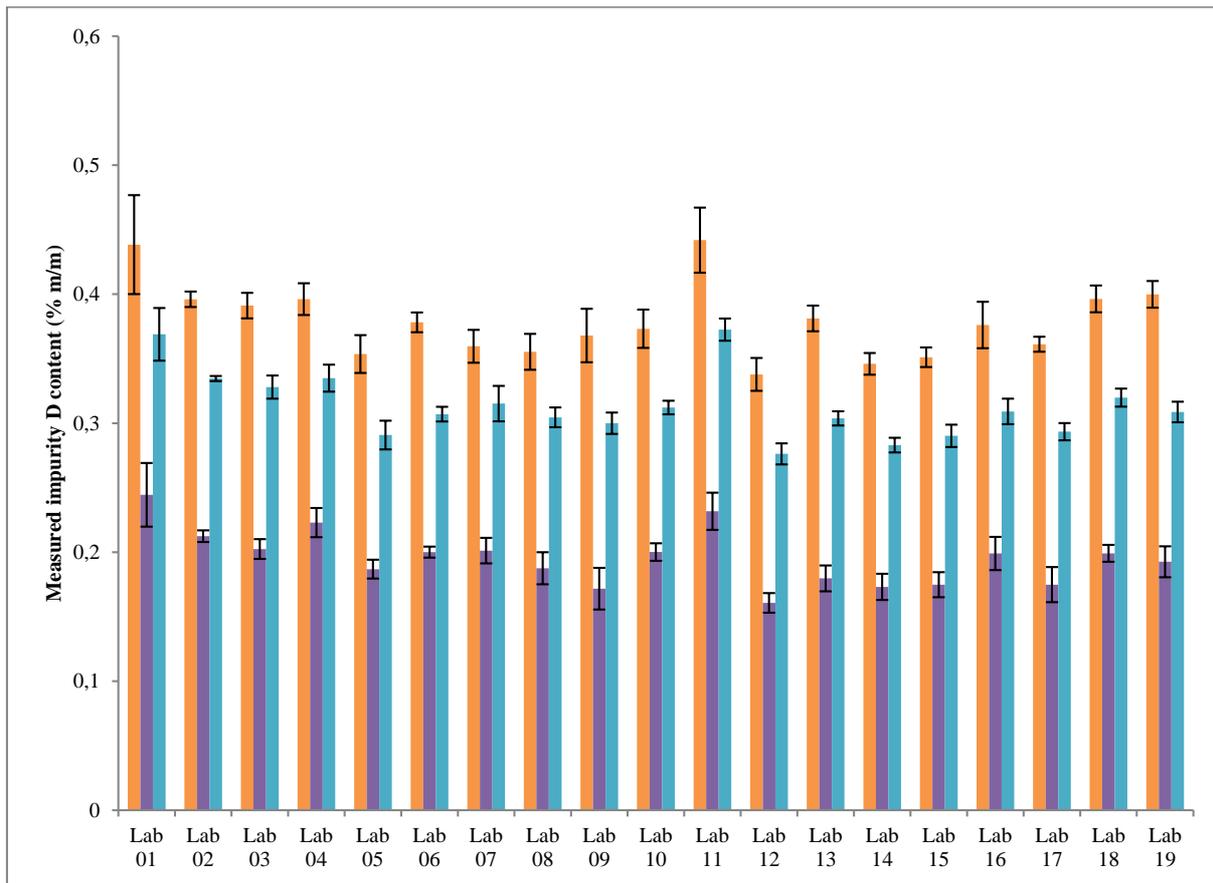
Supplementary table 2. Results of impurity D determination in salbutamol sulfate (% m/m)

	Replicate Sample	Series 1			Series 2			Series 3			Mean
		1	2	3	1	2	3	1	2	3	
Lab 01	A	0.4516	0.4144	0.4257	0.4827	0.5146	0.4545	0.3977	0.3978	0.4064	0.4384
	B	0.2236	0.2168	0.2125	0.2700	0.2597	0.2588	0.2600	0.2580	0.2405	0.2444
	C	0.3535	0.3306	0.3603	0.4095	0.3974	0.3927	0.3587	0.3720	0.3451	0.3689
Lab 02	A	0.4003	0.4051	0.3984	0.3974	0.3988	0.3991	0.3852	0.3885	0.3913	0.3960
	B	0.2104	0.2091	0.2106	0.2133	0.2147	0.2111	0.2146	0.2142	0.2136	0.2124
	C	0.3396	0.3402	0.3348	0.3384	0.3359	0.3364	0.3301	0.3272	0.3289	0.3346
Lab 03	A	0.4078	0.3949	0.4026	0.3855	0.3843	0.3961	0.3914	0.3734	0.3847	0.3912
	B	0.2122	0.2157	0.1923	0.1890	0.1936	0.2040	0.2071	0.1985	0.2093	0.2024
	C	0.3197	0.3397	0.3389	0.3298	0.3295	0.3237	0.3286	0.3146	0.3272	0.3280
Lab 04	A	0.3934	0.4019	0.3935	0.4083	0.4045	0.4148	0.3735	0.3806	0.3952	0.3962
	B	0.2323	0.2334	0.2278	0.2300	0.2300	0.2244	0.2181	0.2036	0.2069	0.2229
	C	0.3486	0.3444	0.3386	0.3351	0.3516	0.3260	0.3216	0.3313	0.3173	0.3349
Lab 05	A	0.3712	0.3685	0.3635	0.3668	0.3306	0.3357	0.3591	0.3479	0.3388	0.3536
	B	0.1890	0.1881	0.1895	0.1977	0.2059	0.1915	0.1754	0.1743	0.1695	0.1868
	C	0.2954	0.2949	0.3007	0.3014	0.2905	0.2868	0.2847	0.2796	0.2835	0.2908
Lab 06	A	0.3963	0.3749	0.3784	0.3711	0.3666	0.3803	0.3787	0.3790	0.3783	0.3782
	B	0.2042	0.1999	0.2045	0.1887	0.1979	0.1924	0.2044	0.2065	0.2013	0.2000
	C	0.3049	0.3088	0.3029	0.3099	0.3024	0.3003	0.3142	0.3092	0.3101	0.3070
Lab 07	A	0.3429	0.3653	0.3431	0.3569	0.3646	0.3868	0.3643	0.3619	0.3509	0.3596
	B	0.2115	0.2264	0.2109	0.2077	0.1942	0.1792	0.1976	0.1986	0.1848	0.2012
	C	0.3212	0.3103	0.3317	0.3153	0.3093	0.3167	0.2940	0.3156	0.3229	0.3152
Lab 08	A	0.3467	0.3623	0.3530	0.3726	0.3742	0.3637	0.3275	0.3447	0.3534	0.3553
	B	0.1835	0.1881	0.1864	0.2027	0.1970	0.1829	0.1886	0.1829	0.1755	0.1875
	C	0.3093	0.3275	0.3079	0.3057	0.3072	0.3148	0.2869	0.2931	0.2879	0.3045
Lab 09	A	0.3601	0.3355	0.3575	0.3822	0.3858	0.3727	0.3767	0.4024	0.3391	0.3680
	B	0.1614	0.1683	0.1672	0.1707	0.1792	0.1902	0.1628	0.1724	0.1730	0.1717
	C	0.3095	0.2880	0.2771	0.3083	0.3112	0.2957	0.3332	0.2907	0.2861	0.3000
Lab 10	A	0.3738	0.4018	0.3846	0.3676	0.3716	0.3583	0.3671	0.3486	0.3855	0.3732
	B	0.1983	0.1954	0.2021	0.1968	0.2039	0.1959	0.1929	0.2081	0.2079	0.2001
	C	0.3212	0.3074	0.3149	0.3052	0.3129	0.3137	0.3001	0.3119	0.3223	0.3122
Lab 11	A	0.4119	0.4139	0.4213	0.4601	0.4766	0.4569	0.4768	0.4428	0.4167	0.4419
	B	0.2259	0.2146	0.2302	0.2393	0.2311	0.2374	0.2471	0.2309	0.2289	0.2317
	C	0.3612	0.3522	0.3500	0.3828	0.3855	0.3929	0.3817	0.3784	0.3677	0.3725
Lab 12	A	0.3203	0.3289	0.3274	0.3630	0.3419	0.3431	0.3505	0.3389	0.3263	0.3378
	B	0.1622	0.1637	0.1656	0.1508	0.1496	0.1498	0.1739	0.1636	0.1668	0.1607
	C	0.2784	0.2613	0.2762	0.2847	0.2759	0.2673	0.2846	0.2730	0.2843	0.2762
Lab 13	A	0.3792	0.3749	0.3776	0.3950	0.3869	0.3995	0.3762	0.3672	0.3739	0.3812
	B	0.1785	0.1733	0.1696	0.1753	0.1871	0.1830	0.1852	0.1833	0.1816	0.1797
	C	0.2945	0.2992	0.2866	0.3108	0.3170	0.3036	0.3172	0.3089	0.2951	0.3037
Lab 14	A	0.3410	0.3409	0.3654	0.3388	0.3443	0.3536	0.3502	0.3407	0.3389	0.3460
	B	0.1715	0.1858	0.1787	0.1667	0.1677	0.1698	0.1760	0.1711	0.1708	0.1731
	C	0.3017	0.2792	0.2911	0.2713	0.2760	0.2911	0.2749	0.2714	0.2900	0.2830

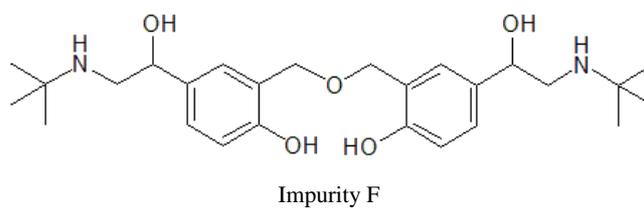
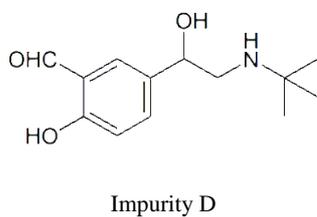
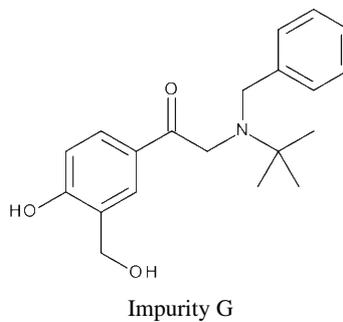
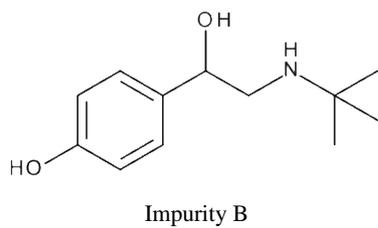
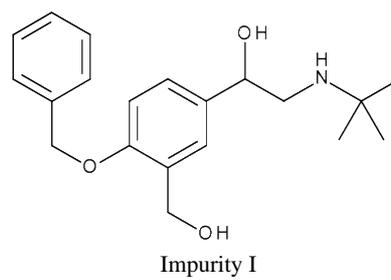
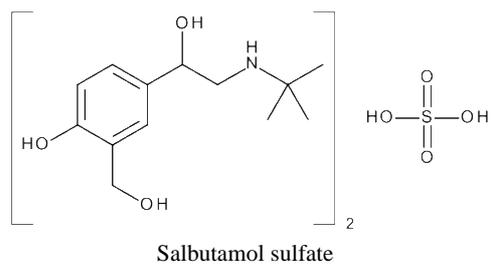
Lab 15	A	0.3618	0.3400	0.3435	0.3531	0.3504	0.3623	0.3473	0.3444	0.3574	0.3511
	B	0.1683	0.1591	0.1868	0.1805	0.1734	0.1864	0.1685	0.1714	0.1792	0.1748
	C	0.2921	0.2709	0.3045	0.3002	0.2914	0.2973	0.2900	0.2827	0.2829	0.2902
Lab 16	A	0.3696	0.3912	0.3922	0.3672	0.3716	0.4040	0.3403	0.3851	0.3635	0.3761
	B	0.2043	0.2133	0.1988	0.2068	0.1908	0.2095	0.1824	0.1974	0.1875	0.1990
	C	0.3086	0.3117	0.2991	0.3284	0.3129	0.3287	0.3066	0.2862	0.2999	0.3091
Lab 17	A	0.3598	0.3586	0.3590	0.3570	0.3522	0.3578	0.3659	0.3689	0.3714	0.3612
	B	0.1825	0.1710	0.1807	0.1789	0.1846	0.1681	0.1642	0.1720	0.1713	0.1748
	C	0.2895	0.3026	0.2998	0.3176	0.2985	0.3019	0.2750	0.2752	0.2803	0.2934
Lab 18	A	0.4109	0.4131	0.4022	0.3811	0.3843	0.3933	0.3887	0.3969	0.3963	0.3963
	B	0.2059	0.2128	0.2038	0.1877	0.1941	0.1977	0.1993	0.1951	0.1960	0.1991
	C	0.3142	0.3137	0.3177	0.3126	0.3160	0.3197	0.3231	0.3289	0.3320	0.3198
Lab 19	A	0.4069	0.4095	0.3947	0.4099	0.4085	0.4085	0.3846	0.3932	0.3835	0.3999
	B	0.2039	0.2050	0.1959	0.1845	0.1878	0.1977	0.1811	0.1898	0.1875	0.1926
	C	0.3237	0.3233	0.3253	0.2983	0.3047	0.3110	0.3035	0.2938	0.2944	0.3087

Supplementary table 3. Z-scores using labs mean as assigned value

Lab number	Z-score		
	Sample A	Sample B	Sample C
01	3.46	2.77	2.60
02	0.92	1.05	1.08
03	0.74	0.52	0.79
04	0.93	1.62	1.10
05	-0.67	-0.32	-0.86
06	0.25	0.38	-0.14
07	-0.44	0.45	0.22
08	-0.60	-0.28	-0.25
09	0.07	-1.13	-0.45
10	0.07	0.39	0.09
11	-0.44	2.09	2.76
12	-1.26	-1.72	-1.51
13	0.37	-0.71	-0.29
14	-0.96	-1.06	-1.21
15	-0.76	-0.96	-0.88
16	0.17	0.33	-0.05
17	-0.38	-0.97	-0.74
18	0.93	0.34	0.42
19	1.07	-0.01	-0.07



Supplementary figure 1. Measured impurity D content (% m/m) for salbutamol sulfate samples A, B, C and respective standard deviation per lab.



Supplementary figure 2. Salbutamol sulfate and related impurities chemical structures.